

## **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

## **Indiana Medicaid Resolutions Manual**

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	00	4020	PAY

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	00	4020	PAY

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

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
273	Coverage/program guidelines were exceeded.	20151101	22991231

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
B5	Coverage/program guidelines were not met or were exceeded.	19950101	20160501

<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
N435	Exceeds number/frequency approved /allowed within time period without support documentation.	20080701	22991231

**EOB: 9999 - PROCESSED PER POLICY.**

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

## **Indiana Medicaid Resolutions Manual**

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.

