

Indiana Medicaid Resolutions Manual

NAME: 623 MISSING/INVALID DIAGNOSIS QUALIFIER

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the diagnosis qualifier is missing or invalid.

CRITERIA:

Set this edit if the diagnosis qualifier is missing or invalid with, EOB 0787.

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
00	00	0787	DENY

EOB: 0787 - M/I DIAGNOSIS/PROCEDURE CODE QUALIFIER

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	19950101	22991231

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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.

Remark Code	Remark Description	Effective Date	End Date
M64	Missing/incomplete/invalid other diagnosis.	19970101	22991231

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 0787.