

Indiana Medicaid Resolutions Manual

NAME: 250 CLAIM HAS NO DTL (HDR)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if a claim is submitted with no detail.

CRITERIA:

Set this edit if the claim has zero detail with, EOB 0250.

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	0250	DENY

EOB: 0250 - YOUR CLAIM WAS SUBMITTED WITHOUT ANY VALID DETAIL LINES- PLEASE VERIFY 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	19950101	22991231

Indiana Medicaid Resolutions Manual

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.

Remark Code	Remark Description	Effective Date	End Date
N63	Rebill services on separate claim lines.	20000101	22991231

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 0250.