

## **Indiana Medicaid Resolutions Manual**

**NAME:**                    **2028    CURRENT CLAIM DENIED BY MCE**

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

**HEADER/DETAIL:** Header

**OVERRIDABLE:**    N

**ALLOW DENIAL:** N

### **DESCRIPTION:**

Set this edit when the encounter claim is received and the header paid amount from the MCE is zero, with EOB 2028.

### **CRITERIA:**

Set this edit when the encounter claim is received and the header paid amount from the MCE is zero, with EOB 2028.

### **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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	9999	PAY
00	30	2028	DENY
00	32	2028	DENY
00	33	2028	DENY
00	34	2028	DENY
00	70	2028	DENY
00	72	2028	DENY
00	73	2028	DENY
00	74	2028	DENY
00	75	2028	DENY
00	76	2028	DENY
00	78	2028	DENY

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00	79	2028	DENY
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**Claim Type:** M - Professional Claims

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

Location	Region	EOB	Disposition
00	00	9999	PAY

**Claim Type:** M - Professional Claims

**Member Plan:** PASMI

**Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	9999	PAY

**Claim Type:** M - Professional Claims

**Member Plan:** PASMR

**Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	9999	PAY

**EOB: 2028** - THE CURRENT CLAIM HAS BEEN DENIED BY THE MCE. CLAIM WILL BE IN FULL FAILURE.

**ARC Code**

24

**ARC Description**

Charges are covered under a capitation agreement/managed care plan.

**Effective Date**

19950101

**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: Refer to the 835 Healthcare Policy

**Effective Date**

19950101

**End Date**

22991231

## **Indiana Medicaid Resolutions Manual**

Identification  
Segment (loop 2110  
Service Payment  
Information REF), if  
present.

### **METHOD OF CORRECTION:**

Claims setting this edit will be denied with EOB 2028.

