

## **Indiana Medicaid Resolutions Manual**

**NAME:** 943 **NEGATIVE ALLOWED AMOUNT**

**ERROR TYPE:** Batch Edit, Hard Coded

**HEADER/DETAIL:** Header

**OVERRIDABLE:** N

**ALLOW DENIAL:** N

### **DESCRIPTION:**

Set this edit if the header allowed amount is less than \$0.00.

### **CRITERIA:**

Set this edit for claims posting a negative paid amount at the header. This is an unexpected internal system error. Contact an SE to determine why the claim paid a negative amount.

### **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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
80	00	9999	SUPER-SUSPEND

**EOB: 9999 - PROCESSED PER POLICY.**

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to	19950101	22991231

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the 835 Healthcare Policy  
Identification Segment  
(loop 2110 Service  
Payment Information  
REF), if present.

### **METHOD OF CORRECTION:**

Have the BA verify the Allowed amount on the claim. If the allowed amount is accurate, review with SE team.