

Indiana Medicaid Resolutions Manual

NAME: 4963 **OBSOLETE-GENDER RSTN FOR PROC BILLING RULE (DTL)**

ERROR TYPE: Rules Edit, Billing or Coverage

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the procedure code is not allowed for the member's gender.

CRITERIA:

Set this edit if the member's gender does not match the gender for the procedure billing rule with, EOB 4035.

The gender restriction rules can be found in the Contract Billing Rules in the procedure file.

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	4035	SUSPEND
22	91	4035	SUSPEND

Claim Type: B - Professional Xover Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
22	10	4035	DENY
22	20	4035	DENY
22	22	4035	DENY

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Claim Type: C - Outpatient Xover Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
22	10	4035	DENY
22	20	4035	DENY
22	22	4035	DENY

Claim Type: D - Dental Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
20	20	4035	DENY
22	10	4035	DENY
22	22	4035	DENY

Claim Type: H - Home Health Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
22	10	4035	DENY
22	20	4035	DENY
22	22	4035	DENY

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

Location	Region	EOB	Disposition
22	10	4035	DENY
22	20	4035	DENY
22	22	4035	DENY

Claim Type: O - Outpatient Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
22	10	4035	DENY
22	20	4035	DENY
22	22	4035	DENY

EOB: 4035 - SERVICE BILLED NOT COMPATIBLE WITH MEMBER'S GENDER. PLEASE VERIFY AND RESUBMIT.

ARC Code	ARC Description	Effective Date	End Date
7	The procedure/revenue code is inconsistent with the patient's gender. Note: Refer to the 835 Healthcare Policy Identification Segment	19950101	22991231

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(loop 2110 Service
Payment Information
REF), if present.

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 4035.

