

## **Indiana Medicaid Resolutions Manual**

**NAME:** 3403 DX/GENDER RSTN (HDR)

**ERROR TYPE:** Batch Edit, Hard Coded

**HEADER/DETAIL:** Header

**OVERRIDABLE:** Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit when the diagnosis code is not allowed for a member's gender.

### **CRITERIA:**

If the member's gender does not match the diagnosis file gender restriction on the reference database, set this edit with EOB 4031.

To view diagnosis gender restrictions 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 gender 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
22	00	4031	DENY
22	91	4031	SUSPEND

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

## **Indiana Medicaid Resolutions Manual**

Location	Region	EOB	Disposition
02	00	9999	PAY

**Claim Type:** A - Inpatient Xover Claims

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

Location	Region	EOB	Disposition
22	00	4031	DENY
22	91	4031	SUSPEND

**Claim Type:** A - Inpatient Xover Claims

**Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
02	00	9999	PAY

**Claim Type:** B - Professional Xover Claims

**Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
02	00	9999	PAY

**Claim Type:** C - Outpatient Xover Claims

**Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
02	00	9999	PAY

**Claim Type:** C - Outpatient Xover Claims

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

Location	Region	EOB	Disposition
22	00	4031	DENY
22	91	4031	SUSPEND

**Claim Type:** C - Outpatient Xover Claims

**Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
03	00	9999	PAY

**Claim Type:** D - Dental Claims

**Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
02	00	9999	PAY

**Claim Type:** M - Professional Claims

**Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
02	00	9999	PAY

## **Indiana Medicaid Resolutions Manual**

**EOB: 4031** - DIAGNOSIS GIVEN NOT COMPATIBLE WITH MEMBER'S GENDER.  
PLEASE VERIFY AND RESUBMIT.

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
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.

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
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

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### **METHOD OF CORRECTION:**

Claims setting this edit will be systematically denied with EOB 4031.

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.