

## **Indiana Medicaid Resolutions Manual**

**NAME:** 4027 DX CODE NOT COVERED FOR DOS (HDR)

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

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit if all diagnosis codes billed are not covered for date of service.

Note: Claims for MRT/PASRR with dates of service on or after 10/1/2013 are subject to this edit.

### **CRITERIA:**

Set this edit if any of the diagnosis codes pointed to by the detail are not on the diagnosis restrictions table for the detail FDOS with, EOB 4045.

For inpatient, inpatient crossovers and Long Term Care claims, Set this edit if the primary, first, second or up to the maximum diagnosis codes are not on the diagnosis restrictions table for the header TDOS.

### **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

Location	Region	EOB	Disposition
04	00	9999	PAY

**Claim Type:** 0 - All Claim Types **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	4045	DENY

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04	91	4045	SUSPEND
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**Claim Type:** 0 - All Claim Types    **Member Plan:** ALL    **Status:** Post

Location	Region	EOB	Disposition
04	00	4045	DENY
04	91	4045	SUSPEND

**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

**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:** 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: 4045** - THE DIAGNOSIS CODE IS INVALID OR NOT COVERED FOR THE DATES OF SERVICE.

PLEASE VERIFY AND RESUBMIT.

**ARC Code**  
16

**ARC Description**  
Claim/service lacks

**Effective Date**  
19950101

**End Date**  
22991231

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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.

<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
N314	Missing/incomplete/invalid diagnosis date.	20041202	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

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### **METHOD OF CORRECTION:**

Claims setting this edit will be systematically denied with EOB 4045.

For special batch claims, follow special instructions to adjudicate the claim.