

Indiana Medicaid Resolutions Manual

NAME: 470 TDOS FOR SPAN CODE 3-24 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 span code 3-24 is missing.

CRITERIA:

Set this edit when the to date of service for the span code 3-24 is not present with, EOB 0595.

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:** Post

Location	Region	EOB	Disposition
00	00	0595	DENY
00	30	0595	PAY
00	32	0595	PAY
00	33	0595	PAY
00	34	0595	PAY
00	64	9999	PAY
00	70	0595	PAY
00	72	0595	PAY
00	73	0595	PAY

Indiana Medicaid Resolutions Manual

00	74	0595	PAY
----	----	------	-----

EOB: 0595 - THE FROM DATE OR TO DATE OF SERVICE FOR THE OCCURANCE SPAN CODE IS MISSING OR INVALID.

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
N300	Missing/incomplete/invalid occurrence span date(s).	20041202	22991231

EOB: 9999 - PROCESSED PER POLICY.

ARC Code	ARC Description	Effective Date	End Date
-----------------	------------------------	-----------------------	-----------------

Indiana Medicaid Resolutions Manual

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 0595.

