

Indiana Medicaid Resolutions Manual

NAME: 347 PAYER PRIOR PAYMENT IS INVALID (HDR)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when the prior payment amount on the claim is blank or not numeric.

CRITERIA:

Set this edit if the prior payment amount on the claim is not numeric or is blank with, EOB 347.

Edit 347 will post on claim types A,B,C for either of the following conditions:

1. No Medicare Paid Amount is present on the claim.
2. The Amount on the claim (stripped of the dollar sign \$) is not numeric.

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
04	00	9999	PAY

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

Location	Region	EOB	Disposition
00	00	0347	DENY

Indiana Medicaid Resolutions Manual

Claim Type: B - Professional Xover Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0347	DENY

Claim Type: C - Outpatient Xover Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0347	DENY

EOB: 0347 - PRIOR PAYMENT AMOUNT IS BLANK OR NON-NUMERIC. 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.

Indiana Medicaid Resolutions Manual

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 the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

METHOD OF CORRECTION:

For paper claims 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 with EOB 347.

Claims setting this edit will be systematically denied with EOB 347.

