

## **Indiana Medicaid Resolutions Manual**

**NAME:**                    **449      TDOS FOR THE 12TH OCC CODE/4TH 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 twelfth occurrence code is missing.

### **CRITERIA:**

Set this edit when the to date of service for the twelfth occurrence is not present with, EOB 0945.

### **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	0945	DENY
00	64	9999	PAY
00	70	0945	PAY
00	72	0945	PAY
00	73	0945	PAY
00	74	0945	PAY

## **Indiana Medicaid Resolutions Manual**

**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	0945	DENY
00	64	9999	PAY
00	70	0945	PAY
00	72	0945	PAY
00	73	0945	PAY
00	74	0945	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	0945	DENY
00	64	9999	PAY
00	70	0945	PAY
00	72	0945	PAY
00	73	0945	PAY
00	74	0945	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	0945	DENY
00	64	9999	PAY
00	70	0945	PAY
00	72	0945	PAY
00	73	0945	PAY
00	74	0945	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	0945	DENY
00	64	9999	PAY
00	70	0945	PAY
00	72	0945	PAY
00	73	0945	PAY
00	74	0945	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	0945	DENY
00	64	9999	PAY
00	70	0945	PAY

## **Indiana Medicaid Resolutions Manual**

00	72	0945	PAY
00	73	0945	PAY
00	74	0945	PAY

**EOB: 0945** - THE TO DATE OF SERVICE FOR THE TWELFTH OCCURRENCE CODE IS MISSING AND/OR INVALID. PLEASE RESUBMIT WITH DATE IN THE FORM OF MMDDYY.

<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>
M59	Missing/incomplete/invalid "to" date(s) of service.	19970101	22991231

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

## **Indiana Medicaid Resolutions Manual**

<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 0945.