

## **Indiana Medicaid Resolutions Manual**

**NAME:**                   **294     4TH OCCURRENCE CODE INVALID (HDR)**

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

**HEADER/DETAIL:** Header

**OVERRIDABLE:**    N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit when the fourth occurrence code is invalid.

### **CRITERIA:**

When the fourth occurrence code is not in the attached occurrence code list, Set this edit with EOB 0294.

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

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

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	0294	DENY
00	35	0294	PAY
00	36	0294	PAY
00	37	0294	PAY
00	38	0294	PAY
00	64	9999	PAY

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00	70	0294	PAY
00	72	0294	PAY
00	73	0294	PAY
00	74	0294	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	0294	DENY
00	35	0294	PAY
00	36	0294	PAY
00	37	0294	PAY
00	38	0294	PAY
00	64	9999	PAY
00	70	0294	PAY
00	72	0294	PAY
00	73	0294	PAY
00	74	0294	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	0294	DENY
00	30	0294	PAY
00	32	0294	PAY
00	33	0294	PAY
00	34	0294	PAY
00	35	0294	PAY
00	36	0294	PAY
00	37	0294	PAY
00	38	0294	PAY
00	64	9999	PAY
00	70	0294	PAY
00	72	0294	PAY
00	73	0294	PAY

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00	74	0294	PAY
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**Claim Type:** H - Home Health 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:** I - Inpatient Claims

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	0294	DENY
00	30	0294	PAY
00	32	0294	PAY
00	33	0294	PAY
00	34	0294	PAY
00	35	0294	PAY
00	36	0294	PAY
00	37	0294	PAY
00	38	0294	PAY
00	64	9999	PAY
00	70	0294	PAY
00	72	0294	PAY
00	73	0294	PAY
00	74	0294	PAY

**Claim Type:** I - Inpatient 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:** L - Long Term Care Claims

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	0294	DENY
00	30	0294	PAY
00	32	0294	PAY
00	33	0294	PAY
00	34	0294	PAY
00	35	0294	PAY
00	36	0294	PAY
00	37	0294	PAY
00	38	0294	PAY
00	64	9999	PAY
00	70	0294	PAY
00	72	0294	PAY

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00	73	0294	PAY
00	74	0294	PAY

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	0294	DENY
00	30	0294	PAY
00	32	0294	PAY
00	33	0294	PAY
00	34	0294	PAY
00	35	0294	PAY
00	36	0294	PAY
00	37	0294	PAY
00	38	0294	PAY
00	64	9999	PAY
00	70	0294	PAY
00	72	0294	PAY
00	73	0294	PAY
00	74	0294	PAY

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

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

**EOB: 0294** - THE FOURTH 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.

<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 0294.

Region 64 will post and pay for this edit.

Encounter claims will post and pay for this edit.