

## **Indiana Medicaid Resolutions Manual**

**NAME:** 414 DATE FOR 6TH OCCURRENCE CODE INVALID (HDR)

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

**HEADER/DETAIL:** Header

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit when there is a sixth occurrence code and the date is an invalid format.

### **CRITERIA:**

Set this edit when there is a sixth occurrence code and the date format is other than CCYYMMDD with, EOB 0414.

### **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	0414	PAY

**Claim Type:** A - Inpatient Xover Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0414	DENY
00	64	9999	PAY
00	70	0414	PAY
00	72	0414	PAY
00	73	0414	PAY
00	74	0414	PAY

## **Indiana Medicaid Resolutions Manual**

**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	0414	DENY
00	64	9999	PAY
00	70	0414	PAY
00	72	0414	PAY
00	73	0414	PAY
00	74	0414	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	0414	DENY
00	30	0414	PAY
00	32	0414	PAY
00	33	0414	PAY
00	34	0414	PAY
00	64	9999	PAY
00	70	0414	PAY
00	72	0414	PAY
00	73	0414	PAY
00	74	0414	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	0414	DENY
00	30	0414	PAY
00	32	0414	PAY
00	33	0414	PAY
00	34	0414	PAY
00	64	9999	PAY
00	70	0414	PAY
00	72	0414	PAY
00	73	0414	PAY
00	74	0414	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	0414	DENY
00	30	0414	PAY
00	32	0414	PAY
00	33	0414	PAY

## **Indiana Medicaid Resolutions Manual**

00	34	0414	PAY
00	64	9999	PAY
00	70	0414	PAY
00	72	0414	PAY
00	73	0414	PAY
00	74	0414	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	0414	DENY
00	30	0414	PAY
00	32	0414	PAY
00	33	0414	PAY
00	34	0414	PAY
00	64	9999	PAY
00	70	0414	PAY
00	72	0414	PAY
00	73	0414	PAY
00	74	0414	PAY

**EOB: 0414** - THE DATE FOR THE SIXTH OCCURRENCE CODE IS NOT A VALID DATE. PLEASE RESUBMIT WITH PROPER 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

## **Indiana Medicaid Resolutions Manual**

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>
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 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 0414.