

Indiana Medicaid Resolutions Manual

NAME: 2035 CLAIM HEADER DOS IS GREATER THAN DATE OF DEATH

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the claim from date of service is after the member's date of death on file.

CRITERIA:

Set this edit if the claim from date of service is after the member's date of death noted on the member information panel, with EOB 4278.

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 |
|----------|--------|------|-------------|
| 02 | 00 | 9999 | PAY |

Claim Type: A - Inpatient Xover Claims **Member Plan:** ALL **Status:** Post

| Location | Region | EOB | Disposition |
|----------|--------|------|-------------|
| 02 | 00 | 4278 | DENY |

Claim Type: I - Inpatient Claims **Member Plan:** ALL **Status:** Post

| Location | Region | EOB | Disposition |
|----------|--------|------|-------------|
| 02 | 00 | 4278 | DENY |

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Claim Type: L - Long Term Care Claims **Member Plan:** ALL **Status:** Post

| Location | Region | EOB | Disposition |
|-----------------|---------------|------------|--------------------|
| 02 | 00 | 4278 | DENY |

EOB: 4278 - THE CLAIM HEADER DATE OF SERVICE IS GREATER THAN THE DATE OF DEATH.

| ARC Code | ARC Description | Effective Date | End Date |
|-----------------|---|-----------------------|-----------------|
| 13 | The date of death precedes the date of service. | 19950101 | 22991231 |

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 4278.