

## **Indiana Medicaid Resolutions Manual**

**NAME:** 359 9TH 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 ninth diagnosis code is not in a valid format

### **CRITERIA:**

Set this edit if the eighth diagnosis code is ICD-9 and is not 3 to 5 characters, alphanumeric, with, EOB 0359.

Set this edit if the eighth diagnosis code is ICD-10 and is not 3 to 7 characters, alpha numeric with, EOB 0359.

### **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	0359	DENY

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

Location	Region	EOB	Disposition
00	00	0359	DENY

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**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	9999	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

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	0359	DENY

**Claim Type:** C - Outpatient 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

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	0359	DENY

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

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

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	0359	DENY

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

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

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	0359	DENY

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
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00	00	9999	PAY
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**Claim Type:** M - Professional Claims      **Member Plan:** PASMI      **Status:** Post

Location	Region	EOB	Disposition
00	00	0359	DENY

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

Location	Region	EOB	Disposition
00	00	0359	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	0359	DENY

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

Location	Region	EOB	Disposition
00	00	0359	DENY

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

Location	Region	EOB	Disposition
00	00	9999	PAY

**EOB: 0359** - THE NINTH DIAGNOSIS CODE IS NOT IN THE CORRECT FORMAT.  
PLEASE VERIFY AND RESUBMIT THE CLAIM WITH THE CORRECTED  
INFORMATION.

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	19950101	22991231

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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.

<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
M64	Missing/incomplete/invalid other diagnosis.	19970101	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. 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 0359.