Indiana Medicaid Resolutions Manual

NAME: **4051   9TH 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 ninth diagnosis code is not on file.

CRITERIA:

Set this edit if the claim's ninth diagnosis code is not on file with, EOB 4051.

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- 60 (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	4051	DENY

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

Location	Region	EOB	Disposition
04	00	4051	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:** Post

Location	Region	EOB	Disposition
04	00	4051	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	4051	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	4051	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	4051	DENY

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

Location	Region	EOB	Disposition
04	00	9999	PAY

EOB: 4051 - THE NINTH 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

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 4051.