

Indiana Medicaid Resolutions Manual

NAME: **4060 EXTERNAL CAUSE OF INJURY CODE NOT ON FILE (HDR)**

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when the first External Cause of Injury code billed is not on file.

CRITERIA:

Set this edit if the first External Cause of Injury code billed is not on the reference database with, EOB 4060.

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	4060	DENY

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

Location	Region	EOB	Disposition
04	00	9999	PAY

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

Location	Region	EOB	Disposition
04	00	9999	PAY

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

Location	Region	EOB	Disposition
04	00	9999	PAY

Claim Type: D - Dental 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:** 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:** MRT **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

EOB: 4060 - THE EXTERNAL CAUSE OF INJURY CODE BILLED IS NOT A VALID ICD CODE. PLEASE VERIFY AND RESUBMIT.

ARC Code	ARC Description	Effective Date	End Date
16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At	19950101	22991231

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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.)
Refer to the 835
Healthcare Policy
Identification
Segment (loop 2110
Service Payment
Information REF), if
present.

Remark Code	Remark Description	Effective Date	End Date
M76	Missing/incomplete/invalid diagnosis or condition.	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 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

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METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 4060.