

Indiana Medicaid Resolutions Manual

NAME: 563 INVALID ADJUSTMENT CLAIM TYPES DO NOT MATCH (HDR)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when a claim is adjusted and the original and adjusted claim types don't match.

CRITERIA:

Set this edit if the original claim and adjusted claim types don't match, with EOB 0588.

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
00	00	0588	DENY

EOB: 0588 - THE CLAIM TYPE SELECTED FOR THE ADJUSTMENT DOES NOT MATCH THE CLAIM TYPE OF THE ORIGINAL PAID CLAIM, THEREFORE YOUR CLAIM HAS BEEN DENIED. PLEASE SUBMIT A NEW CLAIM FOR ADJUDICATION.

ARC Code	ARC Description	Effective Date	End Date
16	Claim/service lacks information or has submission/billing error(s) which is needed for	19950101	22991231

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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.

Remark Code	Remark Description	Effective Date	End Date
N34	Incorrect claim form/format for this service.	20000101	22991231

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 0588