

Indiana Medicaid Resolutions Manual

NAME: **505 TPL PAYMENT GREATER THAN BILLED (HDR)**

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the third party liability payment amount is more than the total billed amount.

CRITERIA:

Set this edit if a claim is submitted with a third party liability payment amount greater than the total billed amount, with EOB 0505.

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	0505	PAY
00	30	0505	DENY
00	32	0505	DENY
00	33	0505	DENY
00	34	0505	DENY
00	70	0505	DENY
00	72	0505	DENY
00	73	0505	DENY
00	74	0505	DENY

Claim Type: A - Inpatient Xover Claims **Member Plan:** ALL **Status:** Do Not Post

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Location	Region	EOB	Disposition
00	00	9999	PAY

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:** Do Not Post

Location	Region	EOB	Disposition
00	00	9999	PAY

Claim Type: M - Professional Claims

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

Location	Region	EOB	Disposition
00	00	9999	PAY

Claim Type: M - Professional Claims

Member Plan: PASMRT

Status: Do Not Post

Location	Region	EOB	Disposition
00	00	9999	PAY

Claim Type: M - Professional Claims

Member Plan: PASMI

Status: Do Not Post

Location	Region	EOB	Disposition
00	00	9999	PAY

EOB: 0505 - THE THIRD PARTY AMOUNT IS MORE THAN THE TOTAL CLAIM CHARGE; THEREFORE, NO MEDICAID AMOUNT IS PAYABLE.

ARC Code
23

ARC Description
The impact of prior
payer(s) adjudication
including payments
and/or adjustments.
(Use only with Group
Code OA)

Effective Date
19950101

End Date
22991231

EOB: 9999 - PROCESSED PER POLICY.

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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 Set to post and pay with EOB 0505.

Encounter claims setting this edit will be systematically denied with EOB 0505.

