

Indiana Medicaid Resolutions Manual

NAME: 292 2ND OCCURRENCE CODE INVALID (HDR)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when the second occurrence code is invalid.

CRITERIA:

When the second occurrence code is not in the attached occurrence code list, Set this edit with EOB 0292.

Occurrence codes can be located in CoreMMIS under Main Menu>BPA>Related Data>Codes O-Z>Occurrence Codes.

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

Location	Region	EOB	Disposition
00	00	0292	DENY
00	35	0292	PAY
00	36	0292	PAY
00	37	0292	PAY
00	38	0292	PAY
00	64	9999	PAY

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00	70	0292	PAY
00	72	0292	PAY
00	73	0292	PAY
00	74	0292	PAY

Claim Type: A - Inpatient Xover Claims

Member Plan: ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	9999	PAY

Claim Type: C - Outpatient Xover Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0292	DENY
00	35	0292	PAY
00	36	0292	PAY
00	37	0292	PAY
00	38	0292	PAY
00	64	9999	PAY
00	70	0292	PAY
00	72	0292	PAY
00	73	0292	PAY
00	74	0292	PAY

Claim Type: C - Outpatient Xover Claims

Member Plan: ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	9999	PAY

Claim Type: H - Home Health Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0292	DENY
00	30	0292	PAY
00	32	0292	PAY
00	33	0292	PAY
00	34	0292	PAY
00	35	0292	PAY
00	36	0292	PAY
00	37	0292	PAY
00	38	0292	PAY
00	64	9999	PAY
00	70	0292	PAY
00	72	0292	PAY
00	73	0292	PAY

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00	74	0292	PAY
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Claim Type: H - Home Health Claims

Member Plan: ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	9999	PAY

Claim Type: I - Inpatient Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0292	DENY
00	30	0292	PAY
00	32	0292	PAY
00	33	0292	PAY
00	34	0292	PAY
00	35	0292	PAY
00	36	0292	PAY
00	37	0292	PAY
00	38	0292	PAY
00	64	9999	PAY
00	70	0292	PAY
00	72	0292	PAY
00	73	0292	PAY
00	74	0292	PAY

Claim Type: I - Inpatient Claims

Member Plan: ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	9999	PAY

Claim Type: L - Long Term Care Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0292	DENY
00	30	0292	PAY
00	32	0292	PAY
00	33	0292	PAY
00	34	0292	PAY
00	35	0292	PAY
00	36	0292	PAY
00	37	0292	PAY
00	38	0292	PAY
00	64	9999	PAY
00	70	0292	PAY
00	72	0292	PAY

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00	73	0292	PAY
00	74	0292	PAY

Claim Type: L - Long Term Care Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	9999	PAY

Claim Type: O - Outpatient Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0292	DENY
00	30	0292	PAY
00	32	0292	PAY
00	33	0292	PAY
00	34	0292	PAY
00	35	0292	PAY
00	36	0292	PAY
00	37	0292	PAY
00	38	0292	PAY
00	64	9999	PAY
00	70	0292	PAY
00	72	0292	PAY
00	73	0292	PAY
00	74	0292	PAY

Claim Type: O - Outpatient Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	9999	PAY

EOB: 0292 - THE SECOND OCCURRENCE CODE SUBMITTED IS NOT A VALID CODE. PLEASE VERIFY AND RESUBMIT.

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

Effective Date
19950101

End Date
22991231

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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.

ARC Code	ARC Description	Effective Date	End Date
125	Submission/billing error(s). 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.)	19950101	20170212

Remark Code	Remark Description	Effective Date	End Date
M45	Missing/incomplete/invalid occurrence code(s).	19970101	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	19950101	22991231

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for another
service/procedure that
has already been
adjudicated. Usage:
Refer to the 835
Healthcare Policy
Identification
Segment (loop 2110
Service Payment
Information REF), if
present.

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 0292.
Region 64 will post and pay for this edit.
Encounter claims will post and pay for this edit.