

Indiana Medicaid Resolutions Manual

NAME: **854 PROCEDURE CODE REQUIRES ATTACHMENT (DTL)**

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the procedure code billed requires an attachment.

CRITERIA:

Set this edit if the procedure code billed is in procedure group 5015-Procedure Codes Requiring Attachments, and no attachment is submitted with the claim with, EOB 4019.

Reference Procedure Group 5015-Procedures Requiring Attachments can be located in Core MMIS under Main Menu>BPA>Related Data>Open Tab>Other>HCPCS Procedure Group Type.

DISPOSITION:

Note: EOB 9999 with a Do Not Post status is for internal system use only. This EOB is used to avoid potential system processing abends. This EOB is not posted on the RA and the disposition may be ignored.

Claim Type: 0 - All Claim Types **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
04	00	9999	PAY

Claim Type: B - Professional Xover Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	4019	DENY
04	11	4019	SUSPEND
04	21	4019	SUSPEND
04	23	4019	SUSPEND
04	50	4019	SUSPEND

Indiana Medicaid Resolutions Manual

04	51	4019	SUSPEND
04	52	4019	SUSPEND
04	61	4019	SUSPEND
04	64	9999	PAY
04	70	4019	PAY
04	72	4019	PAY
04	73	4019	PAY
04	74	4019	PAY
04	80	4019	SUSPEND
04	91	4019	SUSPEND

Claim Type: C - Outpatient Xover Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	4019	DENY
04	11	4019	SUSPEND
04	21	4019	SUSPEND
04	23	4019	SUSPEND
04	50	4019	SUSPEND
04	51	4019	SUSPEND
04	52	4019	SUSPEND
04	61	4019	SUSPEND
04	64	9999	PAY
04	70	4019	PAY
04	72	4019	PAY
04	73	4019	PAY
04	74	4019	PAY
04	80	4019	SUSPEND
04	91	4019	SUSPEND

Claim Type: D - Dental Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	4019	DENY
04	11	4019	SUSPEND
04	21	4019	SUSPEND
04	23	4019	SUSPEND
04	30	4019	PAY
04	32	4019	PAY
04	33	4019	PAY
04	34	4019	PAY
04	50	4019	SUSPEND
04	51	4019	SUSPEND
04	52	4019	SUSPEND
04	61	4019	SUSPEND

Indiana Medicaid Resolutions Manual

04	64	9999	PAY
04	70	4019	PAY
04	72	4019	PAY
04	73	4019	PAY
04	74	4019	PAY
04	80	4019	SUSPEND
04	91	4019	SUSPEND

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	4019	DENY
04	11	4019	SUSPEND
04	21	4019	SUSPEND
04	23	4019	SUSPEND
04	30	4019	PAY
04	32	4019	PAY
04	33	4019	PAY
04	34	4019	PAY
04	50	4019	SUSPEND
04	51	4019	SUSPEND
04	52	4019	SUSPEND
04	61	4019	SUSPEND
04	64	9999	PAY
04	70	4019	PAY
04	72	4019	PAY
04	73	4019	PAY
04	74	4019	PAY
04	80	4019	SUSPEND
04	91	4019	SUSPEND

Claim Type: M - Professional Claims

Member Plan: PASMI

Status: Do Not Post

Location	Region	EOB	Disposition
04	00	9999	PAY

Claim Type: M - Professional Claims

Member Plan: MRT **Status:** Do Not Post

Location	Region	EOB	Disposition
04	00	9999	PAY

Claim Type: M - Professional Claims

Member Plan: PASMR

Status: Do Not Post

Location	Region	EOB	Disposition
04	00	9999	PAY

Indiana Medicaid Resolutions Manual

Claim Type: O - Outpatient Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	4019	DENY
04	11	4019	SUSPEND
04	21	4019	SUSPEND
04	23	4019	SUSPEND
04	30	4019	PAY
04	32	4019	PAY
04	33	4019	PAY
04	34	4019	PAY
04	50	4019	SUSPEND
04	51	4019	SUSPEND
04	61	4019	SUSPEND
04	64	9999	PAY
04	70	4019	PAY
04	72	4019	PAY
04	73	4019	PAY
04	74	4019	PAY
04	80	4019	SUSPEND
04	91	4019	SUSPEND

EOB: 4019 - ATTACHMENT REQUIRED FOR SERVICE RENDERED. PLEASE VERIFY AND RESUBMIT.

ARC Code	ARC Description	Effective Date	End Date
16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is	19950101	22991231

Indiana Medicaid Resolutions Manual

not an ALERT.)
Refer to the 835
Healthcare Policy
Identification
Segment (loop 2110
Service Payment
Information REF), if
present.

Remark Code	Remark Description	Effective Date	End Date
N753	Missing/incomplete/invalid Attachment Control Number.	20150701	22991231

EOB: 9999 - PROCESSED PER POLICY.

ARC Code	ARC Description	Effective Date	End Date
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

METHOD OF CORRECTION:

- Paper Claims submitted without an attachment will be systematically denied with EOB 4019.

Indiana Medicaid Resolutions Manual

- For paper claims, check for any keying errors and make any necessary corrections.
- **For Dental claims, Periodontal Root Planning and Scaling, procedure codes D4341 and D4342 will suspend. The resolution clerk needs to verify the attachment matches the member name and date of service on the claim. If the information matches, force the detail. D6081 must include dental chart and proof of implant.**
- For Dental claims, Maxillofacial prosthesis, procedure code D5999 will suspend. The resolution clerk needs to verify the attachment is an MSRP or cost invoice. These attachments will not be used for pricing.
- Community health worker (CHW) services reported with procedure codes 98960, 98961 and 98962 are to include the CHW name in the claim notes.
- When processing claims for attachments, you must check if the attachment is for Medicare or other insurance. If the attachment is for Medicare or other insurance, check the member's eligibility to see if it is on file. If it is NOT on file, contact the Medicare/TPL unit.
- Check claim and supporting documentation for mismatched procedure codes. The only exception is if a K code is billed to Medicare and subsequently billed to Medicaid as an E code. When Medicaid does not cover the K code, E codes can be billed as a replacement code. A0425 can be billed to Medicaid with the applicable modifier per IHCP billing guidelines. If the procedure code is not an E or A code, deny the detail with EOB 2508, Your service has been denied. The code billed to Medicaid was not the code billed to the primary carrier/insurer.
- For adjusted claims, if the original claim (mom) was forced for the proper attachment, then the subsequent daughter claim should be forced; otherwise, deny the detail with EOB 4019.
- For special batch claims, follow special instructions to adjudicate the claim.
- **For all other instances, including sterilization, force the edit and allow the claim to continue adjudication. Detailed reviews of the attachment as it pertains to pricing, sterilization, hysterectomy, etc., occur during separate edit reviews.**
- Encounter claims are set to post and pay for this edit.