

Indiana Medicaid Resolutions Manual

NAME: 1053 OBSLTE COORDN CONF MUST BE BILLED BY CS PMP/NP
DTL

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

OBSOLETE: Set this edit when the rendering provider is not the member's assigned Care Select PMP or a nurse practitioner in the same group as the Care Select PMP.

CRITERIA:

OBSOLETE: When care management PIC T1016 SC is billed and the rendering provider is not the Care Select PMP or a nurse practitioner (specialty 090 . 093) in the same group as the Care Select PMP, Set this edit with edit 1050.

Edit 1050 is bypassed when any one of the following conditions is true:

1. The HCPCS code billed is not the Care Management PIC of T1016 SC
2. The rendering provider is the member's assigned Care Select PMP
3. The rendering provider specialty is 090 . 093 and the rendering provider is in the same group as the member's CS PMP.

Reference HCPCS Procedure Group 100014, Benefit Plan Group 100018 and Modifier group 100006 in CoreMMIS>Main Menu>BPA>Related Data>Open Tab>Other>HCPCS Procedure/Benefit Plan or Revenue 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
----------	--------	-----	-------------

Indiana Medicaid Resolutions Manual

00	00	9999	PAY
----	----	------	-----

Claim Type: M - Professional Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	9999	DENY
00	70	9999	PAY
00	72	9999	PAY
00	73	9999	PAY

Claim Type: M - Professional Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	9999	PAY

Claim Type: O - Outpatient Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	9999	PAY

Claim Type: O - Outpatient Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	9999	DENY
00	70	9999	PAY
00	72	9999	PAY
00	73	9999	PAY

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. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

Indiana Medicaid Resolutions Manual

METHOD OF CORRECTION:

OBSOLETE: Claims setting this edit will systematically deny.

