

Indiana Medicaid Resolutions Manual

NAME: 437 MEDICARE PSYCH ADJUSTMENT AMT INVALID (HDR)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the Medicare psych adjustment amount is not in a valid format.

CRITERIA:

Set this edit if the Medicare psych adjustment amount is in a format other than numeric, with EOB 0437.

A valid value contains only numerics and up to 1 decimal point and the decimal point cannot be the last character of the field.

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 | 0437 | DENY |
| 00 | 64 | 9999 | PAY |

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EOB: 0437 - THE PSYCH ADJUSTMENT AMOUNT IS NOT IN THE VALID FORMAT. PLEASE RESUBMIT IN ALL NUMERIC VALUES.

| 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 |
|--------------------|------------------------------------|-----------------------|-----------------|
| M79 | Missing/incomplete/invalid charge. | 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. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service | 19950101 | 22991231 |

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Payment Information
REF), if present.

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 0437.

