

## **Indiana Medicaid Resolutions Manual**

**NAME:** 269 DTL BILLED AMOUNT INVALID (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 other than numeric.

### **CRITERIA:**

Set this edit if the billed amount on the detail line is not numeric, with EOB 0269.

### **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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	0269	DENY

**EOB: 0269 - THE BILLED AMOUNT IS NOT IN A VALID FORMAT PLEASE VERIFY AND RESUBMIT.**

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims	19950101	22991231

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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.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

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

### **METHOD OF CORRECTION:**

Claims setting this edit will be systematically denied with EOB 0269.