NAME: 4072 ABORTION DX/PROC INDICATED INSTITUTIONAL

ERROR TYPE: Form Edit

HEADER/DETAIL: Header

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this form edit if the diagnosis submitted on the claim is not allowed for the procedure billed.

CRITERIA:

Set this edit if an Institutional claim is submitted with an ICD procedure code (within audit rules) and/or ICD diagnosis code within diagnosis group 100038 (Diagnosis Codes For Elective Abortion) indicating an elective abortion was performed with, EOB 4022,
The list of diagnosis codes can be located in CoreMMIS at Main Menu>BPA>Related Data>Other>Diagnosis Group Type>100038.

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	4022	DENY
22	11	4022	SUSPEND
22	21	4022	SUSPEND
22	23	4022	SUSPEND
22	30	4022	PAY
22	32	4022	PAY
22	33	4022	PAY
22	34	4022	PAY
22	50	4022	SUSPEND

22	51	4022	SUSPEND
22	52	9999	PAY
22	55	9999	PAY
22	56	9999	PAY
22	57	4022	SUSPEND
22	61	4022	SUSPEND
22	64	9999	PAY
22	70	4022	PAY
22	72	4022	PAY
22	73	4022	PAY
22	74	4022	PAY
22	91	4022	SUSPEND

EOB: 4022 - CLAIM DENIED FOR ADDITIONAL INFORMATION. IF THE ABORTION WAS PERFORMED FOR THERAPEUTIC OR OTHER INDIANA HEALTH COVERAGE PROGRAM APPROVED PURPOSES, PLEASE RESUBMIT THE CLAIM WITH A PHYSICIAN CERTIFICATION FORM AND MEDICAL RECORD DOCUMENTATION (H & P, DISCHARGE SUMMARY, OP NOTE).

ARC Code	ARC Description	Effective Date	End Date
226	Information requested from the Billing/Rendering Provider was not provided or not provided timely or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	20080921	22991231

Remark Code	Remark Description	Effective Date	End Date
N706	Missing documentation.	20140301	22991231

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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 without attachments will be denied with EOB 4022.
Claims with attachments will suspend to the Location 22 Specialist is to review all claims suspending for this edit with the Location 22 Manager.
All induced abortion claims will be captured in an electronic spreadsheet.

- If medical documentation and certification (which includes patient's name, address, date of service, physician's name and physician's signature) are attached, override the error and force the claim to pay. A diagnosis is not required on the physician certification form.
- If a claim is not miscoded, the claim must be accompanied by the following:
  a. "Physician Certification for Abortion" form which states the abortion was necessary to preserve the life of the pregnant woman.
  b. The medical record which supports the physician's abortion certification statement.
  c. If certification and/or medical documentation is not attached or completed, deny the claim with EOB 4022.
  d. If the documentation indicates abortion was performed following rape or incest, forward the claim and all attachments to the Location 22 Manager.<.li>
  e. Photocopy the claim, physician certification form, and medical record. File in the abortion file until needed for the quarterly abortion report.
  f. Verify paid claims for reporting expenditures.

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