

Indiana Medicaid Resolutions Manual

NAME: 227 TPL PAYMENT AMOUNT INVALID (HDR)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when the Third Party Payment amount is not numeric.

CRITERIA:

Set this edit if the claim's Third Party Payment amount is other than numeric with, EOB 0227.

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
00	00	0227	DENY
00	64	9999	PAY

Claim Type: M - Professional Claims **Member Plan:** PASMR **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

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Claim Type: M - Professional Claims

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

Location	Region	EOB	Disposition
00	00	9999	PAY

EOB: 0227 - THE THIRD PARTY PAYMENT AMOUNT IS INVALID-IF A THIRD PARTY INSURANCE CARRIER WAS BILLED THEN THE THIRD PARTY PAYMENT AMOUNT SHOULD BE THE NUMBER 0 OR THE ACTUL AMOUNT PAID. 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
N245	Incomplete/invalid plan information for other insurance .	20040801	22991231

EOB: 9999 - PROCESSED PER POLICY.

ARC Code	ARC Description	Effective Date	End Date
97	The benefit for this service	19950101	22991231

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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.

METHOD OF CORRECTION:

Claims setting this edit will be denied with EOB 0227.

