

Indiana Medicaid Resolutions Manual

NAME: 516 OCC CODE DATE DOES NOT MATCH CLAIM DTL DATE (HDR)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the occurrence code date on the header does not match any of the service dates on the detail lines on the claim.

CRITERIA:

Set this edit when the occurrence code date entered on the header of the claim does not match a service date or service dates in the detail lines on the claim form with EOB 0516.

There must be one visit for each date of service. Occurrence code 61 is valid for DOS prior to go live and Occurrence Code 73 is valid for DOS on or after go live.

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

Location	Region	EOB	Disposition
00	00	0516	DENY
00	10	0516	SUSPEND
00	11	0516	SUSPEND
00	64	9999	PAY
00	91	0516	SUSPEND

EOB: 0516 - THE OCCURRENCE CODE DATES DO NOT MATCH THE CLAIM DETAIL DATES. PLEASE VERIFY AND RESUBMIT.

ARC Code	ARC Description	Effective Date	End Date
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

Remark Code	Remark Description	Effective Date	End Date
N299	Missing/incomplete/invalid occurrence date(s).	20041202	22991231

EOB: 9999 - PROCESSED PER POLICY.

ARC Code	ARC Description	Effective Date	End Date
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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
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METHOD OF CORRECTION:

For paper and special batched claims, check the detail occurrence codes and dates. If these are correct, then check the detail dates of service on the claims to what was keyed. Correct as needed and resubmit (do not force).

All other claims setting this edit will be systematically denied with EOB 0516.

