

Indiana Medicaid Resolutions Manual

NAME: 459 DTL DX TREATMENT INDICATOR INVALID (DTL)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when the diagnosis treatment indicator is invalid.

CRITERIA:

Set this edit if the diagnosis treatment indicator is invalid, with EOB 0224.

For Medical and Medical Crossovers, the value of the detail diagnosis treatment indicator is 1-12 and the header diagnosis pointed to by the diagnosis treatment indicator is spaces, Set the edit.

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	0224	DENY
00	64	9999	PAY

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

Location	Region	EOB	Disposition
00	00	9999	PAY

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

Location	Region	EOB	Disposition
00	00	0224	DENY

Claim Type: B - Professional 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:** Do Not Post

Location	Region	EOB	Disposition
00	00	9999	PAY

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:** PASMI **Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	9999	PAY

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:** MRT **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

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

Location	Region	EOB	Disposition
00	00	0224	DENY

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

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Location	Region	EOB	Disposition
00	00	0224	DENY

EOB: 0224 - THE DIAGNOSIS INDICATOR IS NOT IN THE CORRECT FORMAT-THE NUMBER(S) MUST REFERENCE AT LEAST ONE OF THE CORRESPONDING APPLICABLE DIAGNOSIS CODES ENTERED IN FIELD 21. 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
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	19950101	22991231

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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.

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 0224.