

Indiana Medicaid Resolutions Manual

NAME: **520 HH OVERHEAD FEE NOT ON FILE FOR OCC CODE DATES
HDR**

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: N

DESCRIPTION:

Set this edit if an overhead rate is not found for the occurrence code date or the occurrence span code dates on the header of the claim.

CRITERIA:

Set this edit if an overhead rate is not on file for the occurrence code dates identified on the claim. The occurrence codes are verified from group 100002-Home Health Overhead on the claim at the header, with EOB 0515.

Reference Occurrence Group 100002 can be located in Core MMIS>Main Menu>BPA>Related Data>Open Tab>Other>Occurrence Group Type.

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
00	00	9999	PAY

Claim Type: H - Home Health Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
-----------------	---------------	------------	--------------------

Indiana Medicaid Resolutions Manual

00	00	9999	PAY
----	----	------	-----

Claim Type: H - Home Health Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0515	DENY
00	64	9999	PAY

EOB: 0515 - THE OVERHEAD FEE IS NOT ON FILE FOR THE DATES OF SERVICE INDICATED. PLEASE VERIFY AND RESUBMIT.

ARC Code	ARC Description	Effective Date	End Date
96	Non-covered charge(s). 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

Remark Code	Remark Description	Effective Date	End Date
N180	This item or service does not meet the criteria for the category under which it was billed.	20030228	22991231

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	19950101	22991231

Indiana Medicaid Resolutions Manual

adjudicated. Note: Refer to
the 835 Healthcare Policy
Identification Segment
(loop 2110 Service
Payment Information
REF), if present.

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 0515.

