

## Indiana Medicaid Resolutions Manual

**NAME:**                    **4078   HYSTERECTOMY   REQUIRES   MANUAL   REVIEW  
(HDR)**

**ERROR TYPE:**       Form Edit

**HEADER/DETAIL:** Header

**OVERRIDABLE:**    Y

**ALLOW DENIAL:** Y

### DESCRIPTION:

Set this edit if the procedure code billed is for a hysterectomy.

### CRITERIA:

Set this edit if any of the hysterectomy procedure codes listed in the business rules for Form edit 4078 are billed on an institutional claim, with EOB 4073.

ICD procedure codes can be found in interChange/MMIS/Main Menu/BPA/Error Disposition/Open Tab/Business Rules Editor.

Form edit 4078 can be found under Main Menu/BPA/Business rules editor/ Form Edit/ Select 4078 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
21	00	9999	PAY

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

Location	Region	EOB	Disposition
----------	--------	-----	-------------

## Indiana Medicaid Resolutions Manual

21	00	4073	SUSPEND
21	10	4073	DENY
21	20	4073	DENY
21	22	4073	DENY
21	30	4073	PAY
21	32	4073	PAY
21	33	4073	PAY
21	34	4073	PAY
21	50	9999	PAY
21	51	4073	DENY
21	52	9999	PAY
21	62	4073	DENY
21	64	9999	PAY
21	70	4073	PAY
21	72	4073	PAY
21	73	4073	PAY
21	74	4073	PAY

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
21	00	4073	SUSPEND
21	10	4073	DENY
21	20	4073	DENY
21	22	4073	DENY
21	30	4073	PAY
21	32	4073	PAY
21	33	4073	PAY
21	34	4073	PAY
21	50	9999	PAY
21	52	9999	PAY
21	62	4073	DENY
21	64	9999	PAY
21	70	4073	PAY
21	72	4073	PAY
21	73	4073	PAY
21	74	4073	PAY

**EOB: 4073** - CERTIFICATION THAT HYSTERECTOMY WAS PERFORMED UNDER A LIFE THREATENING EMERGENCY SITUATION IS NEEDED. PLEASE RESUBMIT CLAIM WITH APPROPRIATE STATEMENT.

## Indiana Medicaid Resolutions Manual

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
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

<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
M76	Missing/incomplete/invalid diagnosis or condition.	19970101	22991231

**EOB: 9999 - PROCESSED PER POLICY.**

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage:	19950101	22991231

## **Indiana Medicaid Resolutions Manual**

Refer to the 835  
Healthcare Policy  
Identification  
Segment (loop 2110  
Service Payment  
Information REF), if  
present.

### **METHOD OF CORRECTION:**

Check to see if one of the following forms is on file.

- a. Acknowledgment of receipt of hysterectomy information:
- b. Physician certification of patient's sterility prior to hysterectomy;
- c. Physician certification that the hysterectomy was performed under life threatening emergency situation.

All providers rendering hysterectomy related services (e.g., hospital, anesthesiologists, etc.) must attach photocopies of the appropriate sterilization acknowledgements or physician certification statements to the claims.

- If a properly completed acknowledgment statement is attached override the edit.
- If a properly completed acknowledgment statement is attached override the edit.

For Paper Claims: Compare claim to suspense screen to verify that the claim was entered correctly. Correct any keying errors.

Note: The signature dates on the acknowledgment form may be typed or handwritten.

For claim adjustments check the original claim to determine if edit 4073 was forced. If yes, then force the adjustment claim and set EOB 4073.