

Indiana Medicaid Resolutions Manual

NAME: **258 PRIMARY DX CODE MISSING (HDR)**

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when the primary diagnosis code is missing.

CRITERIA:

Set this edit if the claim's primary diagnosis code is missing from the header with, EOB 0258.

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	0258	DENY
00	30	0258	PAY
00	32	0258	PAY
00	35	0258	PAY
00	36	0258	PAY
00	37	0258	PAY
00	38	0258	PAY
00	70	0258	PAY
00	72	0258	PAY

Claim Type: L - Long Term Care Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0258	DENY

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Claim Type: L - Long Term Care Claims

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
04	00	0258	DENY

Claim Type: M - Professional Claims

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
04	00	0258	DENY

EOB: 0258 - PRIMARY DIAGNOSIS CODE IS MISSING-PLEASE PROVIDE AND RESUBMIT.

ARC Code

16

ARC Description

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

Effective Date

19950101

End Date

22991231

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

Remark Code	Remark Description	Effective Date	End Date
MA63	Missing/incomplete/invalid principal diagnosis.	19970101	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: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 0258.

