

Indiana Medicaid Resolutions Manual

NAME: 3366 590 PAID LESS THAN \$150.00 (HDR)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the charges submitted on the 590 claim are less than \$150.00 with EOB 0450.

CRITERIA:

Set this edit if the total charges submitted on a 590 claim are less than \$150.00 with, EOB 0450.

Crossover Claim Note: The coinsurance and deductible is 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: A - Inpatient Xover Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	9999	PAY

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

Location	Region	EOB	Disposition
00	00	0450	DENY

Indiana Medicaid Resolutions Manual

Claim Type: B - Professional Xover Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0450	DENY

Claim Type: B - Professional Xover Claims

Member Plan: ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	9999	PAY

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

Location	Region	EOB	Disposition
00	00	0450	DENY

Claim Type: C - Outpatient Xover Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
01	00	9999	PAY

EOB: 0450 - THE TOTAL PAID AMOUNT IS LESS THAN THE \$150.00 MINIMUM FOR THE 590 PROGRAM. CLAIMS LESS THAN \$150.00 MUST BE SUBMITTED TO THE FACILITY.

ARC Code

45

ARC Description

Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.
Usage: 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

Effective Date

19950101

End Date

22991231

Indiana Medicaid Resolutions Manual

Codes PR or CO
depending upon
liability)

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. 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 0450.

