

## **Indiana Medicaid Resolutions Manual**

**NAME:** 406 6TH OCCURRENCE CODE INVALID (HDR)

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

**HEADER/DETAIL:** Header

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit when the sixth occurrence code on the claim is not a valid code.

### **CRITERIA:**

When the sixth occurrence code is not in the attached occurrence code list, set this edit with EOB 0406.

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	0406	DENY
00	64	9999	PAY
00	70	0406	PAY
00	72	0406	PAY
00	73	0406	PAY
00	74	0406	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:** Post

Location	Region	EOB	Disposition
00	00	0406	DENY
00	64	9999	PAY
00	70	0406	PAY
00	72	0406	PAY
00	73	0406	PAY
00	74	0406	PAY

**Claim Type:** C - Outpatient Xover 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	0406	DENY
00	30	0406	PAY
00	32	0406	PAY
00	33	0406	PAY
00	34	0406	PAY
00	64	9999	PAY
00	70	0406	PAY
00	72	0406	PAY
00	73	0406	PAY
00	74	0406	PAY

**Claim Type:** H - Home Health Claims

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

Location	Region	EOB	Disposition
00	00	9999	PAY

**Claim Type:** I - Inpatient Claims

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

Location	Region	EOB	Disposition
00	00	0406	DENY
00	30	0406	PAY

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00	32	0406	PAY
00	33	0406	PAY
00	34	0406	PAY
00	64	9999	PAY
00	70	0406	PAY
00	72	0406	PAY
00	73	0406	PAY
00	74	0406	PAY

**Claim Type:** I - Inpatient Claims    **Member Plan:** ALL    **Status:** Do Not Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	9999	PAY

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	0406	DENY
00	30	0406	PAY
00	32	0406	PAY
00	33	0406	PAY
00	34	0406	PAY
00	64	9999	PAY
00	70	0406	PAY
00	72	0406	PAY
00	73	0406	PAY
00	74	0406	PAY

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	9999	PAY

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	0406	DENY
00	30	0406	PAY
00	32	0406	PAY
00	33	0406	PAY
00	34	0406	PAY
00	64	9999	PAY
00	70	0406	PAY
00	72	0406	PAY
00	73	0406	PAY

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00	74	0406	PAY
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**Claim Type:** O - Outpatient Claims **Member Plan:** ALL **Status:** Do Not Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	9999	PAY

**EOB: 0406 -** THE SIXTH OCCURRENCE CODE IS NOT A VALID CODE ON THE OCCURRENCE CODE LIST. PLEASE REFERENCE THE PROVIDER MANUAL FOR A VALID LIST OF OCCURRENCE CODES AND RESBMIT.

<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>
M45	Missing/incomplete/invalid occurrence code(s).	19970101	22991231

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**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 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 0406.  
Region 64 will post and pay for this edit.  
Encounter claims will post and pay for this edit.

