

Indiana Medicaid Resolutions Manual

NAME: **4073 HYSTERECTOMY REQUIRES MANUAL REVIEW (DTL)**

ERROR TYPE: Form Edit

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this form edit if the procedure code billed indicates that a hysterectomy was performed.

CRITERIA:

Set this edit if any of the hysterectomy procedure codes listed in form edit 4073 are billed on a non-institutional claim, set this edit with EOB 4073.

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: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
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

Indiana Medicaid Resolutions Manual

21	34	4073	PAY
21	50	9999	PAY
21	51	4073	DENY
21	52	9999	PAY
21	55	4073	DENY
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.

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:

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

Indiana Medicaid Resolutions Manual

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.