

Indiana Medicaid Resolutions Manual

NAME: 466 **DATE FOR OCCURRENCE CODE 9-24 INVALID (HDR)**

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when there is a ninth through twenty-fourth occurrence code and the associated date is an invalid format.

CRITERIA:

Set this edit when there is a ninth through twenty-fourth occurrence code and the associated date format is other than CCYYMMDD with, EOB 0466.

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	0420	PAY

Claim Type: A - Inpatient Xover Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0420	DENY
00	64	9999	PAY
00	70	0420	PAY
00	72	0420	PAY
00	73	0420	PAY
00	74	0420	PAY

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

Location	Region	EOB	Disposition
00	00	0420	DENY
00	64	9999	PAY
00	70	0420	PAY
00	72	0420	PAY
00	73	0420	PAY
00	74	0420	PAY

Claim Type: H - Home Health Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0420	DENY
00	30	0420	PAY
00	32	0420	PAY
00	33	0420	PAY
00	34	0420	PAY
00	64	9999	PAY
00	70	0420	PAY
00	72	0420	PAY
00	73	0420	PAY
00	74	0420	PAY

Claim Type: I - Inpatient Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0420	DENY
00	30	0420	PAY
00	32	0420	PAY
00	33	0420	PAY
00	34	0420	PAY
00	64	9999	PAY
00	70	0420	PAY
00	72	0420	PAY
00	73	0420	PAY
00	74	0420	PAY

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

Location	Region	EOB	Disposition
00	00	0420	DENY
00	30	0420	PAY
00	32	0420	PAY

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00	33	0420	PAY
00	34	0420	PAY
00	64	9999	PAY
00	70	0420	PAY
00	72	0420	PAY
00	73	0420	PAY
00	74	0420	PAY

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

Location	Region	EOB	Disposition
00	00	0420	DENY
00	30	0420	PAY
00	32	0420	PAY
00	33	0420	PAY
00	34	0420	PAY
00	64	9999	PAY
00	70	0420	PAY
00	72	0420	PAY
00	73	0420	PAY
00	74	0420	PAY

EOB: 0420 - THE DATE OF SERVICE FOR OCCURRENCE CODE 9-24 IS NOT A VALID DATE. PLEASE RESUBMIT WITH DATE IN THE FORM OF MMDDYY.

ARC Code	ARC Description	Effective Date	End Date
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.)	19950101	22991231

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Refer to the 835
Healthcare Policy
Identification
Segment (loop 2110
Service Payment
Information REF), if
present.

Remark Code	Remark Description	Effective Date	End Date
M52	Missing/incomplete/invalid "from" date(s) of service.	19970101	22991231

EOB: 9999 - PROCESSED PER POLICY.

ARC Code	ARC Description	Effective Date	End Date
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 0466.