

## **Indiana Medicaid Resolutions Manual**

**NAME:**                   **3370     Sum of all payors amount is zero for the COB field**

**ERROR TYPE:**        Batch Edit, Hard Coded

**HEADER/DETAIL:** Header

**OVERRIDABLE:**    Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit if the Sum of all payors amount is zero for the COB field for the encounter claim with EOB 3370.

### **CRITERIA:**

Set this edit when the sum of all payors amount is zero.

### **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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	9999	PAY

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	3370	PAY
00	30	3370	DENY
00	32	3370	DENY
00	33	3370	DENY
00	34	3370	DENY
00	70	3370	DENY
00	72	3370	DENY

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00	73	3370	DENY
00	74	3370	DENY

**Claim Type:** D - Dental Claims      **Member Plan:** ALL    **Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	9999	PAY

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

Location	Region	EOB	Disposition
00	00	9999	PAY

**Claim Type:** M - Professional Claims      **Member Plan:** ALL    **Status:** Post

Location	Region	EOB	Disposition
00	00	3370	PAY
00	30	3370	DENY
00	32	3370	DENY
00	33	3370	DENY
00	34	3370	DENY
00	70	3370	DENY
00	72	3370	DENY
00	73	3370	DENY
00	74	3370	DENY

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

Location	Region	EOB	Disposition
00	00	9999	PAY

**EOB: 3370** - Sum of all payors amount is zero for the COB field for the encounter claim. 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	19950101	22991231

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least one Remark  
Code must be  
provided (may be  
comprised of either  
the NCPDP Reject  
Reason Code, or  
Remittance Advice  
Remark Code that is  
not an ALERT.)  
Refer to the 835  
Healthcare Policy  
Identification  
Segment (loop 2110  
Service Payment  
Information REF), if  
present.

<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
MA92	Missing plan information for other insurance.	19970101	22991231

**EOB: 9999 - PROCESSED PER POLICY.**

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
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

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### **METHOD OF CORRECTION:**

Claims setting this edit will be systematically denied with EOB 3370.