

Indiana Medicaid Resolutions Manual

NAME: 233 QUANTITY BILLED MISSING (DTL)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when the quantity billed is missing.

CRITERIA:

Set this edit if the quantity is not present (NULL or spaces), with EOB 0233.

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
00	00	0233	DENY

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

Location	Region	EOB	Disposition
00	00	0233	DENY

Claim Type: D - Dental Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	9999	PAY

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EOB: 0233 - THE UNITS OF SERVICE IS MISSING OR NOT A VALID FORMAT. THE UNITS SHOULD BE A WHOLE NUMBER FROM 1 TO 9999 WITH NO DECIMALS. PLEASE PROVIDE AND RESUBMIT.

ARC Code	ARC Description	Effective Date	End Date
16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. 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.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

Remark Code	Remark Description	Effective Date	End Date
M49	Missing/incomplete/invalid value code(s) or amount(s).	19970101	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	19950101	22991231

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

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 0233.

