

## **Indiana Medicaid Resolutions Manual**

**NAME:** 4126 CANNOT PRIORITIZE MEMBER ASSIGNMENT PLANS

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

**HEADER/DETAIL:** Header

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit if an assignment plan hierarchy is not found for the member's assignment plan.

### **CRITERIA:**

Set this edit if an assignment plan hierarchy is not found for the member's assignment plans.

### **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:** Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
02	00	9999	SUPER-SUSPEND

**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	19950101	22991231

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the 835 Healthcare Policy  
Identification Segment  
(loop 2110 Service  
Payment Information  
REF), if present.

### **METHOD OF CORRECTION:**

This is a system edit that will post if there is an issue with the current configuration of the system. This edit is set to supersuspend to be reviewed by a claims SE.

Verify that the member and dates of service were keyed correctly on paper inputs. If not, data correct the claim and click on 'Resubmit'.

If the identified fields were keyed correctly or if the claim was submitted electronically, the claims team needs to review with the member eligibility department to rectify the issue.