

## **Indiana Medicaid Resolutions Manual**

**NAME:** 517 OCC SPAN DATES DO NOT MATCH CLAIM DTL DATES (HDR)

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

**HEADER/DETAIL:** Header

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this batch edit if the occurrence span dates on the header do not match the service dates on the detail lines on the claim.

### **CRITERIA:**

Set this edit if an occurrence span is entered with a date span that does not have matching consecutive services dates on the detail lines, with EOB 0517.

Occurrence Code 61 - There must be one visit for each date of service. This is occurrence code if active until go live. After go live occurrence code 73 should be used to denote an overhead.

### **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:** H - Home Health Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	9999	PAY

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**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	0517	DENY
00	10	0517	SUSPEND
00	11	0517	SUSPEND
00	64	9999	PAY
00	91	0517	SUSPEND

**EOB: 0517** - THE OCCURRENCE CODE DATES DO NOT MATCH ANY OF THE SERVICE DATES BILLED ON THE DETAIL LINES OF THE CLAIM. PLEASE VERIFY AND RESUBMIT.

<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) which is needed for adjudication. 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.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

<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.

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<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. Note: 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 for EOB 0517.

Paper claims will suspend for review of keying errors. If a keying error is found, correct the error and save. If no keying error is found, deny the detail with EOB 0517.

For special batch claims, follow special instructions to adjudicate the claim.

