

Indiana Medicaid Resolutions Manual

NAME: **298 DATE FOR 2ND OCCURRENCE CODE INVALID (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 date is an invalid format.

CRITERIA:

Set this edit when there is a second occurrence code and the date format is other than CCYYMMDD with, EOB 0298.

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	0298	DENY
00	30	0298	PAY
00	32	0298	PAY
00	33	0298	PAY
00	34	0298	PAY
00	35	0298	PAY
00	36	0298	PAY

Indiana Medicaid Resolutions Manual

00	37	0298	PAY
00	38	0298	PAY
00	64	9999	PAY
00	70	0298	PAY
00	72	0298	PAY
00	73	0298	PAY
00	74	0298	PAY

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

Location	Region	EOB	Disposition
00	00	0298	PAY
00	64	9999	PAY

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

Location	Region	EOB	Disposition
00	00	0298	PAY
00	32	0298	DENY
00	64	9999	PAY
00	72	0298	DENY

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

Location	Region	EOB	Disposition
00	00	0298	PAY
00	20	0298	DENY
00	21	0298	DENY
00	22	0298	DENY
00	23	0298	DENY
00	32	0298	DENY
00	62	0298	DENY
00	64	9999	PAY
00	72	0298	DENY

EOB: 0298 - THE DATE FOR THE SECOND OCCURRENCE CODE IS INVALID. PLEASE VERIFY AND RESUBMIT.

ARC Code

16

ARC Description

Claim/service lacks
information or has
submission/billing

Effective Date

19950101

End Date

22991231

Indiana Medicaid Resolutions Manual

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.

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	19950101	22991231

Indiana Medicaid Resolutions Manual

Service Payment
Information REF), if
present.

METHOD OF CORRECTION:

Claims failing this edit will be systemically denied, with EOB 0298.