

Indiana Medicaid Resolutions Manual

NAME: 4041 2ND DX CODE NOT ON FILE (HDR)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the secondary diagnosis code is not on file.

CRITERIA:

Set this edit if the claim's secondary diagnosis code is not on file with, EOB 4041.

Prior to 10/1/2013, the following specialties will bypass this edit:

250-251 (DME/Medical supply dealer), 260-266 (Transportation), 350-354 (Waiver) and 356-360 (Waiver).

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 |
|----------|--------|------|-------------|
| 04 | 00 | 4041 | DENY |

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

| Location | Region | EOB | Disposition |
|----------|--------|------|-------------|
| 04 | 00 | 4041 | DENY |

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

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| Location | Region | EOB | Disposition |
|-----------------|---------------|------------|--------------------|
| 04 | 00 | 9999 | PAY |

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

| Location | Region | EOB | Disposition |
|-----------------|---------------|------------|--------------------|
| 04 | 00 | 4041 | DENY |

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

| Location | Region | EOB | Disposition |
|-----------------|---------------|------------|--------------------|
| 04 | 00 | 9999 | PAY |

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

| Location | Region | EOB | Disposition |
|-----------------|---------------|------------|--------------------|
| 04 | 00 | 4041 | DENY |

Claim Type: C - Outpatient Xover Claims **Member Plan:** ALL **Status:** Do Not Post

| Location | Region | EOB | Disposition |
|-----------------|---------------|------------|--------------------|
| 04 | 00 | 9999 | PAY |

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

| Location | Region | EOB | Disposition |
|-----------------|---------------|------------|--------------------|
| 04 | 00 | 9999 | PAY |

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

| Location | Region | EOB | Disposition |
|-----------------|---------------|------------|--------------------|
| 04 | 00 | 9999 | PAY |

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

| Location | Region | EOB | Disposition |
|-----------------|---------------|------------|--------------------|
| 04 | 00 | 4041 | DENY |

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

| Location | Region | EOB | Disposition |
|-----------------|---------------|------------|--------------------|
| 04 | 00 | 9999 | PAY |

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

| Location | Region | EOB | Disposition |
|-----------------|---------------|------------|--------------------|
| 04 | 00 | 4041 | DENY |

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

| Location | Region | EOB | Disposition |
|-----------------|---------------|------------|--------------------|
| 04 | 00 | 9999 | PAY |

EOB: 4041 - THE SECONDARY DIAGNOSIS CODE IS NOT A VALID DIAGNOSIS CODE. 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 | 19950101 | 22991231 |

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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.

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 4041.