

## Indiana Medicaid Resolutions Manual

**NAME:** 467 OCCURRENCE 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 from date of service for the occurrence span code 3-24 is an invalid format.

### CRITERIA:

Set this edit when the from date of service for the occurrence span code 3-24 is a format other than MMDDYY with, EOB 0441.

### 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

**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 0441.