

## **Indiana Medicaid Resolutions Manual**

**NAME:** 4128 ICD PROC 6-24 NOT ON FILE (HDR)

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

**HEADER/DETAIL:** Header

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit when the sixth through twenty fourth ICD procedure code is not on file.

### **CRITERIA:**

Set this edit when the sixth through twenty fourth ICD procedure code is not on file with, EOB 4143.

ICD procedure codes can be located in Core MMIS under Main Menu/BPA/Procedure. The user need to select the ICD radio button, enter the ICD procedure and then search.

### **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	DENY

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

Location	Region	EOB	Disposition
04	00	4143	DENY

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

Location	Region	EOB	Disposition
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04	00	4143	DENY
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**EOB: 4143** - ONE OR MORE OF THE OTHER ICD PROCEDURE CODES BILLED IN THE SIXTH THROUGH TWENTY FOURTH POSITION IS NOT VALID. PLEASE VERIFY AND RESUBMIT.

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
96	Non-covered charge(s). 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>
N56	Procedure code billed is not correct/valid for the services billed or the date of service billed.	20000101	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	19950101	22991231

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REF), if present.

### **METHOD OF CORRECTION:**

Claims setting this edit will be systematically denied with EOB 4143.

