

## Indiana Medicaid Resolutions Manual

**NAME:** 397 HDR STMT COVERS PERIOD TDOS MISSING (HDR)

**ERROR TYPE:** Batch Edit, Hard Coded

**HEADER/DETAIL:** Header

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### DESCRIPTION:

Set this edit when the Statement Covers Period "To" Date is missing from the claim.

### CRITERIA:

Set this edit if the claim is submitted and the Statement Covers Period "To" Date is blank, NULL or zero with, EOB 0397.

### 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	0397	DENY

**EOB: 0397 - THE THROUGH SERVICE DATE IS MISSING FROM YOUR CLAIM. PLEASE VERIFY AND RESUBMIT.**

ARC Code	ARC Description	Effective Date	End Date
16	Claim/service lacks information or has submission/billing error(s) which is needed for	19950101	22991231

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

<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
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 0397.