

Indiana Medicaid Resolutions Manual

NAME: 4079 STERILIZATION FOR MBR LESS THAN AGE 21 (HDR)

ERROR TYPE: Form Edit

HEADER/DETAIL: Header

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this form edit if a provider submits a claim with an ICD diagnosis code and/or an ICD procedure code relating to sterilization services as listed in the edit rules 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 (within audit rules) and/or diagnosis code within diagnosis group 100039 (Diagnosis Codes Related to Sterilization Services) indicating a sterilization was performed with EOB 4074.

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

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
----------	--------	-----	-------------

Indiana Medicaid Resolutions Manual

21	00	4074	SUSPEND
21	10	4074	DENY
21	20	4074	DENY
21	22	4074	DENY
21	30	4074	PAY
21	32	4074	PAY
21	33	4074	PAY
21	34	4074	PAY
21	50	4074	PAY
21	51	4074	PAY
21	52	4074	PAY
21	62	4074	DENY
21	64	9999	PAY
21	70	4074	PAY
21	72	4074	PAY
21	73	4074	PAY
21	74	4074	PAY

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

Location	Region	EOB	Disposition
21	00	4074	SUSPEND
21	10	4074	DENY
21	20	4074	DENY
21	22	4074	DENY
21	30	4074	PAY
21	32	4074	PAY
21	33	4074	PAY
21	34	4074	PAY
21	50	4074	PAY
21	51	4074	PAY
21	52	4074	PAY
21	62	4074	DENY
21	64	9999	PAY
21	70	4074	PAY
21	72	4074	PAY
21	73	4074	PAY
21	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.

Indiana Medicaid Resolutions Manual

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 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 4074. 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.

Indiana Medicaid Resolutions Manual

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.