

## Indiana Medicaid Resolutions Manual

**NAME:** 615 REPLACEMENT REQUEST PAST FILING LIMIT

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

**HEADER/DETAIL:** Header

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### DESCRIPTION:

Set this edit when the days between the claim 'To' date of service and the ICN date are greater than the two (2) year filing limit (730 days) for encounter replacement requests submitted by a managed care entity (MCE).

### CRITERIA:

Set this edit if the number of days between the 'To' date of service and the ICN date are greater than the two year (730 day) filing limit for the claim to be replaced with EOB 0512.

### 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:** Post

Location	Region	EOB	Disposition
00	00	0512	DENY

**EOB: 0512 - YOUR CLAIM WAS FILED PAST THE FILING TIME LIMIT WITHOUT ACCEPTABLE DOCUMENTATION.**

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
29	The time limit for filing has expired.	19950101	22991231

## **Indiana Medicaid Resolutions Manual**

<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
N706	Missing documentation.	20140301	22991231

### **METHOD OF CORRECTION:**

Claims setting this edit will be systematically denied with EOB 0512.