

## **Indiana Medicaid Resolutions Manual**

**NAME:** 4130 PAYER HIERARCHY NOT FOUND

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

**HEADER/DETAIL:** Header

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit if a Payer hierarchy is not found for the member's payers.

### **CRITERIA:**

Set this edit if a Payer hierarchy is not found for the member's payers, 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

| <b>Location</b> | <b>Region</b> | <b>EOB</b> | <b>Disposition</b> |
|-----------------|---------------|------------|--------------------|
| 00              | 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 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 suspersuspend to be reviewed by a claims SE.

Verify that the member ID, billing provider number and referring provider number were 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 the claim to the Benefit Maintenance Department for review of payer hierarchy.