

## **Indiana Medicaid Resolutions Manual**

**NAME:**                   **509     NET BILLED OUT OF BALANCE (HDR)**

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

**HEADER/DETAIL:** Header

**OVERRIDABLE:**    N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit if the net charge is not equal to the total charge less the TPL amount and the patient deductible amount.

### **CRITERIA:**

Set this edit if the net charge is not equal to the total charge less the patient deductible and TPL amount, with EOB 0509.

For claim types M, B and D, the edit will Set if the header billed amount does not equal the total of the header net billed amount and the header TPL amount (billed not=(net billed + TPL)).

For claim types A and L sum the value amount if the type of bill is 210, 219,650, 659, 660, 669, 670, or 679.

For claim types, I, H, O and C the logic will ignore TOB and use a value total of 0.

This edit will post if the net amount billed is not equal to the amount billed, minus the sum value, minus TPL, minus prior payment amount, or if the amount billed minus the sum value, minus TPL, minus prior payment amount is less than zero, or if the net amount billed is not equal to zero.

### **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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	9999	PAY

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**Claim Type:** M - Professional Claims

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	0509	DENY
00	10	0509	SUSPEND
00	11	0509	SUSPEND
00	64	9999	PAY
00	91	0509	SUSPEND

**EOB: 0509** - THIS CLAIM WAS SUBMITTED WITH AN INCOMPLETE OR INVALID NET CHARGE. THE ESTIMATED AMOUNT DUE MUST EQUAL THE TOTAL OF ALL LINE ITEM CHARGES, LESS ANY TPL AMOUNT, PATIENT PAID (NON-COVERED) CHARGES, AND/OR ANY PATIENT LIABILITY AMOUNT. 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). 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

<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
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M54	Missing/incomplete/invalid total charges.	19970101	22991231
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**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 Information REF), if present.	19950101	22991231

### **METHOD OF CORRECTION:**

Claims suspending for this edit for region codes 10,11 and 91 must have the net billed amount validated. The claim copy should be reviewed to ensure that the dollar amount billed in form locator 29 should be the net billed field in Core. Other regions setting this edit will systematically denied with EOB 0509.

