

Indiana Medicaid Resolutions Manual

NAME: 407 7TH OCCURRENCE CODE INVALID (HDR)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when the seventh occurrence code is invalid.

CRITERIA:

When the seventh occurrence code is not in the attached occurrence code list, set this edit with EOB 0407.

Occurrence codes can be located in CoreMMIS under Main Menu>BPA>Related Data>Codes O-Z>Occurrence Codes.

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	0407	DENY
00	64	9999	PAY
00	70	0407	PAY
00	72	0407	PAY
00	73	0407	PAY
00	74	0407	PAY

Indiana Medicaid Resolutions Manual

Claim Type: A - Inpatient Xover Claims

Member Plan: ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	9999	PAY

Claim Type: C - Outpatient Xover Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0407	DENY
00	64	9999	PAY
00	70	0407	PAY
00	72	0407	PAY
00	73	0407	PAY
00	74	0407	PAY

Claim Type: C - Outpatient Xover 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
00	00	0407	DENY
00	30	0407	PAY
00	32	0407	PAY
00	33	0407	PAY
00	34	0407	PAY
00	64	9999	PAY
00	70	0407	PAY
00	72	0407	PAY
00	73	0407	PAY
00	74	0407	PAY

Claim Type: H - Home Health Claims

Member Plan: ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	9999	PAY

Claim Type: I - Inpatient Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0407	DENY
00	30	0407	PAY

Indiana Medicaid Resolutions Manual

00	32	0407	PAY
00	33	0407	PAY
00	34	0407	PAY
00	64	9999	PAY
00	70	0407	PAY
00	72	0407	PAY
00	73	0407	PAY
00	74	0407	PAY

Claim Type: I - Inpatient Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	9999	PAY

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

Location	Region	EOB	Disposition
00	00	0407	DENY
00	30	0407	PAY
00	32	0407	PAY
00	33	0407	PAY
00	34	0407	PAY
00	64	9999	PAY
00	70	0407	PAY
00	72	0407	PAY
00	73	0407	PAY
00	74	0407	PAY

Claim Type: L - Long Term Care Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	9999	PAY

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

Location	Region	EOB	Disposition
00	00	0407	DENY
00	30	0407	PAY
00	32	0407	PAY
00	33	0407	PAY
00	34	0407	PAY
00	64	9999	PAY
00	70	0407	PAY
00	72	0407	PAY
00	73	0407	PAY

Indiana Medicaid Resolutions Manual

00	74	0407	PAY
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Claim Type: O - Outpatient Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	9999	PAY

EOB: 0407 - THE SEVENTH OCCURRENCE CODE IS NOT A VALID CODE ON THE OCCURRENCE CODE LIST. PLEASE REFERENCE THE PROVIDER MANUAL FOR A VALID LIST OF OCCURANCE CODES AND REUBMIT.

ARC Code	ARC Description	Effective Date	End Date
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

Remark Code	Remark Description	Effective Date	End Date
M45	Missing/incomplete/invalid occurrence code(s).	19970101	22991231

Indiana Medicaid Resolutions Manual

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. 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 0407.
Region 64 will post and pay for this edit.
Encounter claims will post and pay for this edit.

