

## **Indiana Medicaid Resolutions Manual**

**NAME:**                   **528     DTL DOS NOT VALID FOR HEADER DOS**

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

**HEADER/DETAIL:** Detail

**OVERRIDABLE:**   Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit when the detail dates of service do not fall within the header dates of service.

### **CRITERIA:**

Set this edit when the detail dates of service do not fall within the header dates of service with, EOB 0265.

Edit 528 will post on a detail if any of the following 4 conditions occurs:

1. The detail Date of First Service(DoFS) is BEFORE the Header DoFS
2. The detail Date of Last Service(DoLS) is BEFORE the Header DoFS
3. The detail DoFS is AFTER the Header DoLS
4. The detail DoLS is AFTER the Header DoLS

### **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	0265	DENY

**Claim Type:** C - Outpatient Xover Claims   **Member Plan:** ALL   **Status:** Post

Location	Region	EOB	Disposition
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00	00	0265	DENY
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**Claim Type:** D - Dental Claims    **Member Plan:** ALL    **Status:** Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	0265	DENY

**Claim Type:** H - Home Health Claims    **Member Plan:** ALL    **Status:** Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	0265	DENY

**Claim Type:** O - Outpatient Claims    **Member Plan:** ALL    **Status:** Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
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.

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
16	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 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	19950101	22991231

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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 0265.

