

Indiana Medicaid Resolutions Manual

Claim Type: D - Dental Claims Member Plan: ALL Status: Post

Location	Region	EOB	Disposition
04	00	4005	PAY

Claim Type: H - Home Health Claims Member Plan: ALL Status: Post

Location	Region	EOB	Disposition
04	00	4005	PAY

Claim Type: M - Professional Claims Member Plan: ALL Status: Post

Location	Region	EOB	Disposition
04	00	4005	PAY

Claim Type: O - Outpatient Claims Member Plan: ALL Status: Post

Location	Region	EOB	Disposition
04	00	4005	PAY

EOB: 4005 - THE SUBMITTED CHARGE IS MORE THAN FIVE (5) TIMES THE ALLOWED RATE.

ARC Code	ARC Description	Effective Date	End Date
45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Note: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)	19950101	22991231

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EOB: 9999 - PROCESSED PER POLICY.

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. Note: 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 systematically Set to post and pay with EOB 4005.

