

Indiana Medicaid Resolutions Manual

NAME: 4080 STERILIZATION REQUIRES MANUAL REVIEW (HDR)

ERROR TYPE: Form Edit

HEADER/DETAIL: Header

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this form edit if an ICD procedure/diagnosis code is billed indicating that a sterilization was performed for a member 21 years of age or older.

CRITERIA:

Set this edit if a claim is submitted for a member less than 21 years of age with a procedure code (within audit rules) and/or diagnosis code within diagnosis group 100039 (Diagnosis Codes Related to Sterilization Services) indicating a sterilization was performed on an institutional claim form with EOB 4075

The list of diagnosis codes can be located in CoreMMIS at Main Menu>BPA>Related Data>Other>Diagnosis Group Type>100039.

EXCEPTIONS:

- 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 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.

Indiana Medicaid Resolutions Manual

- A sterilization consent form is not necessary when a hysterectomy consent form is present. A sterilization procedure is secondary to the hysterectomy.

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
21	00	9999	PAY

Claim Type: I - Inpatient Claims Member Plan: ALL Status: Post

Location	Region	EOB	Disposition
21	00	4075	SUSPEND
21	10	4075	DENY
21	20	4075	DENY
21	22	4075	DENY
21	30	4075	PAY
21	32	4075	PAY
21	33	4075	PAY
21	34	4075	PAY
21	50	4075	PAY
21	51	4075	PAY
21	52	4075	PAY
21	62	4075	DENY
21	64	9999	PAY
21	70	4075	PAY
21	72	4075	PAY
21	73	4075	PAY
21	74	4075	PAY

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

Location	Region	EOB	Disposition
21	00	4075	SUSPEND
21	10	4075	DENY
21	20	4075	DENY
21	22	4075	DENY
21	30	4075	PAY

Indiana Medicaid Resolutions Manual

21	32	4075	PAY
21	33	4075	PAY
21	34	4075	PAY
21	50	4075	PAY
21	51	4075	PAY
21	52	4075	PAY
21	62	4075	DENY
21	64	9999	PAY
21	70	4075	PAY
21	72	4075	PAY
21	73	4075	PAY
21	74	4075	PAY

EOB: 4075 - PLEASE RESUBMIT WITH A VALID STERILIZATION CONSENT FORM.

ARC Code	ARC Description	Effective Date	End Date
16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

Indiana Medicaid Resolutions Manual

Remark Code	Remark Description	Effective Date	End Date
M76	Missing/incomplete/invalid diagnosis or condition.	19970101	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 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

METHOD OF CORRECTION:

Claims without attachments setting this edit will be systematically denied with EOB 4075. Claims with attachments will be suspended for medical policy review. 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 a certification 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.