

Indiana Medicaid Resolutions Manual

NAME: 4132 UNABLE TO ASSIGN DRG GROUPER VERSION

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if a DRG grouper version does not exist for the header TDOS.

CRITERIA:

Set this edit if the DRG grouper version does not exist for the header TDOS, post the edit.

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

Location	Region	EOB	Disposition
00	30	9998	DENY
00	32	9998	DENY
00	33	9998	DENY
00	34	9998	DENY
00	70	9998	DENY
00	72	9998	DENY
00	73	9998	DENY
00	74	9998	DENY
04	00	9999	SUSPEND

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EOB: 9998 - CLAIM WAS PRICED IN ACCORDANCE WITH CURRENT INDIANA HEALTH COVERAGE PROGRAM POLICIES.

ARC Code	ARC Description	Effective Date	End Date
45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)	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. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110	19950101	22991231

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Service Payment
Information REF), if
present.

METHOD OF CORRECTION:

Verify the header TDOS was keyed correctly on paper inputs. If not, data correct the claim and click on 'Resubmit'. If the identified fields were keyed correctly or the claim was submitted electronically, transfer claim to the Benefit Maintenance Department for review.

