

Indiana Medicaid Resolutions Manual

NAME: 242 2ND DX CODE INVALID FORMAT (HDR)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

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

CRITERIA:

If the claim's second diagnosis is ICD-9 and is not 3 to 5 characters, alpha-numeric Set this edit with EOB 0272.

If the claim's second diagnosis is ICD-10 and is not 3 to 7 characters, alpha numeric, Set this edit with EOB 0242.

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	0242	DENY

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

Location	Region	EOB	Disposition
00	00	0242	DENY

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

Location	Region	EOB	Disposition
----------	--------	-----	-------------

Indiana Medicaid Resolutions Manual

00	00	9999	PAY
----	----	------	-----

Claim Type: B - Professional Xover Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	9999	PAY

Claim Type: B - Professional Xover Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0242	DENY

Claim Type: C - Outpatient Xover Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	9999	PAY

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

Location	Region	EOB	Disposition
00	00	0242	DENY

Claim Type: D - Dental Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	9999	PAY

Claim Type: D - Dental Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0242	DENY

Claim Type: M - Professional Claims **Member Plan:** PASMR **Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	9999	PAY

Claim Type: M - Professional Claims **Member Plan:** PASMR **Status:** Post

Location	Region	EOB	Disposition
00	00	0242	DENY

Claim Type: M - Professional Claims **Member Plan:** PASMI **Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	9999	PAY

Indiana Medicaid Resolutions Manual

Claim Type: M - Professional Claims **Member Plan:** PASMI **Status:** Post

Location	Region	EOB	Disposition
00	00	0242	DENY

Claim Type: M - Professional Claims **Member Plan:** MRT **Status:** Post

Location	Region	EOB	Disposition
00	00	0242	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
00	00	0242	DENY

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

Location	Region	EOB	Disposition
00	00	0242	DENY

Claim Type: M - Professional Claims **Member Plan:** MRT **Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	9999	PAY

EOB: 0242 - THE SECONDARY DIAGNOSIS CODE IS NOT IN THE CORRECT FORMAT. IT SHOULD BE THREE TO SEVEN ALPHA NUMERIC DIGITS-PLEASE VERIFY AND RESUBMIT.

ARC Code	ARC Description	Effective Date	End Date
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	19950101	22991231

Indiana Medicaid Resolutions Manual

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.

Remark Code	Remark Description	Effective Date	End Date
M64	Missing/incomplete/invalid other 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. 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 0242.