

Indiana Medicaid Resolutions Manual

NAME: 525 DUPLICATE OCC DATES BILLED (HDR)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: N

DESCRIPTION:

Set this edit if two occurrence codes are billed on the same date.

CRITERIA:

Set this edit if more than one occurrence code found in group 100002-Home Health Overhead is billed for the same date of service with EOB 0525.

Reference Occurrence Group 100002 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: H - Home Health Claims **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
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00	00	0525	DENY
00	64	9999	PAY

EOB: 0525 - DUPLICATE OCCURRENCE DATES BILLED-ONLY ONE OCCURRENCE CODE MAY BE BILLED PER DATE OF SERVICE. PLEASE VERIFY AND RESUBMIT.

ARC Code	ARC Description	Effective Date	End Date
16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. 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.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

Remark Code	Remark Description	Effective Date	End Date
N300	Missing/incomplete/invalid occurrence span 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	19950101	22991231

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adjudicated. Note: Refer to
the 835 Healthcare Policy
Identification Segment
(loop 2110 Service
Payment Information
REF), if present.

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 0525.

