

Indiana Medicaid Resolutions Manual

NAME: **422 TDOS FOR THE 9TH OCC CODE/1st SPAN INVALID (HDR)**

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when the to date of service for the ninth occurrence code is an invalid format.

CRITERIA:

Set this edit when the to date of service for the ninth occurrence code is a format other than CCYYMMDD with, EOB 0422.

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 | 0422 | DENY |
| 00 | 64 | 9999 | PAY |
| 00 | 70 | 0422 | PAY |
| 00 | 72 | 0422 | PAY |
| 00 | 73 | 0422 | PAY |
| 00 | 74 | 0422 | PAY |

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

| Location | Region | EOB | Disposition |
|-----------------|---------------|------------|--------------------|
| 00 | 00 | 0422 | DENY |
| 00 | 64 | 9999 | PAY |
| 00 | 70 | 0422 | PAY |
| 00 | 72 | 0422 | PAY |
| 00 | 73 | 0422 | PAY |
| 00 | 74 | 0422 | PAY |

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

| Location | Region | EOB | Disposition |
|-----------------|---------------|------------|--------------------|
| 00 | 00 | 0422 | DENY |
| 00 | 30 | 0422 | PAY |
| 00 | 32 | 0422 | PAY |
| 00 | 33 | 0422 | PAY |
| 00 | 34 | 0422 | PAY |
| 00 | 64 | 9999 | PAY |
| 00 | 70 | 0422 | PAY |
| 00 | 72 | 0422 | PAY |
| 00 | 73 | 0422 | PAY |
| 00 | 74 | 0422 | PAY |

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

| Location | Region | EOB | Disposition |
|-----------------|---------------|------------|--------------------|
| 00 | 00 | 0422 | DENY |
| 00 | 30 | 0422 | PAY |
| 00 | 32 | 0422 | PAY |
| 00 | 33 | 0422 | PAY |
| 00 | 34 | 0422 | PAY |
| 00 | 64 | 9999 | PAY |
| 00 | 70 | 0422 | PAY |
| 00 | 72 | 0422 | PAY |
| 00 | 73 | 0422 | PAY |
| 00 | 74 | 0422 | PAY |

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

| Location | Region | EOB | Disposition |
|-----------------|---------------|------------|--------------------|
| 00 | 00 | 0422 | DENY |
| 00 | 30 | 0422 | PAY |
| 00 | 32 | 0422 | PAY |
| 00 | 33 | 0422 | PAY |

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| | | | |
|----|----|------|-----|
| 00 | 34 | 0422 | PAY |
| 00 | 64 | 9999 | PAY |
| 00 | 70 | 0422 | PAY |
| 00 | 72 | 0422 | PAY |
| 00 | 73 | 0422 | PAY |
| 00 | 74 | 0422 | PAY |

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

| Location | Region | EOB | Disposition |
|-----------------|---------------|------------|--------------------|
| 00 | 00 | 0422 | DENY |
| 00 | 30 | 0422 | PAY |
| 00 | 32 | 0422 | PAY |
| 00 | 33 | 0422 | PAY |
| 00 | 34 | 0422 | PAY |
| 00 | 64 | 9999 | PAY |
| 00 | 70 | 0422 | PAY |
| 00 | 72 | 0422 | PAY |
| 00 | 73 | 0422 | PAY |
| 00 | 74 | 0422 | PAY |

EOB: 0422 - THE TO DATE OF SERVICE FOR THE NINTH OCCURRENCE CODE IS NOT A VALID DATE. PLEASE RESUBMIT WITH DATE IN THE FORM OF MMDDYY.

| 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 | 19950101 | 22991231 |

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Healthcare Policy
Identification
Segment (loop 2110
Service Payment
Information REF), if
present.

| Remark Code | Remark Description | Effective Date | End Date |
|--------------------|--|-----------------------|-----------------|
| M59 | Missing/incomplete/invalid "to" date(s) of service. | 19970101 | 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 0422.