

Indiana Medicaid Resolutions Manual

NAME: 247 **MAXIMUM NUMBER OF CLAIM DETAILS EXCEEDED (HDR)**

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when the maximum number of claim details are exceeded.

CRITERIA:

Set this edit when the maximum number of claim details are exceeded for the claim type billed with EOB 0440.

The following limitations are applicable by claim type:

Dental-50 details

Medical and Medical Crossovers-50 details

Outpatient and Outpatient Crossovers-450 details

Inpatient, Inpatient Crossovers, LTC, Home Health, Outpatient, and Outpatient Crossovers-999 details.

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
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00	00	9999	SUSPEND
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Claim Type: 0 - All Claim Types **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0440	DENY

EOB: 0440 - THE MAXIMUM NUMBER OF CLAIM DETAILS HAS BEEN EXCEEDED

ARC Code	ARC Description	Effective Date	End Date
273	Coverage/program guidelines were exceeded.	20151101	22991231

ARC Code	ARC Description	Effective Date	End Date
B5	Coverage/program guidelines were not met or were exceeded.	19950101	20160501

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 (loop 2110 Service Payment Information REF), if present.	19950101	22991231

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 0440.

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