

## **Indiana Medicaid Resolutions Manual**

**NAME:**                   **6082    NURSING FACILITY VISITS VS DME SERVICES**

**ERROR TYPE:**        Contra Audit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:**    Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

This contra-indicated audit will set when a nursing facility is billed within ninety (90) days before or after a durable medical equipment (DME) item has been billed.

### **CRITERIA:**

When a nursing facility visit (see procedure codes within the audit rules) is billed with place of service 31, 32, 33, 53, or 54 and payment has been made for a DME item (see procedure codes within the audit rules) within ninety (90) days before or after the date of service on the claim, set this audit with EOB 6082. Pay for the nursing facility visit and deny or recoup payment for the DME item(s) if it has been determined that the member was a resident in a nursing facility on the date of service the DME item(s) was paid.

### **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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	9999	PAY

**Claim Type:** M - Professional Claims

**Member Plan:** ALL    **Status:** Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
21	00	6082	SUSPEND
21	30	6082	PAY

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21	32	6082	PAY
21	33	6082	PAY
21	34	6082	PAY
21	52	6082	PAY
21	64	6082	PAY
21	70	6082	PAY
21	72	6082	PAY
21	73	6082	PAY
21	74	6082	PAY

**EOB: 6082** - RENTAL OR PURCHASE OF DURABLE MEDICAL EQUIPMENT (DME) ITEMS ARE NOT PAYABLE WHEN THE RECIPIENT IS A RESIDENT IN A NURSING FACILITY (ICF OR SNF).

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
190	Payment is included in the allowance for a Skilled Nursing Facility (SNF) qualified stay.	20051031	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: 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:**

- Check to see if payment in history (MMIS /main menu/claims/search/enter ICN/Search/Open tab/Related History) was billed with place of service 31-33, 53 or 54. If place of service is not one of these, override the audit.
- If the paid claim in history was billed with place of service 31-33, 54 or 55, then send to location 50 - Adjustment Unit.
- The adjustment unit should set up an AR for recoupment of the DME service, then force the claim to pay the nursing facility visit with the EOB 9000.

