

Diagnosis Inconsistent with Procedure

Claim Adjustment Reason Code 11

To ensure that claims are coded to the highest level of specificity, CHAMPS will suspend a claim or service line to review the appropriateness of the diagnosis for procedure and revenue codes being billed with CARC 11 and RARC M76. If providers have a claim/service line suspend or deny for this reason, it is suggested that your coding department review the claim.

Common Scenarios:

- Reporting obstetrics related diagnosis with non-obstetrics procedure code
- Reporting other labor and delivery room revenue code without labor related diagnosis
- Reporting ultrasounds with NOS female symptoms dx code
- Reporting chemotherapy drug code without indicating the appropriate diagnosis of the cancer being treated
- Off label prescription drug use

To determine the reason a claim suspended, a [claim inquiry](#) can be performed using the filter options of “Reason Code” with wildcard (%) and “Remark Code” with wildcard (%).

If you determine the claim is coded correctly:

- If the claim is currently suspending, medical records may be uploaded into the [Document Management Portal \(DMP\)](#) for review by MDHHS Claims Processing. The documents need to include a physician note that explains why the drug is being used and other treatments that have been tried and failed.
- If the claim is paid, the claim will need to be [adjusted](#). Once the claim suspends, medical records can be uploaded via DMP.
- If the claim is denied, a new claim must be billed. Once the claim suspends, medical records can be uploaded via DMP.

If documents are uploaded there needs to be a claim note that indicates there are records to review.