NAME: **4071**   **ABORTION DX/PROC INDICATED (DTL)**

ERROR TYPE: Form Edit

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

This form edit will set when a claim is submitted with a procedure and/or diagnosis code indicating an elective abortion was performed.

CRITERIA:

Set this edit if a Medical claim is submitted with a CPT procedure code (within audit rules) and/or ICD diagnosis code from diagnosis group 100038 (Diagnosis Codes for Elective Abortion) indicating an elective abortion was performed with, EOB 4012.

Set this edit if an Outpatient claim is submitted with a CPT procedure code indicating abortion was performed with, EOB 4012.

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:** Do Not Post

Location	Region	EOB	Disposition
22	00	9999	PAY

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

Location	Region	EOB	Disposition
21	30	4012	PAY
21	32	4012	PAY
21	33	4012	PAY
21	34	4012	PAY
21	70	4012	PAY
21	72	4012	PAY
21	73	4012	PAY
21	74	4012	PAY
22	00	4012	SUSPEND

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

Location	Region	EOB	Disposition
22	00	4012	SUSPEND
22	30	4012	PAY
22	32	4012	PAY
22	33	4012	PAY
22	34	4012	PAY
22	70	4012	PAY
22	72	4012	PAY
22	73	4012	PAY
22	74	4012	PAY

Claim Type: M - Professional Claims   **Member Plan:** PASMI   **Status:** Do Not Post

Location	Region	EOB	Disposition
22	00	9999	PAY

Claim Type: M - Professional Claims   **Member Plan:** MRT **Status:** Do Not Post

Location	Region	EOB	Disposition
22	00	9999	PAY

Claim Type: M - Professional Claims   **Member Plan:** PASMR   **Status:** Do Not Post

Location	Region	EOB	Disposition
22	00	9999	PAY

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

Location	Region	EOB	Disposition
21	30	4012	PAY

21	32	4012	PAY
21	33	4012	PAY
21	34	4012	PAY
21	70	4012	PAY
21	72	4012	PAY
21	73	4012	PAY
21	74	4012	PAY
22	00	4012	SUSPEND

EOB: 4012 - 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 & O, DISCHARGE SUMMARY, OP NOTE).

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

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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:

59200 - Insertion of cervical dilator, is often used to induce labor at or near the end of a woman's natural pregnancy. In this instance, the code is NOT used to induce an elective abortion, as it typically results in a live birth.

All claims will be suspended to location 22 for medical policy review.

The claim must be accompanied by the following:

    a. The physician must certify in writing the abortion was necessary to preserve the life of the pregnant woman and;
    b. The medical record must support the physician's abortion certification statement.

Review the claim attachments and diagnoses to confirm the procedure was to induce delivery and NOT used to induce due to an elective abortion. If the claim attachment supports the procedure was to induce delivery and NOT an elective abortion, FORCE the claim to pay.

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If certification and/or medical documentation are not attached or completed, deny the claim with EOB 4012.

If the documentation indicates abortion was performed following rape or incest, forward the claim and all attachments to the Location 22 Manager for report tracking.

- 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.
- Photocopy the claim, physician certification form, and medical record.
- Verify paid claims for reporting expenditures.

Note: If the Location 22 Specialist is unsure of the decision to be made, forward the claim to the Location 22 Manager or Medical Director..