

Indiana Medicaid Resolutions Manual

NAME: 348 PAYER PRIOR PAYMENT IS MISSING (LINE 2) (HDR)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Prior payment is missing (line 2).

CRITERIA:

Set this edit, if other insurance is indicated on the claim, however, the prior payment amount is missing or invalid, with EOB 0348.

Edit 348 will post on claim types A,C if each of the following statements is true:

1. A valid Prior Payment Amount is not present on the claim (Missing or invalid)
2. The Payer Code is B.

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
00	00	9999	PAY

Claim Type: A - Inpatient Xover Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0348	DENY

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00	11	0348	SUSPEND
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Claim Type: C - Outpatient Xover Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0348	DENY
00	11	0348	SUSPEND

EOB: 0348 - OTHER INSURANCE IS INDICATED, BUT THE PRIOR PAYMENT AMOUNT IS MISSING OR INVALID. PLEASE VERIFY AND RESUBMIT.

ARC Code	ARC Description	Effective Date	End Date
16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. 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 not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

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

EOB: 9999 - PROCESSED PER POLICY.

ARC Code	ARC Description	Effective Date	End Date
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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
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METHOD OF CORRECTION:

For paper claims with attachments check for keying errors, if a keying error is found, correct and save the claim.

If no keying errors are found, deny the paper claim (region 11) with EOB 348.

All other claims setting this edit will be systematically denied with EOB 348.

