

Indiana Medicaid Resolutions Manual

NAME: 565 HDR PAID AMT IS GREATER THAN BILLED AMT (HDR)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when the header paid amount is greater than the billed amount.

CRITERIA:

Set this edit if the total reimbursed amount is greater than the billed amount, Set this edit with, EOB 0565.

This edit will Set when the sum total of the amount paid on the details is greater than the amount billed on the claim header AND the claim is not allowed to pay more than billed. (Ex. UCC claims can pay more than the bill amount.)

OR

The amount allowed at the header is greater than the amount that was billed at the header, AND neither of the following conditions occurs:

1. The claim is allowed to pay more than the billed amount (Ex. UCC claims).
2. The claim type is A or I.
3. HAF pricing is indicated.
4. This is an encounter claim.

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
----------	--------	-----	-------------

Indiana Medicaid Resolutions Manual

00	00	9999	PAY
00	10	0565	SUSPEND
00	11	0565	SUSPEND

Claim Type: A - Inpatient Xover Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0565	PAY

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

Location	Region	EOB	Disposition
00	00	0565	PAY

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

Location	Region	EOB	Disposition
00	00	0565	PAY
00	30	9999	PAY
00	32	9999	PAY
00	70	9999	PAY
00	72	9999	PAY

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

Location	Region	EOB	Disposition
00	00	0565	PAY
00	30	9999	PAY
00	32	9999	PAY
00	70	9999	PAY
00	72	9999	PAY

EOB: 0565 - PAID AMOUNT IS GREATER THAN BILLED AMOUNT.

ARC Code	ARC Description	Effective Date	End Date
172	Payment is adjusted when performed/billed by a provider of this specialty. Usage: Refer to the 835 Healthcare Policy Identification	20050630	22991231

Indiana Medicaid Resolutions Manual

Segment (loop 2110
Service Payment
Information REF), if
present.

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. Usage: 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 systematically denied with EOB 0565.

Verify that the billed amount was keyed correctly on paper. If the billed amount is not keyed correctly, data correct the claim and click on 'Resubmit.'

