

Indiana Medicaid Resolutions Manual

NAME: **240 THE DTL TO DATE IS INVALID (DTL)**

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the detail "TO" Date of Service (DOS) format is not MMDDYY.

CRITERIA:

Set this edit if the detail "TO" DOS format is not MMDDYY with, EOB 0240.

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: B - Professional Xover Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0240	SUSPEND
00	20	0240	DENY
00	21	0240	DENY
00	22	0240	DENY
00	23	0240	DENY
00	35	0240	DENY
00	36	0240	DENY
00	37	0240	DENY
00	38	0240	DENY

Indiana Medicaid Resolutions Manual

00	52	0240	DENY
00	61	0240	DENY
00	62	0240	DENY
00	80	0240	DENY

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0240	SUSPEND
00	20	0240	DENY
00	21	0240	DENY
00	22	0240	DENY
00	23	0240	DENY
00	30	0240	DENY
00	32	0240	DENY
00	33	0240	DENY
00	34	0240	DENY
00	35	0240	DENY
00	36	0240	DENY
00	37	0240	DENY
00	38	0240	DENY
00	52	0240	DENY
00	61	0240	DENY
00	62	0240	DENY
00	70	0240	DENY
00	72	0240	DENY
00	73	0240	DENY
00	74	0240	DENY

EOB: 0240 - THE DETAIL LINE, TO DATE OF SERVICE IS NOT IN THE CORRECT FORMAT. THE CORRECT FORMAT IS MMDDYY. PLEASE VERIFY 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

Effective Date

19950101

End Date

22991231

Indiana Medicaid Resolutions Manual

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.

Remark Code	Remark Description	Effective Date	End Date
M59	Missing/incomplete/invalid 'to' 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

Indiana Medicaid Resolutions Manual

METHOD OF CORRECTION:

Check for keying errors. Correct any keying errors and save the claim. If no keying errors are found, deny the claim detail with EOB 0240.