

## Indiana Medicaid Resolutions Manual

**NAME:** 367 1ST OTHER ICD PROC DATE MISSING (HDR)

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

**HEADER/DETAIL:** Header

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### DESCRIPTION:

Set this edit when there is a first other ICD procedure code and there is no first other ICD procedure date on the claim.

### CRITERIA:

Set this edit when there is a first other ICD procedure code and there is no first other ICD procedure date on the claim.

### 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:** A - Inpatient Xover Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0367	DENY

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

Location	Region	EOB	Disposition
00	00	0367	DENY

## **Indiana Medicaid Resolutions Manual**

**Claim Type:** I - Inpatient Claims    **Member Plan:** ALL    **Status:** Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	0367	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	0367	DENY

**EOB: 0367** - THE FIRST OTHER PROCEDURE CODE DATE IS MISSING. 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) 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.	19950101	22991231

<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
N302	Missing/incomplete/invalid other procedure date(s).	20041202	22991231

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

## **Indiana Medicaid Resolutions Manual**

<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. Note: 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 0367.

