Indiana Medicaid Resolutions Manual

NAME: **4006**   **ALLOWED RATE MORE THAN 5 TIMES THE SUBMIT CHG DTL**

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: N

DESCRIPTION:

Set this edit if the submitted charge is less than one fifth of the allowed amount, or when the submitted charge is less than one.

CRITERIA:

Set this edit if the submitted charge is less than one fifth of the allowed amount, or when the submitted charge is less than one with, EOB 4006.

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
04	00	9999	PAY

Claim Type: B - Professional Xover Claims   **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	4006	PAY

Claim Type: C - Outpatient Xover Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	4006	PAY

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

Location	Region	EOB	Disposition
04	00	4006	PAY

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

Location	Region	EOB	Disposition
04	10	4006	PAY

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

Location	Region	EOB	Disposition
04	00	4006	PAY

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

Location	Region	EOB	Disposition
04	00	4006	PAY

EOB: 4006 - PAID AS BILLED.

ARC Code	ARC Description	Effective Date	End Date
94	Processed in Excess of charges.	19950101	22991231

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 be Set to post and pay with EOB 4006.