

Indiana Medicaid Resolutions Manual

NAME: 608 ATTACHMENT INDICATED BUT NOT RECEIVED

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the indicated attachment that was generated on the claim, is not returned to the IHCP within 45 days.

CRITERIA:

Set this edit if a claim is submitted via the health care portal or via 837 and indicates attachments are forthcoming, but are not received within 45 days from the ICN date, with EOB 0499.

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	0499	DENY

EOB: 0499 - CLAIM DENIED. REQUIRED INFORMATION WAS NOT RETURNED OR RECEIVED WITHIN 45 DAYS.

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

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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

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 0499.