

Indiana Medicaid Resolutions Manual

NAME: 398 STMT COVERS PERIOD TDOS 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 "To" Date of Service is not in a valid format.

CRITERIA:

Set this edit if the Header Statement Covers Period "To" Date of Service is not valid or reasonable in a MMDDYY format (19000101-20500101), with EOB 0398.

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	0398	DENY

EOB: 0398 - THE THROUGH SERVICE DATE ON YOUR CLAIM IS NOT IN THE CORRECT FORMAT. PLEASE ENTER DATE IN MMDDYY FORMAT AND RESUBMIT.

ARC Code
16

ARC Description
Claim/service lacks

Effective Date
19950101

End Date
22991231

Indiana Medicaid Resolutions Manual

information or has submission/billing error(s) 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
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 0398.