

Indiana Medicaid Resolutions Manual

NAME: **441 FDOS FOR THE 11TH OCC CODE/3RD SPAN INVALID (HDR)**

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when the from date of service for the eleventh occurrence code is missing.

CRITERIA:

Set this edit when the from date of service for the eleventh occurrence is not present with, EOB 0940.

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

Location	Region	EOB	Disposition
00	00	0940	DENY
00	64	9999	PAY
00	70	0940	PAY
00	72	0940	PAY
00	73	0940	PAY
00	74	0940	PAY

Indiana Medicaid Resolutions Manual

Claim Type: C - Outpatient Xover Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0940	DENY
00	64	9999	PAY
00	70	0940	PAY
00	72	0940	PAY
00	73	0940	PAY
00	74	0940	PAY

Claim Type: H - Home Health Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0940	DENY
00	64	9999	PAY
00	70	0940	PAY
00	72	0940	PAY
00	73	0940	PAY
00	74	0940	PAY

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

Location	Region	EOB	Disposition
00	00	0940	DENY
00	64	9999	PAY
00	70	0940	PAY
00	72	0940	PAY
00	73	0940	PAY
00	74	0940	PAY

Claim Type: L - Long Term Care Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0940	DENY
00	64	9999	PAY
00	70	0940	PAY
00	72	0940	PAY
00	73	0940	PAY
00	74	0940	PAY

Claim Type: O - Outpatient Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0940	DENY
00	64	9999	PAY

Indiana Medicaid Resolutions Manual

00	70	0940	PAY
00	72	0940	PAY
00	73	0940	PAY
00	74	0940	PAY

EOB: 0940 - THE FROM DATE OF SERVICE FOR THE ELEVENTH OCCURRENCE CODE IS MISSING AND/OR INVALID. PLEASE RESUBMIT WITH DATE IN THE FORM OF MMDDYY.

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
M52	Missing/incomplete/invalid "from" date(s) of service.	19970101	22991231

Indiana Medicaid Resolutions Manual

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 0940.