

## **Indiana Medicaid Resolutions Manual**

**NAME:** 257 PRIMARY DX CODE MISSING (DTL)

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

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit when the detail primary diagnosis is missing.

### **CRITERIA:**

When the detail primary diagnosis is missing, Set this edit 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:** Do Not Post

Location	Region	EOB	Disposition
00	00	9999	DENY

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

Location	Region	EOB	Disposition
00	00	0258	DENY

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

Location	Region	EOB	Disposition
00	00	9999	DENY

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

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<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	0258	DENY

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	0258	DENY

**EOB: 0258** - PRIMARY DIAGNOSIS CODE IS MISSING-PLEASE PROVIDE 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>
MA63	Missing/incomplete/invalid principal diagnosis.	19970101	22991231

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

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
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97	The benefit for this service 19950101 22991231 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.
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### **METHOD OF CORRECTION:**

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

