

## **Indiana Medicaid Resolutions Manual**

**NAME:** 952 EVV UNITS LESS THAN CLAIM UNITS

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

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

EVV UNITS LESS THAN CLAIM UNITS

### **CRITERIA:**

Set this edit if units on the claim do not match the units in the Sandata EVV Aggregator data for this visit with EOB 0952.

### **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	0952	PAY

**Claim Type:** H - Home Health Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	0952	PAY

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

Location	Region	EOB	Disposition
00	00	0952	PAY

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**Claim Type:** M - Professional Claims

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

Location	Region	EOB	Disposition
00	00	0952	PAY

**Claim Type:** M - Professional Claims

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

Location	Region	EOB	Disposition
00	00	0951	PAY

**Claim Type:** M - Professional Claims

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

Location	Region	EOB	Disposition
00	00	0952	PAY

**Claim Type:** M - Professional Claims

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

Location	Region	EOB	Disposition
00	00	0952	DENY
00	30	0952	PAY
00	32	0952	PAY
00	33	0952	PAY
00	34	0952	PAY
00	35	0952	PAY
00	36	0952	PAY
00	37	0952	PAY
00	38	0952	PAY
00	70	0952	PAY
00	72	0952	PAY
00	73	0952	PAY
00	74	0952	PAY

**Claim Type:** M - Professional Claims

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

Location	Region	EOB	Disposition
00	00	0952	PAY

**Claim Type:** M - Professional Claims

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

Location	Region	EOB	Disposition
00	00	0952	DENY
00	30	0952	PAY
00	32	0952	PAY
00	33	0952	PAY
00	34	0952	PAY
00	35	0952	PAY

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00	36	0952	PAY
00	37	0952	PAY
00	38	0952	PAY
00	70	0952	PAY
00	72	0952	PAY
00	73	0952	PAY
00	74	0952	PAY

**Claim Type:** M - Professional Claims

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	0952	DENY
00	30	0952	PAY
00	32	0952	PAY
00	33	0952	PAY
00	34	0952	PAY
00	35	0952	PAY
00	36	0952	PAY
00	37	0952	PAY
00	38	0952	PAY
00	70	0952	PAY
00	72	0952	PAY
00	73	0952	PAY
00	74	0952	PAY

**EOB: 0951** - MATCHING EVV DATA NOT FOUND.

**ARC Code**

163

**ARC Description**

Attachment/other  
documentation  
referenced on the  
claim was not  
received.

**Effective Date**

20040630

**End Date**

22991231

**Remark Code**

N473

**Remark Description**

Missing certification.

**Effective Date**

20080701

**End Date**

22991231

**EOB: 0952** - EVV AGGREGATOR UNITS LESS THAN UNITS SUBMITTED ON THE CLAIM, PROVIDER SHOULD VERIFY EVV AGGREGATOR INFORMATION.

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<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
16	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.	19950101	22991231

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

### **METHOD OF CORRECTION:**

Claims setting this edit will post and pay.