

Indiana Medicaid Resolutions Manual

NAME: 514 HDR TDOS AFTER ICN DATE (HDR)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the Covered Period "Thru" date of service is after the ICN date.

CRITERIA:

Set this edit if the Covered Period "Thru" date of service is after the ICN date, with EOB 0514.

Set this edit if a discharge status occurrence code is present on the claim, (use occurrence group-100003-Date of Discharge) and the date associated with the occurrence code is after the ICN date, with EOB 0514.

Occurrence Group 100003-Date of Discharge can be located in Core MMIS>Main Menu>BPA>Related Data>Open Tab>Other>Occurrence Group Type.

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	0514	DENY
00	64	9999	PAY

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00	91	0514	SUSPEND
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Claim Type: C - Outpatient Xover Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0514	DENY
00	64	9999	PAY
00	91	0514	SUSPEND

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

Location	Region	EOB	Disposition
00	00	0514	DENY
00	64	9999	PAY
00	91	0514	SUSPEND

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

Location	Region	EOB	Disposition
00	00	0514	DENY
00	64	9999	PAY
00	91	0514	SUSPEND

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

Location	Region	EOB	Disposition
00	00	0514	DENY
00	64	9999	PAY
00	91	0514	SUSPEND

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

Location	Region	EOB	Disposition
00	00	0514	DENY
00	64	9999	PAY
00	91	0514	SUSPEND

EOB: 0514 - CLAIM CANNOT BE BILLED BEFORE THE SERVICE IS RENDERED.

ARC Code	ARC Description	Effective Date	End Date
110	Billing date predates service date.	19950101	22991231

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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. Note: 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 0514.

For special batch claims, follow special instructions to adjudicate the claim.

