

Indiana Medicaid Resolutions Manual

NAME: 805 PATIENT STATUS DOES NOT MATCH OCCURRENCE CODE

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this form edit when the patient status code does not match the occurrence code.

CRITERIA:

Set this edit if the patient status code identified on the claim is 30-still patient, and is billed with an occurrence code in group 100003-Date of discharge, with EOB 0522.

Set this edit if the patient status code identified on the claim is other than 30-and no occurrence code billed or the occurrence code is not in group 100003-Date of discharge.

Reference Occurrence Group Type 100003-Date of Discharge can be located in Core MMIS under Main Menu>BPA>Related Data>Open Tab>Other>Occurrence Group Type.

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
----------	--------	-----	-------------

Indiana Medicaid Resolutions Manual

00	00	0522	PAY
----	----	------	-----

Claim Type: H - Home Health Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0522	PAY

Claim Type: I - Inpatient Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0522	DENY
00	64	0522	PAY
00	91	0522	SUSPEND

Claim Type: L - Long Term Care Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0522	DENY
00	55	0522	PAY
00	64	0522	PAY
00	91	0522	SUSPEND

EOB: 0522 - THE CLAIM CONTAINS CONFLICTING DISCHARGE INFORMATION, VERIFY PATIENT STATUS CODE AND/OR OCCURRENCE CODE AND RESUBMIT.

ARC Code

16

ARC Description

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.)

Effective Date

19950101

End Date

22991231

Indiana Medicaid Resolutions Manual

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

Remark Code	Remark Description	Effective Date	End Date
M45	Missing/incomplete/invalid occurrence code(s).	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 0522.

Special batched claims, region code 91, should be worked as instructed on the special batch form.

Indiana Medicaid Resolutions Manual