

## **Indiana Medicaid Resolutions Manual**

**NAME:** 350 NUMBER OF DTLS NOT EQUAL TO HDR DTL COUNT

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

**HEADER/DETAIL:** Header

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit if the header detail count is not equal to the actual number of details.

### **CRITERIA:**

Set this edit if the header detail count is not equal to the actual number of details with, EOB 0350.

The header detail count comes from the validation of the claim during the creation of the XML format for processing.

### **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	0350	DENY

**EOB: 0350 - THE NUMBER OF CLAIM DETAILS NOT EQUAL TO THE HEADER AMOUNT.**

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
272	Coverage/program	20151101	22991231

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guidelines were not met.

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

### **METHOD OF CORRECTION:**

Claims setting this edit will be systematically denied with EOB 0350.