

Indiana Medicaid Resolutions Manual

NAME: 4334 DRG GROUPER UNABLE TO GROUP/PRICE - GENDER (HDR)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the member's gender on the member file does not indicate Male or Female.

CRITERIA:

Set this edit if the gender of the member does not indicate Male or Female on the member base information panel with EOB 2000.

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
04	00	9999	PAY

Claim Type: A - Inpatient Xover Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
02	00	2000	DENY

Claim Type: I - Inpatient Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
02	00	2000	DENY

Indiana Medicaid Resolutions Manual

EOB: 2000 - THE GENDER OF THE MEMBER IS NOT ON FILE. PLEASE CONTACT THE COUNTY CASEWORKER TO UPDATE THE MEMBER'S FILE.

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
MA39	Missing/incomplete/invalid gender.	19970101	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. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service	19950101	22991231

Indiana Medicaid Resolutions Manual

Payment Information
REF), if present.

METHOD OF CORRECTION:

Claims setting this edit will be denied.

