

Indiana Medicaid Resolutions Manual

NAME: 434 MEDICARE COINSURANCE AMT INVALID (HDR)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the Medicare coinsurance amount is not valid.

CRITERIA:

Set this edit if the Medicare coinsurance amount is other than numeric, with EOB 0434.

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

Location	Region	EOB	Disposition
00	00	0434	DENY
00	64	9999	PAY

Claim Type: B - Professional Xover Claims

Member Plan: ALL **Status:** Post

Indiana Medicaid Resolutions Manual

Location	Region	EOB	Disposition
00	00	0434	DENY
00	64	9999	PAY

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

Location	Region	EOB	Disposition
00	00	0434	DENY
00	64	9999	PAY

EOB: 0434 - THE COINSURANCE AMOUNT IS NOT IN THE VALID FORMAT. PLEASE RESUBMIT IN ALL NUMERIC VALUES.

ARC Code	ARC Description	Effective Date	End Date
2	Coinsurance Amount	19950101	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 Payment Information REF), if present.	19950101	22991231

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 0434.