

Indiana Medicaid Resolutions Manual

NAME: 452 CALCULATED DTL MEDICARE ALLOWED AMT IS ZERO (DTL)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when the Medicare detail allowed amount is zero (0).

CRITERIA:

Set this edit if the claim Medicare detail is submitted with a zero allowed amount, with EOB 0593.

For claim type C, if a revenue code is found in revenue group 100014-ESRD Composite rate, bypass the edit.

Otherwise, for claim type B and C, Set this edit if there is a detail on the claim found, and is a converted claim and the amount of T18 reductions is 0 or the claim is not a converted claim and the MPI balance amount is zero (0).

Reference revenue group 100014 can be located in Core MMIS under Main Menu>BPA>Related Data>Open Tab>Other>Revenue Group Type.

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

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Claim Type: B - Professional Xover Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0593	DENY

Claim Type: C - Outpatient Xover Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0593	DENY

Claim Type: C - Outpatient Xover Claims

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

Location	Region	EOB	Disposition
00	00	9999	PAY

EOB: 0593 - AT LEAST ONE DETAIL SUBMITTED CONTAINS MEDICARE COB DATA RESULTING IN A REVIEW OF ALL DETAIL COB DATA. PLEASE REVIEW TO ENSURE COB DATA FOR DETAIL IN QUESTION DOES NOT CONTAIN ALL ZEROS OR IS MISSING

ARC Code

A1

ARC Description

Claim/Service denied. 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.)

Effective Date

19950101

End Date

22991231

Remark Code

M28

Remark Description

This does not qualify for payment under Part B when Part A coverage is exhausted or not otherwise available.

Effective Date

19970101

End Date

22991231

EOB: 9999 - PROCESSED PER POLICY.

ARC Code

ARC Description

Effective Date

End Date

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97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231
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METHOD OF CORRECTION:

Claims setting this edit will be systemically denied with EOB 0593.

