

Indiana Medicaid Resolutions Manual

NAME: 668 HH OVERHEAD FEE MISSING FOR DATES OF SVC (HDR)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if an overhead fee entry identified by an occurrence code of 61 (prior to CoreMMIS go-live) or 73 (on or after CoreMMIS go-live) is not found on the header of the claim.

CRITERIA:

Set this edit if an overhead occurrence code is billed with a single DOS or Spanned DOS identified by occurrence code group 100002-Overhead Occurrence is not entered on the header of the claim, with EOB 0551.

Occurrence code 61 is valid for DOS prior to go live and Occurrence Code 73 is valid for DOS on or after go live.

Occurrence group 100002-Overhead Occurrence can be located in Core MMIS under Main Menu>BPA>Related Data>Open Tab>Other.

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

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| Location | Region | EOB | Disposition |
|-----------------|---------------|------------|--------------------|
| 00 | 00 | 9999 | PAY |

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

| Location | Region | EOB | Disposition |
|-----------------|---------------|------------|--------------------|
| 00 | 00 | 0551 | PAY |

EOB: 0551 - AN OVERHEAD FEE DID NOT APPEAR ON THE CLAIM FOR DATES OF SERVICE BILLED.

| ARC Code | ARC Description | Effective Date | End Date |
|-----------------|--|-----------------------|-----------------|
| 16 | Claim/service lacks information or has submission/billing error(s) 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. | 19950101 | 22991231 |

| Remark Code | Remark Description | Effective Date | End Date |
|--------------------|--|-----------------------|-----------------|
| N299 | Missing/incomplete/invalid occurrence date(s). | 20041202 | 22991231 |

EOB: 9999 - PROCESSED PER POLICY.

| ARC Code | ARC Description | Effective Date | End Date |
|-----------------|------------------------|-----------------------|-----------------|
|-----------------|------------------------|-----------------------|-----------------|

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| | | | |
|----|---|----------|----------|
| 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 REF), if present. | 19950101 | 22991231 |
|----|---|----------|----------|

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 0551.

