

## **Indiana Medicaid Resolutions Manual**

**NAME:** 378 5TH OTHER ICD PROC CODE INVALID (HDR)

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

**HEADER/DETAIL:** Header

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit when the fifth other ICD procedure date is not in the valid format.

### **CRITERIA:**

Set this edit when the fifth other ICD-9 procedure code is not 3 to 4 numeric characters, or for ICD-10 is not 7 alphanumeric characters with, EOB 0378.

### **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 | PAY         |

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

| Location | Region | EOB  | Disposition |
|----------|--------|------|-------------|
| 00       | 00     | 0378 | DENY        |

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

| Location | Region | EOB  | Disposition |
|----------|--------|------|-------------|
| 00       | 00     | 0378 | DENY        |

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

| <b>Location</b> | <b>Region</b> | <b>EOB</b> | <b>Disposition</b> |
|-----------------|---------------|------------|--------------------|
| 00              | 00            | 0378       | DENY               |

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

| <b>Location</b> | <b>Region</b> | <b>EOB</b> | <b>Disposition</b> |
|-----------------|---------------|------------|--------------------|
| 00              | 00            | 0378       | DENY               |

**EOB: 0378** - THE FIFTH OTHER PROCEDURE CODE IS NOT IN THE CORRECT FORMAT-PLEASE VERIFY 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> |
|--------------------|---|-----------------------|-----------------|
| M67                | Missing/incomplete/invalid other procedure code(s). | 19970101              | 22991231        |

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

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| <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 0378.

