

Indiana Medicaid Resolutions Manual

NAME: 3367 590 CHARGES LESS THAN \$150.00 (HDR)

ERROR TYPE: Form Edit

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit for all details combined and if the total charges submitted on a 590 claim are less than \$150.00.

CRITERIA:

Set this edit if the total charges submitted on a 590 claim are less than \$150.00, set this edit with EOB 0429.

Note: See edit 3366 for crossover claim information. For crossover claims the coinsurance and deductible are used to determine if the charge is under \$150.00.

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
00	00	9999	PAY

Claim Type: D - Dental Claims **Member Plan:** 590 **Status:** Post

Location	Region	EOB	Disposition
00	00	0429	DENY

Claim Type: M - Professional Claims **Member Plan:** 590 **Status:** Post

Indiana Medicaid Resolutions Manual

Location	Region	EOB	Disposition
00	00	0429	DENY

Claim Type: O - Outpatient Claims **Member Plan:** 590 **Status:** Post

Location	Region	EOB	Disposition
00	00	0429	DENY

EOB: 0429 - THE TOTAL CHARGES SUBMITTED ARE LESS THAN THE \$150.00 MINIMUM FOR THE 590 PROGRAM. CLAIMS LESS THAN \$150.00 MUST BE SUBMITTED TO THE FACILITY.

ARC Code	ARC Description	Effective Date	End Date
45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Note: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)	19950101	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. Note: Refer to the 835 Healthcare Policy	19950101	22991231

Indiana Medicaid Resolutions Manual

Identification Segment
(loop 2110 Service
Payment Information
REF), if present.

METHOD OF CORRECTION:

Claims setting this edit will be denied with EOB 0429.

