

Indiana Medicaid Resolutions Manual

NAME: 3404 ICD-CM PROC/GENDER RSTN (HDR)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when the ICD-CM procedure code is not allowed for a member's gender.

CRITERIA:

Set this edit if the member's gender does not match the ICD procedure on file for the gender restriction on the reference database. IF the gender does not match for the ICD procedure, deny the claim with EOB 4064.

To view diagnosis gender restrictions can be located at Main Menu/BPA/Procedure. Key in the specific ICD procedure then go to open tab and select restriction. This will display the gender restriction for the ICD procedure 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: A - Inpatient Xover Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
22	00	4064	DENY
22	91	4064	SUSPEND

Indiana Medicaid Resolutions Manual

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

Location	Region	EOB	Disposition
00	00	9999	PAY

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

Location	Region	EOB	Disposition
00	00	9999	PAY

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

Location	Region	EOB	Disposition
00	00	9999	PAY

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

Location	Region	EOB	Disposition
22	00	4064	DENY
22	91	4064	SUSPEND

EOB: 4064 - ICD PROCEDURE CODE GIVEN 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
----------	-----------------	----------------	----------

Indiana Medicaid Resolutions Manual

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:

Claims setting this edit will be systematically denied with EOB 4064.

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

Claims suspending for this edit should be reviewed to verify appropriate medical documentation showing the member is transgender. 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 Medical Review for appropriateness of the services for the member.

