

Indiana Medicaid Resolutions Manual

NAME: 946 Multiple payers submitted w/same payer ID in error

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when multiple payers are submitted with the same payer ID.

CRITERIA:

Set this edit when multiple payers are submitted with the same payer ID with EOB 0946.

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	0946	DENY

EOB: 0946 - Multiple payers submitted with same payer ID in error

ARC Code	ARC Description	Effective Date	End Date
22	This care may be covered by another payer per coordination of benefits.	19950101	22991231

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Remark Code	Remark Description	Effective Date	End Date
N245	Incomplete/invalid plan information for other insurance .	20040801	22991231

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 0946.