

## **Indiana Medicaid Resolutions Manual**

**NAME:**                    **524      OCC CODE DATE CAN'T BE W/IN THE OCC SPAN DATE HDR**

**ERROR TYPE:**      Batch Edit, Hard Coded

**HEADER/DETAIL:** Header

**OVERRIDABLE:**    N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit if the occurrence code date on the header is within the occurrence span date on the same claim form.

### **CRITERIA:**

Set this edit if an occurrence code is billed with a date that is within the occurrence span dates on the same claim form, Set this edit with EOB 0524.

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	9999	PAY

**Claim Type:** H - Home Health Claims    **Member Plan:** ALL    **Status:** Do Not Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	9999	PAY

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**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	0524	DENY
00	64	9999	PAY

**EOB: 0524 - OCCURRENCE CODE DATE CANNOT BE WITHIN THE OCCURRENCE SPAN DATE-PLEASE VERIFY AND RESUBMIT.**

<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) 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

<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
N299	Missing/incomplete/invalid occurrence date(s).	20041202	22991231

**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	19950101	22991231

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another service/procedure  
that has already been  
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 0524.

