

Indiana Medicaid Resolutions Manual

NAME: 3363 Member not eligible for the submitting MCE ID for

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when the MCE ID submitted on the encounter claim is not the assigned MCE for the member for the date of service billed with EOB 3363.

CRITERIA:

Set this edit if the MCE ID submitted on the encounter claim in the XML file is not the MCE for the member on the T_RE_PMP_ASSIGN for the date of service with, EOB 3363. Edit 3363 will post on all encounter claims submitted for adjudication and processed through CoreMMIS.

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:** Post

Location	Region	EOB	Disposition
02	00	3363	PAY
02	30	3363	DENY
02	32	3363	DENY
02	33	3363	DENY
02	34	3363	DENY
02	70	3363	DENY
02	72	3363	DENY
02	73	3363	DENY
02	74	3363	DENY
02	75	3363	DENY

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02	76	3363	DENY
02	77	3363	DENY
02	78	3363	DENY
02	79	3363	DENY

Claim Type: M - Professional Claims

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

Location	Region	EOB	Disposition
02	00	9999	PAY

Claim Type: M - Professional Claims

Member Plan: PASMR

Status: Do Not Post

Location	Region	EOB	Disposition
02	00	9999	PAY

Claim Type: M - Professional Claims

Member Plan: PASMI

Status: Do Not Post

Location	Region	EOB	Disposition
00	00	9999	PAY

EOB: 3363 - The MCE ID submitted on the encounter claim is not the assigned MCE for the member for the date of service billed. Please verify and resubmit.

ARC Code

256

ARC Description

Service not payable per managed care contract.

Effective Date

20130602

End Date

22991231

EOB: 9999 - PROCESSED PER POLICY.

ARC Code

97

ARC Description

The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage:

Effective Date

19950101

End Date

22991231

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

METHOD OF CORRECTION:

The MCE will need to correct the claim and resubmit for claim adjudication.

