

Indiana Medicaid Resolutions Manual

NAME: 656 **HEADER TPL MUST EQUAL SUM OF DETAILS (HDR)**

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the sum of the details do not equal the header TPL.

CRITERIA:

Set this edit if the sum of the details do not equal the header TPL with, EOB 0815.

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:** Post

Location	Region	EOB	Disposition
02	00	0815	DENY

Claim Type: A - Inpatient Xover Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
02	00	9999	PAY

Claim Type: C - Outpatient Xover Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
02	00	9999	PAY

Claim Type: I - Inpatient Claims **Member Plan:** ALL **Status:** Do Not Post

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Location	Region	EOB	Disposition
02	00	9999	PAY

Claim Type: L - Long Term Care Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
02	00	9999	PAY

EOB: 0815 - TPL REQUIRED AT DETAIL AND MUST SUM TO EQUAL THE HEADER
TPL AMOUNT

ARC Code	ARC Description	Effective Date	End Date
129	Prior processing information appears incorrect. 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.)	19970228	22991231

Remark Code	Remark Description	Effective Date	End Date
MA130	Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.	20011012	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	19950101	22991231

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

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 0815.

