

Indiana Medicaid Resolutions Manual

NAME: 409 FIRST OCCURRENCE SPAN CODE INVALID

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

CRITERIA:

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	0441	PAY
00	70	0441	PAY
00	72	0441	PAY
00	73	0441	PAY

EOB: 0441 - 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least	19950101	22991231

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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.

Remark Code	Remark Description	Effective Date	End Date
M46	Missing/incomplete/invalid occurrence span code(s).	19970101	22991231

METHOD OF CORRECTION: