

## **Indiana Medicaid Resolutions Manual**

**NAME:**                    **620      CURRENT DETAIL DENIED BY MCE (DTL)**

**ERROR TYPE:**      Batch Edit, Hard Coded

**HEADER/DETAIL:** Detail

**OVERRIDABLE:**    N

**ALLOW DENIAL:** N

### **DESCRIPTION:**

Set this edit when the MCO-denied detail on the encounter claim is zero.

### **CRITERIA:**

Set this edit when the encounter claim is received and the paid amount from the MCE is zero with, EOB 0591.

### **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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	9999	PAY
00	30	0591	DENY
00	32	0591	DENY
00	33	0591	DENY
00	34	0591	DENY
00	70	0591	DENY
00	72	0591	DENY
00	73	0591	DENY
00	74	0591	DENY
00	75	0591	DENY
00	76	0591	DENY
00	78	0591	DENY
00	79	0591	DENY

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**Claim Type:** M - Professional Claims

**Member Plan:** MRT **Status:** Do Not Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	9999	PAY

**Claim Type:** M - Professional Claims

**Member Plan:** PASMI

**Status:** Do Not Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	9999	PAY

**Claim Type:** M - Professional Claims

**Member Plan:** PASMR

**Status:** Do Not Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	9999	PAY

**EOB: 0591** - THE CURRENT DETAIL HAS BEEN DENIED BY THE MCO. DETAIL WILL BE IN FULL FAILURE.

**ARC Code**  
24

**ARC Description**  
Charges are covered  
under a capitation  
agreement/managed  
care plan.

**Effective Date**  
19950101

**End Date**  
22991231

**EOB: 9999** - PROCESSED PER POLICY.

**ARC Code**  
97

**ARC Description**  
The benefit for this  
service is included in  
the  
payment/allowance  
for another  
service/procedure that  
has already been  
adjudicated. Usage:  
Refer to the 835  
Healthcare Policy  
Identification

**Effective Date**  
19950101

**End Date**  
22991231

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Segment (loop 2110  
Service Payment  
Information REF), if  
present.

### **METHOD OF CORRECTION:**

Claims setting this edit will be denied with EOB 0591.

