

Indiana Medicaid Resolutions Manual

NAME: **506 DATE BILLED AFTER ICN DATE (HDR)**

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the date billed is after the ICN date.

CRITERIA:

Set this edit if the date billed is after the ICN date, with EOB 0506.

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:** Post

Location	Region	EOB	Disposition
00	00	0506	DENY
00	30	9999	PAY
00	32	9999	PAY
00	33	9999	PAY
00	34	9999	PAY
00	50	9999	PAY
00	51	9999	PAY
00	52	9999	PAY
00	55	9999	PAY
00	62	9999	PAY
00	64	9999	PAY
00	70	9999	PAY
00	72	9999	PAY
00	73	9999	PAY

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00	74	9999	PAY
00	80	0506	SUSPEND

EOB: 0506 - BILLED DATE ENTERED IS AFTER HP RECEIVED THE CLAIM-PLEASE VERIFY AND RESUBMIT.

ARC Code	ARC Description	Effective Date	End Date
110	Billing date predates service date.	19950101	22991231

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 0506.
For suspended claims, validate the date billed is correct form the original claim.

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For paper claims, validate the date billed was keyed correctly, if yes, deny the detail with EOB 0506, otherwise override the edit. If the original claim was electronic, deny the detail with EOB 0506.

