

Indiana Medicaid Resolutions Manual

NAME: 957 LMP DATE MISSING

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: N

DESCRIPTION:

Last menstrual period(LMP) Date Missing

CRITERIA:

Set this edit if the pregnancy indicator is "yes" and there is no LMP date provided.

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: M - Professional Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0957	PAY

EOB: 0957 - LMP DATE IS MISSING, PROVIDER SHOULD REVIEW SUBMITTED CLAIM AND CORRECT AS NEEDED.

ARC Code

ARC Description

Effective Date

End Date

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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 Service Payment Information REF), if present.	19950101	22991231
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Remark Code	Remark Description	Effective Date	End Date
N148	Missing/incomplete/invalid date of last menstrual period.	20021031	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:	19950101	22991231

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

METHOD OF CORRECTION:

Claims that set this edit will post and pay with EOB 0957.

