

Indiana Medicaid Resolutions Manual

NAME: 464 OCCURRENCE CODE 9-24 INVALID (HDR)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when the ninth through the twenty fourth occurrence code is invalid.

CRITERIA:

When the ninth through the twenty fourth occurrence code is not on the attached occurrence code list, Set this edit with EOB 0409.

Occurrence codes can be located in CoreMMIS under Main Menu>BPA>Related Data>Codes O-Z>Occurrence Codes.

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 | 0409 | DENY |
| 00 | 64 | 9999 | PAY |
| 00 | 70 | 0409 | PAY |
| 00 | 72 | 0409 | PAY |
| 00 | 73 | 0409 | PAY |
| 00 | 74 | 0409 | PAY |

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Claim Type: A - Inpatient Xover Claims

Member Plan: ALL **Status:** Do Not Post

| Location | Region | EOB | Disposition |
|----------|--------|------|-------------|
| 00 | 00 | 9999 | PAY |

Claim Type: C - Outpatient Xover Claims

Member Plan: ALL **Status:** Do Not Post

| Location | Region | EOB | Disposition |
|----------|--------|------|-------------|
| 00 | 00 | 9999 | PAY |

Claim Type: C - Outpatient Xover Claims

Member Plan: ALL **Status:** Post

| Location | Region | EOB | Disposition |
|----------|--------|------|-------------|
| 00 | 00 | 0409 | DENY |
| 00 | 64 | 9999 | PAY |
| 00 | 70 | 0409 | PAY |
| 00 | 72 | 0409 | PAY |
| 00 | 73 | 0409 | PAY |
| 00 | 74 | 0409 | PAY |

Claim Type: H - Home Health Claims

Member Plan: ALL **Status:** Do Not Post

| Location | Region | EOB | Disposition |
|----------|--------|------|-------------|
| 00 | 00 | 9999 | PAY |

Claim Type: H - Home Health Claims

Member Plan: ALL **Status:** Post

| Location | Region | EOB | Disposition |
|----------|--------|------|-------------|
| 00 | 00 | 0409 | DENY |
| 00 | 30 | 0409 | PAY |
| 00 | 32 | 0409 | PAY |
| 00 | 33 | 0409 | PAY |
| 00 | 34 | 0409 | PAY |
| 00 | 64 | 9999 | PAY |
| 00 | 70 | 0409 | PAY |
| 00 | 72 | 0409 | PAY |
| 00 | 73 | 0409 | PAY |
| 00 | 74 | 0409 | PAY |

Claim Type: I - Inpatient Claims

Member Plan: ALL **Status:** Do Not Post

| Location | Region | EOB | Disposition |
|----------|--------|------|-------------|
| 00 | 00 | 9999 | PAY |

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

| Location | Region | EOB | Disposition |
|-----------------|---------------|------------|--------------------|
| 00 | 00 | 0409 | DENY |
| 00 | 30 | 0409 | PAY |
| 00 | 32 | 0409 | PAY |
| 00 | 33 | 0409 | PAY |
| 00 | 34 | 0409 | PAY |
| 00 | 64 | 9999 | PAY |
| 00 | 70 | 0409 | PAY |
| 00 | 72 | 0409 | PAY |
| 00 | 73 | 0409 | PAY |
| 00 | 74 | 0409 | PAY |

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

| Location | Region | EOB | Disposition |
|-----------------|---------------|------------|--------------------|
| 00 | 00 | 0409 | DENY |
| 00 | 30 | 0409 | PAY |
| 00 | 32 | 0409 | PAY |
| 00 | 33 | 0409 | PAY |
| 00 | 34 | 0409 | PAY |
| 00 | 64 | 9999 | PAY |
| 00 | 70 | 0409 | PAY |
| 00 | 72 | 0409 | PAY |
| 00 | 73 | 0409 | PAY |
| 00 | 74 | 0409 | PAY |

Claim Type: L - Long Term Care Claims **Member Plan:** ALL **Status:** Do Not Post

| Location | Region | EOB | Disposition |
|-----------------|---------------|------------|--------------------|
| 00 | 00 | 9999 | PAY |

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

| Location | Region | EOB | Disposition |
|-----------------|---------------|------------|--------------------|
| 00 | 00 | 0409 | DENY |
| 00 | 30 | 0409 | PAY |
| 00 | 32 | 0409 | PAY |
| 00 | 33 | 0409 | PAY |
| 00 | 34 | 0409 | PAY |
| 00 | 64 | 9999 | PAY |
| 00 | 70 | 0409 | PAY |
| 00 | 72 | 0409 | PAY |
| 00 | 73 | 0409 | PAY |

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| | | | |
|----|----|------|-----|
| 00 | 74 | 0409 | PAY |
|----|----|------|-----|

Claim Type: O - Outpatient Claims **Member Plan:** ALL **Status:** Do Not Post

| Location | Region | EOB | Disposition |
|-----------------|---------------|------------|--------------------|
| 00 | 00 | 9999 | PAY |

EOB: 0409 - OCCURRENCE CODE 9-24 IS NOT A VALID CODE ON THE OCCURRENCE CODE LIST. PLEASE REFERENCE THE PROVIDER MANUAL FOR A VALID LIST OF OCCURRENCE CODES AND RESUBMIT.

| 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 |
|--------------------|--|-----------------------|-----------------|
| M45 | Missing/incomplete/invalid occurrence code(s). | 19970101 | 22991231 |

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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 0409.
Region 64 will post and pay for this edit.
Encounter claims will post and pay for this edit.

