

Indiana Medicaid Resolutions Manual

NAME: 3400 DX/AGE RSTN (HDR)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if a diagnosis code is not compatible with a member's age.

CRITERIA:

Set this edit if the member's age does not fall within the diagnosis code age range restrictions on file, with EOB 4030.

Diagnosis codes 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 age 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:** Post

Location	Region	EOB	Disposition
04	00	4030	DENY
04	55	4030	PAY
04	80	4030	PAY
04	91	4030	SUSPEND

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Claim Type: B - Professional Xover Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	4030	PAY

Claim Type: B - Professional Xover Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	4030	DENY
04	55	4030	PAY
04	80	4030	PAY
04	91	4030	SUSPEND

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

Location	Region	EOB	Disposition
04	00	4030	DENY
04	55	4030	PAY
04	80	4030	PAY
04	91	4030	SUSPEND

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

Location	Region	EOB	Disposition
04	00	4030	PAY

Claim Type: D - Dental Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
04	00	9999	PAY

EOB: 4030 - THE DIAGNOSIS GIVEN IS NOT COMPATIBLE WITH THE MEMBER'S AGE. PLEASE VERIFY AND RESUBMIT.

ARC Code

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ARC Description

The diagnosis is inconsistent with the patient's age. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment

Effective Date

19950101

End Date

22991231

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Information REF), if present.

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:

Claims setting this edit will be systematically denied with EOB 4030.
For special batch claims, follow special instructions to adjudicate the claim.

