

## **Indiana Medicaid Resolutions Manual**

**NAME:** 4047 5TH 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 fifth diagnosis code is not on file.

### **CRITERIA:**

Set this edit if the claim's fifth diagnosis code is not on file with, EOB 4047.

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	4047	DENY

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

Location	Region	EOB	Disposition
04	00	4047	DENY

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

## **Indiana Medicaid Resolutions Manual**

<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:** Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	00	4047	DENY

**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:** Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	00	4047	DENY

**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:** 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:** PASMR      **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:** Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	00	4047	DENY

**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

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	00	4047	DENY

## **Indiana Medicaid Resolutions Manual**

**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

**EOB: 4047** - THE FIFTH DIAGNOSIS CODE IS NOT A VALID DIAGNOSIS CODE. 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>
M64	Missing/incomplete/invalid other diagnosis.	19970101	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	19950101	22991231

## **Indiana Medicaid Resolutions Manual**

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 4047.