

## **Indiana Medicaid Resolutions Manual**

**NAME:**                   **510      9TH 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 ninth occurrence span From Date is after the To Date.

### **CRITERIA:**

When the ninth occurrence span From Date is after the To Date, Set this edit with EOB 0510.

### **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

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

**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	0510	DENY
00	30	0510	PAY
00	32	0510	PAY
00	33	0510	PAY
00	34	0510	PAY
00	64	9999	PAY
00	70	0510	PAY
00	72	0510	PAY

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00	73	0510	PAY
00	74	0510	PAY

**EOB: 0510** - THE FROM DATE IS AFTER THE TO DATE OF SERVICE FOR THE 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.

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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. 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 0510.

