

Indiana Medicaid Resolutions Manual

NAME: 4374 CLAIM TYPE RSTN ON MBR REV CVG RULE (DTL)

ERROR TYPE: Rules Edit, Billing or Coverage

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the claim type billed does not match the revenue code billing rule for the member benefit plan.

CRITERIA:

Set this edit if the claim type billed does not match the revenue code billing rule for the member benefit plan with, EOB 2033.

Set this edit for a HIP member if the claim type billed does not match the revenue code billing rule for the member benefit plan with, EOB 2043.

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:** HIP **Status:** Post

Location	Region	EOB	Disposition
04	00	2043	DENY

Claim Type: 0 - All Claim Types **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	2033	DENY

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EOB: 2033 - INVALID CLAIM TYPE FOR THE PROGRAM BILLED

ARC Code	ARC Description	Effective Date	End Date
16	Claim/service lacks information or has submission/billing error(s). Usage: 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.) 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
N34	Incorrect claim form/format for this service.	20000101	22991231

EOB: 2043 - THE MEMBER IS ENROLLED IN THE HEALTHY INDIANA PLAN. PLEASE SUBMIT CLAIM TO THE APPROPRIATE INSURER FOR THE MEMBER'S DATE OF SERVICE

ARC Code	ARC Description	Effective Date	End Date
109	Claim/service not covered by this	19950101	22991231

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payer/contractor. You
must send the
claim/service to the
correct
payer/contractor.

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 2033.

For HIP members claims setting this edit will be systematically denied with EOB 2043.

