

## **Indiana Medicaid Resolutions Manual**

**NAME:** 851 POA CODE IS INVALID (HDR)

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

**HEADER/DETAIL:** Header

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit if the diagnosis code is not exempt from POA processing and if the POA edit criteria is met.

### **CRITERIA:**

Set this edit if the claim type is I or A or under the following conditions.

The edit will post if each of the following statements is true.

1. Claims with a 5010 header OR a Non 5010 header claims with any of the following:
  - a. The claim is a Data Correction
  - b. The Claim is being Recycled
  - c. The claim is an Adjustment that is not region 72 (Encounter Replacements/Voids).
2. The Diagnosis Code type is NOT A (Admitting), E (Emergency) or 99.
3. A valid POA code value of Y, N, U, or W is NOT present on the diagnosis.
4. Neither of the following conditions occurs:
  - a. The Diag code is ICD9 and is NOT in the ICD9 POA Exempt group (5013).
  - b. The Diag code is ICD10 and is NOT in the ICD10 POA Exempt Group (5014)

Reference ICD-DX Group 5013 and 5014 can be located in Core MMIS under Main Menu > BPA > Related Data > Open Tab > Other > Diagnosis Group Type.

### **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

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<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	00	9999	PAY

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	4276	DENY

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

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

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	00	4276	DENY

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	00	4276	DENY

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

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

**EOB: 4276 - A POA MUST BE ENTERED. A POA OF 1 OR BLANK IS NOT ACCEPTABLE.**

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. 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	19950101	22991231

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is not an ALERT.) Note:  
Refer to the 835  
Healthcare Policy  
Identification Segment  
(loop 2110 Service  
Payment Information  
REF), if present.

<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
M64	Missing/incomplete/invalid other diagnosis.	19970101	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 that has already been adjudicated. Note: 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 4276.

