

Indiana Medicaid Resolutions Manual

NAME: 396 HDR STMT COVERS PERIOD FDOS INVALID (HDR)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when the Header Statement Covers Period "From" Date of Service is not in a valid format.

CRITERIA:

Set this edit if the Header Statement Covers Period "From" Date of Service is not valid or reasonable in a MMDDYY format (19000101-20500101), with EOB 0396.

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	0396	DENY

EOB: 0396 - THE FROM SERVICE DATE ON YOUR CLAIM IS NOT IN THE CORRECT FORMAT. PLEASE ENTER DATE IN MMDDYY FORMAT AND RESUBMIT.

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

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which is needed for 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.

Remark Code	Remark Description	Effective Date	End Date
M52	Missing/incomplete/invalid "from" date(s) of service.	19970101	22991231

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 0396.