

## **Indiana Medicaid Resolutions Manual**

**NAME:** 655 TPL REQUIRED AT DETAIL (HDR)

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

**HEADER/DETAIL:** Header

**OVERRIDABLE:** Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit if TPL is required at the detail.

### **CRITERIA:**

Set this edit if TPL is required at the detail with, EOB 0815.

### **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
02	00	0815	DENY

**Claim Type:** A - Inpatient Xover Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
02	00	9999	PAY

**Claim Type:** C - Outpatient Xover Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
02	00	9999	PAY

**Claim Type:** I - Inpatient Claims **Member Plan:** ALL **Status:** Do Not Post

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<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
02	00	9999	PAY

**Claim Type:** L - Long Term Care Claims   **Member Plan:** ALL   **Status:** Do Not Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
02	00	9999	PAY

**EOB: 0815** - TPL REQUIRED AT DETAIL AND MUST SUM TO EQUAL THE HEADER  
TPL AMOUNT

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
129	Prior processing information appears incorrect. 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.)	19970228	22991231

<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
MA130	Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.	20011012	22991231

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

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
97	The benefit for this service is included in the payment/allowance for another service/procedure	19950101	22991231

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that has already been  
adjudicated. Note: Refer to  
the 835 Healthcare Policy  
Identification Segment  
(loop 2110 Service  
Payment Information  
REF), if present.

### **METHOD OF CORRECTION:**

Claims setting this edit will be systematically denied with EOB 0815.

