

Indiana Medicaid Resolutions Manual

NAME: 297 DATE FOR 2ND OCCURRENCE CODE MISSING (HDR)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when there is a second occurrence code and the associated date is missing.

CRITERIA:

Set this edit when there is a second occurrence code and the associated occurrence code date is not present with, EOB 0297.

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	0297	DENY
00	35	0297	PAY
00	36	0297	PAY
00	37	0297	PAY
00	38	0297	PAY
00	64	9999	PAY
00	70	0297	PAY

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00	72	0297	PAY
00	73	0297	PAY
00	74	0297	PAY

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

Location	Region	EOB	Disposition
00	00	0297	DENY
00	35	0297	PAY
00	36	0297	PAY
00	37	0297	PAY
00	38	0297	PAY
00	64	9999	PAY
00	70	0297	PAY
00	72	0297	PAY
00	73	0297	PAY
00	74	0297	PAY

Claim Type: H - Home Health Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0297	DENY
00	30	0297	PAY
00	32	0297	PAY
00	33	0297	PAY
00	34	0297	PAY
00	35	0297	PAY
00	36	0297	PAY
00	37	0297	PAY
00	38	0297	PAY
00	64	9999	PAY
00	70	0297	PAY
00	72	0297	PAY
00	73	0297	PAY
00	74	0297	PAY

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

Location	Region	EOB	Disposition
00	00	0297	DENY
00	30	0297	PAY
00	32	0297	PAY
00	33	0297	PAY
00	34	0297	PAY
00	35	0297	PAY

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00	36	0297	PAY
00	37	0297	PAY
00	38	0297	PAY
00	64	9999	PAY
00	70	0297	PAY
00	72	0297	PAY
00	73	0297	PAY
00	74	0297	PAY

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

Location	Region	EOB	Disposition
00	00	0297	DENY
00	30	0297	PAY
00	32	0297	PAY
00	33	0297	PAY
00	34	0297	PAY
00	35	0297	PAY
00	36	0297	PAY
00	37	0297	PAY
00	38	0297	PAY
00	64	9999	PAY
00	70	0297	PAY
00	72	0297	PAY
00	73	0297	PAY
00	74	0297	PAY

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

Location	Region	EOB	Disposition
00	00	0297	DENY
00	30	0297	PAY
00	32	0297	PAY
00	33	0297	PAY
00	34	0297	PAY
00	35	0297	PAY
00	36	0297	PAY
00	37	0297	PAY
00	38	0297	PAY
00	64	9999	PAY
00	70	0297	PAY
00	72	0297	PAY
00	73	0297	PAY
00	74	0297	PAY

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EOB: 0297 - THE DATE FOR THE SECOND OCCURRENCE CODE IS MISSING. 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 Information REF), if present.	19950101	22991231

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	19950101	22991231

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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.

METHOD OF CORRECTION:

Claims Setting this edit will be systematically denied with EOB 0297.

