

## **Indiana Medicaid Resolutions Manual**

**NAME:** 3735 DIAGNOSIS GROUP PRIMARY RSTCN ON REV BILLING  
RULE

**ERROR TYPE:** Rules Edit, Billing or Coverage

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit when a procedure code is submitted with a primary diagnosis not allowed for the procedure with EOB 4038.

### **CRITERIA:**

Set this edit when a procedure code is submitted with a primary diagnosis is not allowed for the procedure with EOB 4038.

### **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
21	00	4038	DENY

**EOB: 4038 - THIS SERVICE CANNOT BE PAID WITH THE DIAGNOSIS INDICATED.  
PLEASE VERIFY 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.

<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
M64	Missing/incomplete/invalid other diagnosis.	19970101	22991231

### **METHOD OF CORRECTION:**

Claims setting this edit will be systematically denied with EOB 4038.