

## **Indiana Medicaid Resolutions Manual**

**NAME:**                   **235     PROC CODE NOT IN VALID FORMAT (DTL)**

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

**HEADER/DETAIL:** Detail

**OVERRIDABLE:**    N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit when the procedure code is not in a valid format.

### **CRITERIA:**

Set this edit if the claim's procedure code is not 5 digits, alphanumeric with, EOB 0235.

### **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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	0235	DENY
00	10	0235	SUSPEND
00	11	0235	SUSPEND

**Claim Type:** A - Inpatient Xover Claims    **Member Plan:** ALL    **Status:** Do Not Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	0235	DENY

**Claim Type:** I - Inpatient Claims    **Member Plan:** ALL    **Status:** Do Not Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	9999	DENY

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**Claim Type:** L - Long Term Care Claims    **Member Plan:** ALL    **Status:** Do Not Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	9999	DENY

**EOB: 0235** - THE PROCEDURE CODE IS NOT IN A VALID FORMAT. PLEASE USE A CPT OR HCPC CODE AND THE APPROPRIATE MODIFIERS WHEN NECESSARY. PLEASE VERIFY AND RESUBMIT.

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
181	Procedure code was invalid on the date of service.	20050630	22991231

<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
N56	Procedure code billed is not correct/valid for the services billed or the date of service billed.	20000101	22991231

**EOB: 9999** - PROCESSED PER POLICY.

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

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Information REF), if  
present.

### **METHOD OF CORRECTION:**

Claims setting this edit will be systematically denied with EOB 0235.

For paper claims check for any keying errors. If a keying error is found, correct and save the claim.

