

Indiana Medicaid Resolutions Manual

NAME: 640 OBSOLETE OTHER PAYER DATE INVALID

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

OBSOLETE: BURN OUTLIERS

CRITERIA:

EDIT OBSOLETE: BURN OUTLIERS

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

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	19950101	22991231

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

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied.