

## Indiana Medicaid Resolutions Manual

**NAME:** 3897 QUANTITY RSTN ON REV BILLING

**ERROR TYPE:** Rules Edit, Billing or Coverage

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### DESCRIPTION:

Set this edit when the quantity billed is restricted on the revenue billing rule.

### CRITERIA:

Set this edit when the quantity billed is restricted on the revenue billing rule with, EOB 4020.

This edit uses the variable UPD in the provider contract billing rules.

Provider contract billing rules are located in CoreMMIS under Main Menu>BPA>Business Rules Editor. Select PC for provider contract and select the appropriate PC rules for the revenue to display the rule configuration.

### 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 |
|----------|--------|------|-------------|
| 04       | 00     | 9999 | SUSPEND     |

**Claim Type:** C - Outpatient Xover Claims **Member Plan:** ALL **Status:** Post

| Location | Region | EOB  | Disposition |
|----------|--------|------|-------------|
| 04       | 00     | 4020 | PAY         |

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

| Location | Region | EOB  | Disposition |
|----------|--------|------|-------------|
| 04       | 00     | 4020 | PAY         |

**Claim Type:** O - Outpatient Claims    **Member Plan:** ALL    **Status:** Post

| Location | Region | EOB  | Disposition |
|----------|--------|------|-------------|
| 04       | 00     | 4020 | PAY         |

**EOB: 4020** - UNITS BILLED EXCEED ALLOWABLE UNITS FOR THIS SERVICE.

| ARC Code | ARC Description                            | Effective Date | End Date |
|----------|--|----------------|----------|
| 273      | Coverage/program guidelines were exceeded. | 20151101       | 22991231 |

| ARC Code | ARC Description  | Effective Date | End Date |
|----------|--|----------------|----------|
| B5       | Coverage/program guidelines were not met or were exceeded. | 19950101       | 20160501 |

| Remark Code | Remark Description   | Effective Date | End Date |
|-------------|--|----------------|----------|
| N435        | Exceeds number/frequency approved /allowed within time period without support documentation. | 20080701       | 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 adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information | 19950101       | 22991231 |

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REF), if present.

### **METHOD OF CORRECTION:**

Claims setting this edit will be cutback to the units restricted in the revenue billing rule with EOB 4020.

