

## **Indiana Medicaid Resolutions Manual**

**NAME:** 445 12TH OCCURRENCE SPAN FDOS IS AFTER TDOS (HDR)

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

**HEADER/DETAIL:** Header

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit when the twelfth occurrence span From Date is after the To Date.

### **CRITERIA:**

Set this edit when the twelfth occurrence span From Date is after the To Date with, EOB 0943. 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:** H - Home Health Claims

**Member Plan:** ALL **Status:** Post

| Location | Region | EOB  | Disposition |
|----------|--------|------|-------------|
| 00       | 00     | 0943 | DENY        |
| 00       | 64     | 9999 | PAY         |

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**EOB: 0943** - THE FROM DATE IS AFTER THE TO DATE OF SERVICE FOR THE TWELFTH OCCURRENCE CODE. 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). 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        |

| <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 | 19950101              | 22991231        |

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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.

### **METHOD OF CORRECTION:**

Claims setting this edit will be systematically denied with EOB 0943.  
Region 64 claims will post and pay for this edit.

