

## **Indiana Medicaid Resolutions Manual**

**NAME:** 472 TDOS FOR SPAN CODE 3-24 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 span code 3-24 is an invalid format.

### **CRITERIA:**

Set this edit when the to date of service for the span code 3-24 is a format other than MMDDYY with, EOB 0595.

### **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	0595	DENY
00	30	0595	PAY
00	32	0595	PAY
00	33	0595	PAY
00	34	0595	PAY
00	64	9999	PAY
00	70	0595	PAY
00	72	0595	PAY

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00	73	0595	PAY
00	74	0595	PAY

**EOB: 0595** - THE FROM DATE OR TO DATE OF SERVICE FOR THE OCCURANCE SPAN CODE IS MISSING OR INVALID.

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
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

<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
N300	Missing/incomplete/invalid occurrence span date(s).	20041202	22991231

**EOB: 9999** - PROCESSED PER POLICY.

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<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

### **METHOD OF CORRECTION:**

Claims setting this edit will be systematically denied with, EOB 0595.

