

Indiana Medicaid Resolutions Manual

NAME: 677 ICD PROC INVALID FOR CLAIM TYPE (HDR)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the ICD procedure is invalid for the claim type.

CRITERIA:

Set this edit if the ICD procedure is invalid for the claim type with EOB 4072.

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	4072	PAY

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

Location	Region	EOB	Disposition
04	00	9999	PAY

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

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Location	Region	EOB	Disposition
04	00	9999	PAY

EOB: 4072 - ICD PROCEDURE CODE NOT ALLOWED FOR CLAIM TYPE BILLED PER HIPAA REGULATIONS. PLEASE VERIFY AND RESUBMIT CLAIM AS APPROPRIATE.

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
M67	Missing/incomplete/invalid other procedure code(s).	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	19950101	22991231

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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 post and pay with EOB 4072.

