

Indiana Medicaid Resolutions Manual

NAME: **239 THE DTL "THROUGH" DATE OF SVC IS MISSING (DTL)**

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when the detail "through" date of service is missing.

CRITERIA:

Set this edit if the detail "through" date of service is null or blank, with EOB 0239.

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	0239	DENY
00	10	0239	SUSPEND
00	11	0239	SUSPEND
00	20	0239	DENY
00	21	0239	DENY
00	22	0239	DENY
00	23	0239	DENY
00	52	0239	DENY

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00	61	0239	DENY
00	62	0239	DENY
00	64	0239	DENY

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0239	DENY
00	10	0239	SUSPEND
00	11	0239	SUSPEND
00	20	0239	DENY
00	21	0239	DENY
00	22	0239	DENY
00	23	0239	DENY
00	30	0239	DENY
00	32	0239	DENY
00	33	0239	DENY
00	34	0239	DENY
00	52	0239	DENY
00	61	0239	DENY
00	62	0239	DENY
00	64	0239	DENY
00	70	0239	DENY
00	72	0239	DENY
00	73	0239	DENY
00	74	0239	DENY

EOB: 0239 - THE DETAIL LINE, TO DATE OF SERVICE IS MISSING. PLEASE PROVIDE 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

Effective Date

19950101

End Date

22991231

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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

METHOD OF CORRECTION:

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Claims setting this edit will be systematically denied with EOB 0239.