

## **Indiana Medicaid Resolutions Manual**

**NAME:** 3006 PA DOLLARS EXCEEDED (DTL)

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

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit if the approved dollar amount on the P.A. file has already been exceeded.

### **CRITERIA:**

Set this edit if a IHCP service requires PA, and the PA is based on dollars, but the approved dollar amount is exhausted, with EOB 3006.

This edit will set when the dollars have been exhausted on previously submitted claims or the claim detail will be cutback to the remaining dollars left on the PA.

PA dollars are only applicable to waiver claims.

### **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
03	00	9999	PAY

**Claim Type:** 0 - All Claim Types **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
03	00	9999	PAY

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

Location	Region	EOB	Disposition
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03	00	3006	DENY
03	30	3006	PAY
03	32	3006	PAY
03	33	3006	PAY
03	34	3006	PAY
03	70	3006	PAY
03	72	3006	PAY
03	73	3006	PAY
03	74	3006	PAY
03	91	3006	SUSPEND

**Claim Type:** M - Professional Claims

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
03	00	3006	PAY

**EOB: 3006** - PAYMENT FOR THIS SERVICE HAS BEEN DENIED OR CUTBACK DUE TO DOLLARS BILLED EXCEEDING THE DOLLARS PRIOR AUTHORIZED.

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
198	Precertification/notification/authorization/pre-treatment exceeded.	20061031	22991231

**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. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment	19950101	22991231

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Information REF), if  
present.

### **METHOD OF CORRECTION:**

Claims setting this edit will be systematically denied with EOB 3006.

A cutback segment will post and pay for this edit.

Encounter claims are set to post and pay for this edit.

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

