

Indiana Medicaid Resolutions Manual

NAME: 862 UNITS BILLED DOES NOT EQUAL THE DATE SPAN (DTL)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when the units billed are greater than/less than the span of time indicated by the dates of service.

CRITERIA:

When the units billed are greater than/less than the span of time indicated by the dates of service, Set this edit with EOB 0555.

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 | 0555 | DENY |

Claim Type: M - Professional Claims **Member Plan:** PASMI **Status:** Do Not Post

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

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Claim Type: M - Professional Claims **Member Plan:** MRT **Status:** Do Not Post

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

Claim Type: M - Professional Claims **Member Plan:** ALL **Status:** Post

| Location | Region | EOB | Disposition |
|-----------------|---------------|------------|--------------------|
| 00 | 00 | 0555 | DENY |

Claim Type: M - Professional Claims **Member Plan:** PASMR **Status:** Do Not Post

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

EOB: 0555 - THE UNITS BILLED MUST EQUAL THE NUMBER OF DAYS INDICATED BY THE 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 |
|--------------------|--|-----------------------|-----------------|
| M53 | Missing/incomplete/invalid days or units of service. | 19970101 | 22991231 |

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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 REF), if present. | 19950101 | 22991231 |

METHOD OF CORRECTION:

Claims Setting this edit will be systematically denied with EOB 0555.

