

## **Indiana Medicaid Resolutions Manual**

**NAME:** 260 DTL UNITS BILLED NOT IN VALID FORMAT (DTL)

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

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit when the units of service are not in a valid format. The CMS 1500 claim form allows up to 4 numeric characters (9999) and the UB-04 claim form allows 7 numeric characters (9999999).

### **CRITERIA:**

Set this edit when the units of service are not in a valid format. The CMS 1500 claim form allows up to 4 numeric characters (9999) and the UB-04 claim form allows 7 numeric characters (9999999), with EOB 0260.

The system will fill in the zeroes since this field is defined as a numeric field only.

### **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	0260	DENY

**EOB: 0260 - UNITS OF SERVICE BILLED IS INVALID-PLEASE VERIFY AND RESUBMIT.**

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<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
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

<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
M53	Missing/incomplete/invalid days or units of service.	19970101	22991231

### **METHOD OF CORRECTION:**

Claims setting this edit will be systemically denied with EOB 0260.