NAME: **433   MEDICARE DEDUCTIBLE AMOUNT INVALID (HDR)**

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the Medicare deductible amount is not in a numeric format.

CRITERIA:

Set this edit if the Medicare patient deductible amount is not in numeric format, with EOB 0433.

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	0433	DENY

Claim Type: B - Professional Xover Claims   **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition

00	00	0433	DENY

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

Location	Region	EOB	Disposition
00	00	0433	DENY

EOB: 0433 - THE DEDUCTIBLE 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	19950101	22991231

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.

<u>METHOD OF CORRECTION:</u>

Claims setting this edit will be systematically denied with EOB 0433.