

Indiana Medicaid Resolutions Manual

NAME: 400 DTL UNITS OF SVC MUST BE GREATER THAN ZERO (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 missing or not in a valid format .

CRITERIA:

Set this edit if units of service field on the claim form is blank, or other than 4 numeric digits (e.g. Units must be numbers from 1 to 9999 with no decimals), 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

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)	19950101	22991231

Indiana Medicaid Resolutions Manual

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.

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

METHOD OF CORRECTION:

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