

Indiana Medicaid Resolutions Manual

NAME: 877 PAYER PRIOR PAYMENT IS MISSING (HDR)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when the payer code on the first payer line is "A" or "B" and there is no payer prior payment amount and coinsurance is > 0 on the claim.

CRITERIA:

Set this edit when the payer code entered in the first payer field is "A" (Medicare) or "B" (Other insurance), and the corresponding payment amount is spaces or there is a zero in the prior payment field and the coinsurance is greater than zero with, EOB 0346.

This edit will Set under either of the following conditions occurs:

1. Claim type B, Medicare Paid amount = \$0 AND Coinsurance Amount is more than \$0.
2. Payer Code A AND no valid prior payment amount (no numeric value, zero or blank).

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
00	00	9999	PAY

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

Location	Region	EOB	Disposition
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00	00	0346	DENY
00	11	0346	SUSPEND
00	21	0346	SUSPEND
00	23	0346	SUSPEND
00	50	0346	SUSPEND
00	51	0346	SUSPEND
00	55	0346	PAY
00	56	0346	SUSPEND
00	61	0346	SUSPEND
00	62	9999	PAY
00	64	0346	PAY
00	91	0346	SUSPEND

Claim Type: B - Professional Xover Claims

Member Plan: ALL Status: Post

Location	Region	EOB	Disposition
00	00	0346	DENY
00	11	0346	SUSPEND
00	21	0346	SUSPEND
00	23	0346	SUSPEND
00	50	0346	SUSPEND
00	51	0346	SUSPEND
00	55	0346	PAY
00	56	0346	SUSPEND
00	61	0346	SUSPEND
00	64	0346	PAY
00	91	0346	SUSPEND

Claim Type: C - Outpatient Xover Claims Member Plan: ALL Status: Post

Location	Region	EOB	Disposition
00	00	0346	DENY
00	11	0346	SUSPEND
00	21	0346	SUSPEND
00	23	0346	SUSPEND
00	50	0346	SUSPEND
00	51	0346	SUSPEND
00	55	0346	PAY
00	56	0346	SUSPEND
00	61	0346	SUSPEND
00	62	9999	PAY
00	64	0346	PAY
00	91	0346	SUSPEND

EOB: 0346 - MEDICARE IS INDICATED AS A PRIOR PAYER, BUT NO PRIOR PAYMENT AMOUNT IS INDICATED. PLEASE VERIFY AND RESUBMIT.

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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
MA92	Missing plan information for other insurance.	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 Payment Information REF), if present.	19950101	22991231

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METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 0346.