

Indiana Medicaid Resolutions Manual

NAME: 3402 DX/GENDER RSTN (HDR)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the diagnosis code is not allowed for a member's gender.

CRITERIA:

Set this edit if the member's gender does not match the diagnosis file gender restriction on the reference Database. If the members gender does not match the gender restriction, Set this edit with EOB 4028.

For medical claims this edit will validate the diagnosis at the detail, but deny the claim at the header.

To view diagnosis gender restrictions can be located in Core MMIS under Main Menu/BPA>Diagnosis.

Key in the specific diagnosis then go to open tab and select restriction. This will display the gender restriction for the diagnosis code.

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: B - Professional Xover Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
22	00	4028	SUSPEND

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22	70	4028	PAY
22	72	4028	PAY
22	73	4028	PAY
22	74	4028	PAY

Claim Type: B - Professional Xover Claims

Member Plan: ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	9999	PAY

Claim Type: M - Professional Claims

Member Plan: PASMR

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
01	00	9999	PAY

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
22	00	4028	SUSPEND
22	30	4028	PAY
22	32	4028	PAY
22	33	4028	PAY
22	34	4028	PAY
22	70	4028	PAY
22	72	4028	PAY
22	73	4028	PAY
22	74	4028	PAY

Claim Type: M - Professional Claims

Member Plan: PASMI

Status: Do Not Post

Location	Region	EOB	Disposition
04	00	9999	PAY

Claim Type: O - Outpatient Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
22	00	4028	SUSPEND

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EOB: 4028 - DIAGNOSIS CODE NOT COMPATIBLE WITH MEMBER'S GENDER.
PLEASE VERIFY AND RESUBMIT.

ARC Code	ARC Description	Effective Date	End Date
7	The procedure/revenue code is inconsistent with the patient's gender. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	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 adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

METHOD OF CORRECTION:

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Claims setting this edit will be systematically denied with EOB 4028.

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

Effective November 13, 2014, claims with dates of service on or after September 1, 2013, that denied for one of these EOB codes may be resubmitted for reimbursement consideration, along with a copy of this banner page and supporting medical documentation showing that the member is transgender. In order for claims to bypass timely filing limits, the claim must be submitted within one year of publication of this banner. Appropriate medical documentation includes:

1. Medical records showing that the procedure performed is consistent with the member's transgender status.
2. A statement of medical necessity based on the patient's biological status.

The supporting documentation will be reviewed by the Medical Review Team for appropriateness of the services for the member.