

## **Indiana Medicaid Resolutions Manual**

**NAME:** 289 SIXTH CONDITION CODE INVALID

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

**HEADER/DETAIL:** Header

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit when the sixth condition code is not valid.

### **CRITERIA:**

Set this edit when the sixth condition code is invalid with, EOB 0289.

Condition codes can be located by navigating from the main menu to BPA>Related Data>Codes A-C>Condition Codes.

### **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            | 0289       | DENY               |

**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            | 0289       | PAY                |

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

| <b>Location</b> | <b>Region</b> | <b>EOB</b> | <b>Disposition</b> |
|-----------------|---------------|------------|--------------------|
| 00              | 00            | 9999       | PAY                |

## **Indiana Medicaid Resolutions Manual**

**Claim Type:** D - Dental 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:** Do Not Post

| Location | Region | EOB  | Disposition |
|----------|--------|------|-------------|
| 00       | 00     | 9999 | PAY         |

**EOB: 0289** - THE SIXTH CONDITION CODE SUBMITTED IS NOT A VALID CODE-  
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 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 |

| Remark Code | Remark Description                         | Effective Date | End Date |
|-------------|--|----------------|----------|
| M44         | Missing/incomplete/invalid condition code. | 19970101       | 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 systematcially denied with EOB 0289.

