

## **Indiana Medicaid Resolutions Manual**

**NAME:** 3408 OBSOLETE - GnRH agonist Limit to DX

**ERROR TYPE:** Form Edit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this form edit when the provider bills a procedure code for a gonadotropin-releasing hormone agonist and uses a diagnosis code that is not listed in Diagnosis Group 100022, with EOB 6168.

### **CRITERIA:**

Set this edit if a procedure code for a gonadotropin-releasing hormone agonist is billed and the diagnosis code on the claim is not in Diagnosis Group 100022, with EOB 6168.

The diagnosis codes listed in this group can be located in CoreMMIS under Main Menu>BPA>Related Data>Open Tab>Other>Diagnosis Group Type>Select Diagnosis Group 100022.

### **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:** B - Professional Xover Claims

**Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	6168	DENY

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

Location	Region	EOB	Disposition
04	00	6168	DENY

**Claim Type:** M - Professional Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	6168	DENY

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

Location	Region	EOB	Disposition
04	00	6168	DENY

**EOB: 6168** - GONADOTROPIN-RELEASING HORMONE AGONISTS LIMITED TO SPECIFIC DIAGNOSIS.

ARC Code	ARC Description	Effective Date	End Date
12	The diagnosis is inconsistent with the provider type. 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	19950101	22991231

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service/procedure that  
has already been  
adjudicated. Usage:  
Refer to the 835  
Healthcare Policy  
Identification  
Segment (loop 2110  
Service Payment  
Information REF), if  
present.

### **METHOD OF CORRECTION:**

Claims setting this edit will be systematically denied with EOB 6168.

