

## **Indiana Medicaid Resolutions Manual**

**NAME:**                    **421      TDOS FOR THE 9TH OCC CODE/1st SPAN MISSING (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 ninth occurrence code is missing.

### **CRITERIA:**

Set this edit when the to date of service for the ninth occurrence code is not present with, EOB 0421.

### **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	0421	DENY
00	64	9999	PAY
00	70	0421	PAY
00	72	0421	PAY
00	73	0421	PAY
00	74	0421	PAY

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**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	0421	DENY
00	64	9999	PAY
00	70	0421	PAY
00	72	0421	PAY
00	73	0421	PAY
00	74	0421	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	0421	DENY
00	30	0421	PAY
00	32	0421	PAY
00	33	0421	PAY
00	34	0421	PAY
00	64	9999	PAY
00	70	0421	PAY
00	72	0421	PAY
00	73	0421	PAY
00	74	0421	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	0421	DENY
00	30	0421	PAY
00	32	0421	PAY
00	33	0721	PAY
00	34	0421	PAY
00	64	9999	PAY
00	70	0421	PAY
00	72	0421	PAY
00	73	0721	PAY
00	74	0421	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	0421	DENY
00	30	0421	PAY
00	32	0421	PAY
00	33	0421	PAY

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00	34	0421	PAY
00	64	9999	PAY
00	70	0421	PAY
00	72	0421	PAY
00	73	0421	PAY
00	74	0421	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	0421	DENY
00	30	0421	PAY
00	32	0421	PAY
00	33	0421	PAY
00	34	0421	PAY
00	64	9999	PAY
00	70	0421	PAY
00	72	0421	PAY
00	73	0421	PAY
00	74	0421	PAY

**EOB: 0421** - THE TO DATE OF SERVICE FOR THE NINTH OCCURRENCE CODE IS MISSING. 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	19950101	22991231

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Healthcare Policy  
Identification  
Segment (loop 2110  
Service Payment  
Information REF), if  
present.

<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: 0721** - THE TRANSACTION COUNT IS GREATER THAN '4' FOR A BILLING, REVERSAL OR REBILL REQUEST. NO MORE THAN 4 TRANSACTIONS CAN BE SENT PER TRANSMISSION.

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

<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

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### **METHOD OF CORRECTION:**

Claims setting this edit will be systematically denied with, EOB 0421.

