

Indiana Medicaid Resolutions Manual

NAME: 624 COST TO CHARGE RATIO NOT FOUND (HDR)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when there is no cost to charge ratio found on file.

CRITERIA:

Set this edit if there is no cost to charge ratio found on file for the date of service with EOB 4111.

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: I - Inpatient Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	4111	SUSPEND
04	30	4111	PAY
04	32	4111	PAY
04	33	4111	PAY
04	34	4111	PAY
04	70	4111	PAY
04	72	4111	PAY
04	73	4111	PAY

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04	74	4111	PAY
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EOB: 4111 - PRICING BEING REVIEWED.

ARC Code	ARC Description	Effective Date	End Date
133	The disposition of this service line is pending further review. (Use only with Group Code OA). Usage: Use of this code requires a reversal and correction when the service line is finalized (use only in Loop 2110 CAS segment of the 835 or Loop 2430 of the 837).	20140701	22991231

Remark Code	Remark Description	Effective Date	End Date
N65	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.	20000101	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	19950101	22991231

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has already been
adjudicated. Usage:
Refer to the 835
Healthcare Policy
Identification
Segment (loop 2110
Service Payment
Information REF), if
present.

METHOD OF CORRECTION:

If a claim suspends for edit 624, report the issue to the claims manager to work with OMPP to establish rate information.

