

Indiana Medicaid Resolutions Manual

NAME: 3409 Obsolete S3820,S3822,S3823 LIMITED TO SPECIFIC DX

ERROR TYPE: Form Edit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this form edit when a provider bills for CPT procedure codes and ICD diagnosis codes other than those identified in the rules for this edit.

CRITERIA:

If any provider bills the identified genetic testing procedure codes (S3820, S3822, or S3823), they must bill the diagnosis codes identified in Diagnosis Group 100023. If the appropriate diagnosis code is not billed with these procedure codes, then fail the edit with EOB 6178.

The diagnosis codes listed in this group can be located in Core MMIS>Main Menu>BPA>Related Data>Open Tab>Other>Diagnosis Group Type>Select Diagnosis Group 100023.

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
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04	00	6178	DENY
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EOB: 6178 - PROCEDURE CODES S3820, S3822, AND S3823 ARE LIMITED TO IDENTIFIED DIAGNOSIS CODES

ARC Code	ARC Description	Effective Date	End Date
119	Benefit maximum for this time period or occurrence has been reached.	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. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 6178.