

Indiana Medicaid Resolutions Manual

NAME: **208 PREGNANCY INDICATOR INVALID (DTL)**

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when the pregnancy indicator at the detail is invalid.

CRITERIA:

If a claim.s pregnancy indicator is not 'Y', 'N' or blank in the pregnancy field, set this edit with EOB 0208.

For paper claims providers are instructed in 24H of the CMS 1500 to submit a 'P' and the business rules in data entry will change the 'P' to a 'Y' prior to entering the claims engine.

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: 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: ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0208	DENY
00	30	0208	PAY
00	32	0208	PAY
00	33	0208	PAY
00	34	0208	PAY
00	35	0208	PAY
00	36	0208	PAY
00	37	0208	PAY
00	38	0208	PAY
00	64	0208	PAY
00	70	0208	PAY
00	72	0208	PAY
00	73	0208	PAY
00	74	0208	PAY

Claim Type: M - Professional Claims

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

Location	Region	EOB	Disposition
00	00	9999	PAY

EOB: 0208 - INVALID PREGNANCY INDICATOR CODE. IT SHOULD BE P IF THE PATIENT IS PREGNANT AND IF THE PATIENT IS NOT PREGNANT, THE FIELD SHOULD BE LEFT BLANK. PLEASE VERIFY AND RESUBMIT.

ARC Code

16

ARC Description

Claim/service lacks information or has submission/billing error(s). Usage: 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

Effective Date

19950101

End Date

22991231

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Remittance Advice
Remark Code that is
not an ALERT.)
Refer to the 835
Healthcare Policy
Identification
Segment (loop 2110
Service Payment
Information REF), if
present.

Remark Code	Remark Description	Effective Date	End Date
M76	Missing/incomplete/invalid diagnosis or condition.	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. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 0208.

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Encounter claims and EOM waiver liability adjustments will post and pay for this edit.