

Indiana Medicaid Resolutions Manual

NAME: 4074 STERILIZATION FOR MBR LESS THAN AGE 21 (DTL)

ERROR TYPE: Form Edit

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if a provider submits a claim with a procedure code relating to sterilization services and the member is less than 21 years of age.

CRITERIA:

Set this edit if a claim is submitted for a member less than 21 years of age with a procedure code indicating a sterilization was performed, if the procedure code is found in the form edit configuration, set with EOB 4074.

Form edit 4074 can be found under Main Menu/BPA/Business rules editor/ Form Edit/ Select 4074 and click on the rule. The rule will be displayed to the right with the rule details.

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
22	00	9999	PAY

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
22	00	4074	DENY
22	11	4074	SUSPEND
22	21	4074	SUSPEND

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22	23	4074	SUSPEND
22	30	4074	PAY
22	32	4074	PAY
22	33	4074	PAY
22	34	4074	PAY
22	70	4074	PAY
22	72	4074	PAY
22	73	4074	PAY
22	74	4074	PAY

EOB: 4074 - INDIANA HEALTH COVERAGE PROGRAM REIMBURSEMENT IS NOT AVAILABLE FOR STERILIZATION UNLESS THE MEMBER IS 21 YEARS OF AGE OR OLDER AT THE TIME THE INFORMED CONSENT IS SIGNED.

ARC Code	ARC Description	Effective Date	End Date
6	The procedure/revenue code is inconsistent with the patient's age. 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 service/procedure that has already been adjudicated. Usage: Refer to the 835	19950101	22991231

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Healthcare Policy
Identification
Segment (loop 2110
Service Payment
Information REF), if
present.

METHOD OF CORRECTION:

Claims without attachments setting this edit will be systematically denied. Claims with attachments will be suspended for medical policy review.

EXCEPTIONS:

- A sterilization consent form is not necessary if the patient is not rendered sterile. Services listed in Family Planning services code set Table 1 - CPT and HCPCS Sterilization Procedure Codes that Suspend for Analyst Review of Consent Form may be for unilateral or bilateral services. If the provided service is unilateral and the patient is not rendered sterile, a sterilization consent form is not necessary. The physician must attach an operative report or a statement to the claim indicating that the procedure was unilateral, and the patient was not rendered sterile.
- A sterilization consent form is not necessary if the patient was previously rendered sterile. The physician must attach an operative report or a statement to the claim indicating that the patient was previously sterile. This statement should include patient name, reason for previous sterilization/condition, and physician signature.
- A sterilization consent form is not necessary when a provider renders a patient sterile as a result of an illness or injury. The physician must attach an operative report or a statement to the claim indicating that the sterilization occurred due to an illness or injury when prior acknowledgement was not possible. The provider must also include a description of the nature of the emergency.
- A sterilization consent form is not necessary when a hysterectomy consent form is present. A sterilization procedure is secondary to the hysterectomy. Indiana Medicaid Resolutions Manual.

For claim adjustments check the original claim to determine if edit 4074 was forced. If yes, then force the adjustment claim and set EOB 4074

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