

Indiana Medicaid Resolutions Manual

NAME: 340 REV CODE IS INVALID (DTL)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when revenue code is not valid.

CRITERIA:

Set this edit if the revenue code on a claim is not valid, with EOB 0340.

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	0340	DENY

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

Location	Region	EOB	Disposition
00	00	9999	DENY

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

Location	Region	EOB	Disposition
00	00	9999	DENY

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

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Location	Region	EOB	Disposition
00	00	9999	DENY

EOB: 0340 - REVENUE CODE IS 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
M50	Missing/incomplete/invalid revenue code(s).	19970101	22991231

EOB: 9999 - PROCESSED PER POLICY.

ARC Code	ARC Description	Effective Date	End Date
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to	19950101	22991231

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

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 0340.

