

Indiana Medicaid Resolutions Manual

NAME: 607 ATTACHMENT INDICATED BUT NOT YET RECEIVED
(DTL)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if an attachment is indicated but not yet received.

CRITERIA:

Set this edit if an attachment is indicated but not yet received with, EOB 0003.

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
40	00	9999	PAY
40	21	0003	SUSPEND
40	23	0003	SUSPEND
40	61	0003	SUSPEND

EOB: 0003 - CLAIM PENDED - WAITING FOR ATTACHMENT

ARC Code	ARC Description	Effective Date	End Date
252	An attachment/other documentation is required to adjudicate this	20120930	22991231

Indiana Medicaid Resolutions Manual

claim/service. 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).

Remark Code	Remark Description	Effective Date	End Date
N706	Missing documentation.	20140301	22991231

Remark Code	Remark Description	Effective Date	End Date
N29	Missing documentation/orders/notes/summary/report/chart.	20000101	20161204

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 Payment Information REF), if present.	19950101	22991231

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 0003.

Claim regions received indicating an attachment is coming will be suspended with EOB 0003 until the attachment is received. After 45 days if the attachment is not received, the claim will be denied.

Indiana Medicaid Resolutions Manual

