

Indiana Medicaid Resolutions Manual

NAME: **296 DATE FOR PRIMARY OCCURRENCE CODE IS INVALID (HDR)**

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when there is a primary occurrence code and the date is invalid.

CRITERIA:

When there is a primary occurrence code and the date format is other than CCYYMMDD, Set this edit with EOB 0296.

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: H - Home Health Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0296	DENY
00	30	0296	PAY
00	32	0296	PAY
00	33	0296	PAY
00	34	0296	PAY
00	35	0296	PAY
00	36	0296	PAY

Indiana Medicaid Resolutions Manual

00	37	0296	PAY
00	38	0296	PAY
00	64	9999	PAY
00	70	0296	PAY
00	72	0296	PAY
00	73	0296	PAY
00	74	0296	PAY

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

Location	Region	EOB	Disposition
00	00	0296	DENY
00	30	0296	PAY
00	32	0296	PAY
00	33	0296	PAY
00	34	0296	PAY
00	35	0296	PAY
00	36	0296	PAY
00	37	0296	PAY
00	38	0296	PAY
00	64	9999	PAY
00	70	0296	PAY
00	72	0296	PAY
00	73	0296	PAY
00	74	0296	PAY

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

Location	Region	EOB	Disposition
00	00	0296	DENY
00	30	0296	PAY
00	32	0296	DENY
00	33	0296	PAY
00	34	0296	PAY
00	35	0296	PAY
00	36	0296	PAY
00	37	0296	PAY
00	38	0296	PAY
00	64	9999	PAY
00	70	0296	PAY
00	72	0296	DENY
00	73	0296	PAY
00	74	0296	PAY

Indiana Medicaid Resolutions Manual

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

Location	Region	EOB	Disposition
00	00	0296	DENY
00	30	0296	PAY
00	32	0296	DENY
00	33	0296	PAY
00	34	0296	PAY
00	35	0296	PAY
00	36	0296	PAY
00	37	0296	PAY
00	38	0296	PAY
00	64	9999	PAY
00	70	0296	PAY
00	72	0296	DENY
00	73	0296	PAY
00	74	0296	PAY

EOB: 0296 - THE DATE FOR THE PRIMARY OCCURRENCE CODE IS INVALID.
PLEASE VERIFY AND RESUBMIT.

ARC Code	ARC Description	Effective Date	End Date
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	19950101	22991231

Indiana Medicaid Resolutions Manual

Information REF), if present.

Remark Code	Remark Description	Effective Date	End Date
N299	Missing/incomplete/invalid occurrence date(s).	20041202	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. Usage: 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 0296.