

Indiana Medicaid Resolutions Manual

NAME: **6037 ONE ASSISTANT SURGEON ALLOWED FOR SELECT SURGERIES**

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

This limitation audit will set when more than one assistant surgeon bills for select surgical procedures.

CRITERIA:

When an assistant surgeon bills for surgical services (see procedure codes within the audit rules) with modifier 80, 81, 82, or AS and payment has already been made to an assistant surgeon for the same surgery for the same member on the same date of service, set this audit and cutback, as appropriate, to allowed amount with EOB 6037.

Provider specialty 212 (CSHCS Care Coordinator) will bypass this audit.

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
00	00	9999	PAY

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6037	PAY

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21	52	6037	PAY
21	55	6037	PAY
21	64	6037	PAY

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6037	DENY
21	30	6037	PAY
21	32	6037	PAY
21	33	6037	PAY
21	34	6037	PAY
21	52	6037	PAY
21	55	6037	PAY
21	64	6037	PAY
21	70	6037	PAY
21	72	6037	PAY
21	73	6037	PAY
21	74	6037	PAY

EOB: 6037 - ONLY ONE ASSISTANT SURGEON MAY BE PAID FOR THE SURGERY BILLED. PAYMENT HAS ALREADY BEEN MADE TO ANOTHER PROVIDER FOR ASSISTANT SURGEON SERVICES.

ARC Code	ARC Description	Effective Date	End Date
54	Multiple physicians/assistants are not covered in this case. 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
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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
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METHOD OF CORRECTION:

Full Failure:

Claims setting this audit will systematically deny.

Cutback:

Claims setting this audit will process according to IHCP Policy.

