

Indiana Medicaid Resolutions Manual

NAME: **959 CLM 7 DAY SUSPENSE EVV UNITS LESS THAN CLAIM UNITS**

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

CLM 7 DAY SUSPENSE EVV UNITS LESS THAN CLAIM UNITS

CRITERIA:

Claims applying this edit will suspend for 7 calendar days to allow providers to correct data in the EVV aggregator.

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: H - Home Health Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0959	SUSPEND
00	30	0959	PAY
00	32	0959	PAY
00	33	0959	PAY
00	34	0959	PAY
00	35	0959	PAY
00	37	0959	PAY
00	38	0959	PAY
00	70	0959	PAY
00	72	0959	PAY
00	73	0959	PAY
00	74	0959	PAY

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Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0959	SUSPEND
00	30	0959	PAY
00	32	0959	PAY
00	33	0959	PAY
00	34	0959	PAY
00	35	0959	PAY
00	36	0959	PAY
00	37	0959	PAY
00	38	0959	PAY
00	70	0959	PAY
00	72	0959	PAY
00	73	0959	PAY
00	74	0959	PAY

EOB: 0959 - Suspend 7 days - EVV less than claim units

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

Effective Date
19950101

End Date
22991231

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Information REF), if
present.

Remark Code	Remark Description	Effective Date	End Date
M53	Missing/incomplete/invalid days or units of service.	19970101	22991231

METHOD OF CORRECTION:

Claims applying this edit will be systematically processed.

