

## **Indiana Medicaid Resolutions Manual**

**NAME:** 932 PROCESS PAYER CODE INVALID OR MISSING (HDR)

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

**HEADER/DETAIL:** Header

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit when there is not a primary payer code is invalid or missing.

### **CRITERIA:**

Set this edit if the primary payer code is not present (blank) on the claim or is invalid (not on the payer table), with EOB 0341.

The following listing represents the valid Payer ID values:

Medicare value is A

Other Insurance value is B

Indiana Health Coverage Benefit Plan value is C.

### **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     | 0341 | DENY        |
| 00       | 64     | 9999 | PAY         |
| 00       | 91     | 0341 | SUSPEND     |

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**Claim Type:** B - Professional 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:** D - Dental 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:** M - Professional 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: 0341** - THERE IS NO PRIMARY PAYER ENTERED ON THE CLAIM. PLEASE VERIFY AND RESUBMIT.

| <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 is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. | 19950101              | 22991231        |

| <b>Remark Code</b> | <b>Remark Description</b>                    | <b>Effective Date</b> | <b>End Date</b> |
|--------------------|----------------------------------------------|-----------------------|-----------------|
| M56                | Missing/incomplete/invalid payer identifier. | 19970101              | 22991231        |

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**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 0341.

For special batch claims, follow special instructions to adjudicate the claim.

