

Indiana Medicaid Resolutions Manual

NAME: 3401 ICD PROC CODE/AGE RSTN (HDR)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when an ICD procedure code is not compatible with a member's age

CRITERIA:

Set this edit If the member's age does not fall within the ICD procedure with, EOB 4063. ICD procedure codes can be located in Core MMIS under Main Menu/BPA/Procedure. The user need to select the ICD radio button, enter the ICD procedure and then search. Key in the procedure and select the ICD radio button. Select open tab and select restriction. This will display the age from and age to for the ICD procedure.

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
02	00	9999	PAY

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

Location	Region	EOB	Disposition
02	00	9999	PAY

Claim Type: A - Inpatient Xover Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
----------	--------	-----	-------------

Indiana Medicaid Resolutions Manual

02	00	4063	DENY
02	91	4063	SUSPEND

Claim Type: I - Inpatient Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
02	00	4063	DENY
02	91	4063	SUSPEND

EOB: 4063 - THE ICD PROCEDURE CODE IS NOT COMPATIBLE WITH THE MEMBER'S AGE. PLEASE VERIFY AND RESUBMIT.

ARC Code	ARC Description	Effective Date	End Date
6	The procedure/revenue code is inconsistent with the patient's age. 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	19950101	22991231

Indiana Medicaid Resolutions Manual

Segment (loop 2110
Service Payment
Information REF), if
present.

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 4063.
For special batch claims, follow special instructions to adjudicate the claim.

