Indiana Medicaid Resolutions Manual

NAME: **4067   ICD PROC CODE NOT EFFECTIVE FOR DOS (HDR)**

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the ICD procedure code billed is not effective for the date of service billed.

CRITERIA:

Set this edit if the ICD procedure code is not effective for the "through" date of service billed with, EOB 4067.

ICD procedure codes can be located in Core MMIS under Main Menu/BPA/Procedure. The user need to select the ICD radio button, enter the ICD procedure and then search.

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
04	00	9999	PAY

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

Location	Region	EOB	Disposition
04	00	4067	DENY

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

Location	Region	EOB	Disposition
04	00	4067	DENY
04	30	4067	PAY
04	32	4067	PAY
04	33	4067	PAY
04	34	4067	PAY
04	55	9999	PAY
04	70	4067	PAY
04	72	4067	PAY
04	73	4067	PAY
04	74	4067	PAY

EOB: 4067 - ICD CODE IS NOT EFFECTIVE FOR DOS. PLEASE VERIFY AND RESUBMIT.

ARC Code	ARC Description	Effective Date	End Date
96	Non-covered charge(s). 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.) Usage: 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
N56	Procedure code billed is not correct/valid for the services billed or the date of service billed.	20000101	22991231

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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 another service/procedure that has already been adjudicated. Usage: 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 4067.