

Indiana Medicaid Resolutions Manual

NAME: 619 NO TRIM POINT FACTOR ON FILE FOR DOS (HDR)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when no trim point factor is on file for the dates of service.

CRITERIA:

Set this edit if there is no trim point factor on file for dates of service, with EOB 4101.

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
04	00	9999	PAY

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

Location	Region	EOB	Disposition
00	00	4101	SUSPEND
00	70	4101	DENY
00	72	4101	DENY
00	73	4101	DENY
00	74	4101	DENY

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

Indiana Medicaid Resolutions Manual

Location	Region	EOB	Disposition
00	00	4101	SUSPEND
00	30	4101	DENY
00	32	4101	DENY
00	33	4101	DENY
00	34	4101	DENY
00	70	4101	DENY
00	72	4101	DENY
00	73	4101	DENY
00	74	4101	DENY

EOB: 4101 - NO TRIM POINT FACTOR ON FILE FOR DATES OF SERVICE.

ARC Code	ARC Description	Effective Date	End Date
16	Claim/service lacks information or has submission/billing error(s). Usage: 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.) 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
--------------------	---------------------------	-----------------------	-----------------

Indiana Medicaid Resolutions Manual

M60	Missing Certificate of Medical Necessity.	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. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 4101.

