

## **Indiana Medicaid Resolutions Manual**

**NAME:** 2071 HIP Bridge Account Balance is Zero (DTL)

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

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit when the HIP Bridge account balance is zero.

### **CRITERIA:**

Set this edit when the HIP Bridge account balance is zero for claim types M, B, O, C, H, D with EOB 2071.

### **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:** B - Professional Xover Claims

**Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	2071	DENY
00	91	2071	SUSPEND

**Claim Type:** C - Outpatient Xover Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	2071	DENY
00	91	2071	SUSPEND

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

Location	Region	EOB	Disposition
00	00	2071	DENY
00	91	2071	SUSPEND

**Claim Type:** H - Home Health Claims      **Member Plan:** ALL    **Status:** Post

Location	Region	EOB	Disposition
00	00	2071	DENY
00	91	2071	SUSPEND

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

Location	Region	EOB	Disposition
00	00	2071	DENY
00	91	2071	SUSPEND

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

Location	Region	EOB	Disposition
00	00	2071	DENY
00	91	2071	SUSPEND

**EOB: 2071** - HIP Bridge Account Balance is Zero

ARC Code	ARC Description	Effective Date	End Date
119	Benefit maximum for this time period or occurrence has been reached.	19950101	22991231

Remark Code	Remark Description	Effective Date	End Date
N587	Policy benefits have been exhausted.	20130715	22991231

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

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<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. Usage: 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 2071.

