

## **Indiana Medicaid Resolutions Manual**

**NAME:** 273 **TYPE OF BILL MISSING (HDR)**

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

**HEADER/DETAIL:** Header

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit when the type of bill is missing.

### **CRITERIA:**

Set this edit if the type of bill is not present on the claim, with EOB 0273.

Type of Bill can be located in CoreMMIS under Main Menu>BPA>Related Data. Then go to Open Tab>Codes O-Z>Type of Bill.

### **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

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	0273	DENY

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	0273	DENY

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**Claim Type:** H - Home Health Claims      **Member Plan:** ALL    **Status:** Post

Location	Region	EOB	Disposition
00	00	0273	DENY

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

Location	Region	EOB	Disposition
00	00	0273	DENY

**Claim Type:** L - Long Term Care Claims      **Member Plan:** ALL    **Status:** Post

Location	Region	EOB	Disposition
00	00	0273	DENY

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

Location	Region	EOB	Disposition
00	00	0273	DENY

**EOB: 0273** - THE TYPE OF BILL IS MISSING-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

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<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
MA30	Missing/incomplete/invalid type of bill.	19970101	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 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:**

Claims setting this edit will be systematically denied with EOB 0273.

