

## **Indiana Medicaid Resolutions Manual**

**NAME:**                    **293     3RD OCCURRENCE CODE INVALID (HDR)**

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

**HEADER/DETAIL:** Header

**OVERRIDABLE:**    N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit when the third occurrence code is invalid.

### **CRITERIA:**

When the third occurrence code is not in the attached occurrence code list, Set this edit with EOB 0293.

### **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	0293	PAY

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

Location	Region	EOB	Disposition
00	00	0293	DENY
00	35	0293	PAY
00	36	0293	PAY
00	37	0293	PAY
00	38	0293	PAY
00	64	9999	PAY
00	70	0293	PAY
00	72	0293	PAY

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00	73	0293	PAY
00	74	0293	PAY

**Claim Type:** A - Inpatient Xover Claims

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	9999	PAY

**Claim Type:** C - Outpatient Xover Claims

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	0293	DENY
00	35	0293	PAY
00	36	0293	PAY
00	37	0293	PAY
00	38	0293	PAY
00	64	9999	PAY
00	70	0293	PAY
00	72	0293	PAY
00	73	0293	PAY
00	74	0293	PAY

**Claim Type:** C - Outpatient Xover Claims

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	9999	PAY

**Claim Type:** H - Home Health Claims

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	0293	DENY
00	30	0293	PAY
00	32	0293	PAY
00	33	0293	PAY
00	34	0293	PAY
00	35	0293	PAY
00	36	0293	PAY
00	37	0293	PAY
00	38	0293	PAY
00	64	9999	PAY
00	70	0293	PAY
00	72	0293	PAY
00	73	0293	PAY
00	74	0293	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	0293	DENY
00	30	0293	PAY
00	32	0293	PAY
00	33	0293	PAY
00	34	0293	PAY
00	35	0293	PAY
00	36	0293	PAY
00	37	0293	PAY
00	38	0293	PAY
00	64	9999	PAY
00	70	0293	PAY
00	72	0293	PAY
00	73	0293	PAY
00	74	0293	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	0293	DENY
00	30	0293	PAY
00	32	0293	PAY
00	33	0293	PAY
00	34	0293	PAY
00	35	0293	PAY
00	36	0293	PAY
00	37	0293	PAY
00	38	0293	PAY
00	64	9999	PAY
00	70	0293	PAY
00	72	0293	PAY
00	73	0293	PAY
00	74	0293	PAY

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**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	0293	DENY
00	30	0293	PAY
00	32	0293	PAY
00	33	0293	PAY
00	34	0293	PAY
00	35	0293	PAY
00	36	0293	PAY
00	37	0293	PAY
00	38	0293	PAY
00	64	9999	PAY
00	70	0293	PAY
00	72	0293	PAY
00	73	0293	PAY
00	74	0293	PAY

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

Location	Region	EOB	Disposition
00	00	9999	PAY

**EOB: 0293** - THE THIRD 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 least one Remark Code must be

### **Effective Date**

19950101

### **End Date**

22991231

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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.

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

**EOB: 9999 - PROCESSED PER POLICY.**

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
97	The benefit for this service is included in the payment/allowance 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.	19950101	22991231

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### **METHOD OF CORRECTION:**

Claims setting this edit will be systematically denied with EOB 0293.

Region 64 will post and pay for this edit.

Encounter claims will post and pay for this edit.