

## **Indiana Medicaid Resolutions Manual**

**NAME:** 4066 OBSOLETE ICD-CM PROC/DX RSTN (HDR)

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

**HEADER/DETAIL:** Header

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit if the ICD procedure code is not allowed for the diagnosis billed.

### **CRITERIA:**

Set this edit If none of the diagnosis codes submitted match the allowed diagnosis on the ICD procedure code diagnosis restriction on the reference database with, EOB 4066.

### **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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	00	4066	DENY
04	70	4066	PAY
04	72	4066	PAY
04	73	4066	PAY
04	74	4066	PAY

**Claim Type:** 0 - All Claim Types **Member Plan:** ALL **Status:** Do Not Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	00	9999	PAY

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

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<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	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>
04	00	9999	PAY

**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>
04	00	9999	PAY

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	00	9999	PAY

**Claim Type:** H - Home Health Claims      **Member Plan:** ALL    **Status:** Do Not Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	00	9999	PAY

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	00	9999	PAY

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	00	9999	PAY

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	00	9999	PAY

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	00	9999	PAY

**EOB: 4066** - THIS ICD PROCEDURE CODE IS NOT PAYABLE WHEN USED TO TREAT THE DIAGNOSIS INDICATED. PLEASE VERIFY AND RESUBMIT.

## **Indiana Medicaid Resolutions Manual**

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
11	The diagnosis is inconsistent with the procedure. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	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 4066.

