

## **Indiana Medicaid Resolutions Manual**

**NAME:**                   **241     ACCIDENT INDICATOR IS INVALID (HDR)**

**ERROR TYPE:**       Batch Edit, Hard Coded

**HEADER/DETAIL:** Header

**OVERRIDABLE:**    N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit when the accident indicator is not A, B, C, or N.

### **CRITERIA:**

Set this edit if the accident indicator submitted on the claim is not A, B, C, or N, with, EOB 0241.

### **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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	9999	PAY
00	91	0241	SUSPEND

**Claim Type:** D - Dental Claims   **Member Plan:** ALL   **Status:** Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	0241	DENY
00	30	9999	PAY
00	32	9999	PAY
00	33	9999	PAY
00	34	9999	PAY
00	35	0241	PAY
00	36	0241	PAY
00	37	0241	PAY

## **Indiana Medicaid Resolutions Manual**

00	38	0241	PAY
00	64	9999	PAY
00	70	9999	PAY
00	72	9999	PAY
00	73	9999	PAY
00	74	9999	PAY

**Claim Type:** M - Professional Claims

**Member Plan:** PASMI

**Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	9999	PAY

**Claim Type:** M - Professional Claims

**Member Plan:** MRT **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:** ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0241	DENY
00	30	0241	PAY
00	32	0241	PAY
00	33	0241	PAY
00	34	0241	PAY
00	35	0241	PAY
00	36	0241	PAY
00	37	0241	PAY
00	38	0241	PAY
00	64	9999	PAY
00	70	0241	PAY
00	72	0241	PAY
00	73	0241	PAY
00	74	0241	PAY

**EOB: 0241** - ACCIDENT INDICATOR IS INVALID-PLEASE CHECK THE YES OR NO BLOCK AND INDICATE THE TWO DIGIT ALPHA CODE FOR THE STATE IN WHICH THE ACCIDENT OCCURRED. PLEASE VERIFY AND RESUBMIT.

## **Indiana Medicaid Resolutions Manual**

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
16	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 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.	19950101	22991231

<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
N657	This should be billed with the appropriate code for these services.	20130715	22991231

**EOB: 9999 - PROCESSED PER POLICY.**

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
97	The benefit for this service is included in the payment/allowance	19950101	22991231

## **Indiana Medicaid Resolutions Manual**

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.

### **METHOD OF CORRECTION:**

Claims setting this edit will be systematically denied with EOB 0241.  
Encounter claims are Set to post and pay for this edit.