

## **Indiana Medicaid Resolutions Manual**

**NAME:** 4251 DECIMAL UNITS NOT BILLABLE FOR PROCEDURE

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

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit when the units of service have decimals.

### **CRITERIA:**

Set this edit when the units of service have 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:** Do Not Post

Location	Region	EOB	Disposition
00	00	9999	PAY

**Claim Type:** B - Professional Xover Claims

**Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0233	DENY
00	91	0233	SUSPEND

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

Location	Region	EOB	Disposition
00	00	0233	DENY
00	91	0233	SUSPEND

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**Claim Type:** M - Professional Claims

**Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0233	DENY
00	91	0233	SUSPEND

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

Location	Region	EOB	Disposition
00	00	0233	DENY
00	91	0233	SUSPEND

**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**

16

### **ARC Description**

Claim/service lacks information or has submission/billing error(s). Usage: 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

### **Effective Date**

19950101

### **End Date**

22991231

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<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
M49	Missing/incomplete/invalid value code(s) or amount(s).	19970101	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. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

### **METHOD OF CORRECTION:**

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

