

## **Indiana Medicaid Resolutions Manual**

**NAME:**                    **3419    ROUTINE FOOT CARE LIMITED TO SPECIFIC DX (DTL)**

**ERROR TYPE:**        Form Edit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:**    N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit if routine foot care is performed for a restricted diagnosis.

### **CRITERIA:**

Set this edit if routine foot care is performed with a diagnosis not in group 100033, with EOB 3419.

### **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
00	00	9999	PAY

**Claim Type:** M - Professional Claims

**Member Plan:** ALL    **Status:** Post

Location	Region	EOB	Disposition
21	00	3419	DENY
21	30	9999	PAY
21	32	9999	PAY
21	33	9999	PAY
21	34	9999	PAY
21	70	9999	PAY
21	72	9999	PAY

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21	73	9999	PAY
21	74	9999	PAY

**EOB: 3419** - ROUTINE FOOT CARE TREATMENTS ARE LIMITED TO SPECIFIC DIAGNOSIS CODES.

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
11	The diagnosis is inconsistent with the procedure. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	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. Usage: 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 3419.

