

Indiana Medicaid Resolutions Manual

NAME: **265 DTL FDOS IS INVALID (DTL)**

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when the Date of Service on the detail is in a format other than MMDDYY.

CRITERIA:

Set this edit if the Date of Service on the detail is not in a MMDDYY format, with EOB 0265.

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:** Post

Location	Region	EOB	Disposition
00	00	0265	DENY

EOB: 0265 - THE DATE OF SERVICE IS NOT IN THE CORRECT FORMAT-THE CORRECT FORMAT IS MMDDYY OR DETAIL DOS IS NOT WITHIN THE HEADER DOS. PLEASE VERIFY AND RESUBMIT.

ARC Code
16

ARC Description
Claim/service lacks
information or has
submission/billing
error(s). Usage: Do

Effective Date
19950101

End Date
22991231

Indiana Medicaid Resolutions Manual

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.

Remark Code	Remark Description	Effective Date	End Date
MA31	Missing/incomplete/invalid beginning and ending dates of the period billed.	19970101	22991231

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 0265.