

Indiana Medicaid Resolutions Manual

NAME: **268 BILLED AMT MISSING OR ZERO (DTL)**

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the amount billed on the detail line is less than \$.01 or missing.

CRITERIA:

Set this edit If the billed amount on the detail line is missing or blank, with EOB 0268.

The system will check the billed amount to determine if it is less than \$.01 then it will set the edit.

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	0268	DENY
00	30	9999	PAY
00	32	9999	PAY
00	33	9999	PAY
00	34	9999	PAY
00	35	0268	PAY
00	36	0268	PAY
00	37	0268	PAY
00	38	0268	PAY
00	70	9999	PAY

Indiana Medicaid Resolutions Manual

00	72	9999	PAY
00	73	9999	PAY
00	74	9999	PAY
00	80	0268	PAY

EOB: 0268 - THE BILLED AMOUNT IS MISSING-PLEASE PROVIDE AND RESUBMIT.

ARC Code	ARC Description	Effective Date	End Date
16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

Remark Code	Remark Description	Effective Date	End Date
M54	Missing/incomplete/invalid total charges.	19970101	22991231

EOB: 9999 - PROCESSED PER POLICY.

Indiana Medicaid Resolutions Manual

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 0268.
Encounter claims will post and pay for this edit.

