

Indiana Medicaid Resolutions Manual

NAME: **207 EMERGENCY INDICATOR INVALID (DTL)**

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when the claim's emergency indicator is not "Y" or "N".

CRITERIA:

Set this edit if a claim's emergency indicator is not "Y" or "N" with, EOB 0207.

Claims submitted with a blank will be treated as if it were a "N" but not displayed during claims adjudication.

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: B - Professional Xover Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0207	DENY
00	35	0207	PAY
00	36	0207	PAY
00	37	0207	PAY
00	38	0207	PAY
00	64	9999	PAY

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00	70	0207	PAY
00	72	0207	PAY
00	73	0207	PAY
00	74	0207	PAY
00	91	0207	SUSPEND

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

Location	Region	EOB	Disposition
00	00	0207	DENY
00	30	0207	PAY
00	32	0207	PAY
00	33	0207	PAY
00	34	0207	PAY
00	35	0207	PAY
00	36	0207	PAY
00	37	0207	PAY
00	38	0207	PAY
00	64	9999	PAY
00	70	0207	PAY
00	72	0207	PAY
00	73	0207	PAY
00	74	0207	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	0207	DENY
00	30	0207	PAY
00	32	0207	PAY

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00	33	0207	PAY
00	34	0207	PAY
00	35	0207	PAY
00	36	0207	PAY
00	37	0207	PAY
00	38	0207	PAY
00	64	9999	PAY
00	70	0207	PAY
00	72	0207	PAY
00	73	0207	PAY
00	74	0207	PAY
00	91	0207	SUSPEND

EOB: 0207 - INVALID EMERGENCY INDICATOR CODE. IF THIS WAS AN EMERGENCY, IT SHOULD BE Y FOR YES OR N FOR NO. PLEASE VERIFY AND RESUBMIT.

ARC Code	ARC Description	Effective Date	End Date
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

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

Remark Code	Remark Description	Effective Date	End Date
M83	Service is not covered unless the patient is classified as at high risk.	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 0207.
For special batch claims, follow special instructions to adjudicate the claim.

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