

Indiana Medicaid Resolutions Manual

NAME: 4131 NO BENEFIT PLANS ASSOCIATED TO PAYER

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if a financial payer for the member has no benefit plans associated with it.

CRITERIA:

Set this edit if a financial payer for the member has no benefit plans associated with it.

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
01	00	9999	SUPER-SUSPEND

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	19950101	22991231

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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 suspend to be reviewed by a claims SE.

Verify that the member number 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.