

## **Indiana Medicaid Resolutions Manual**

**NAME:** 451 COINSURANCE AND DEDUCTIBLE AMT MISSING (HDR)

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

**HEADER/DETAIL:** Header

**OVERRIDABLE:** Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit if the coinsurance and deductible amount is missing.

### **CRITERIA:**

Set this edit if the header Medicare coinsurance amount is zero and the header Medicare deductible amount is zero, with EOB 0558.

The following fields are validated for claim type: B

Coinsurance, Deductible and Psych Adjustment

Claim types: A/C

Coinsurance, Deductible and Blood deductible

### **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

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

Location	Region	EOB	Disposition
00	00	0558	DENY
00	91	0558	SUSPEND

**Claim Type:** B - Professional Xover Claims    **Member Plan:** ALL    **Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	0558	DENY
00	91	0558	SUSPEND

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

Location	Region	EOB	Disposition
00	00	0558	DENY
00	91	0558	SUSPEND

**EOB: 0558** - COINSURANCE AND DEDUCTIBLE AMOUNT IS MISSING INDICATING THAT THIS IS NOT A CROSSOVER CLAIM.

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>
MA92	Missing plan information for other insurance.	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 0558.

For special batch claims, follow special instructions to adjudicate the claim.

