

Indiana Medicaid Resolutions Manual

NAME: **6002 OBSOLETE-2 ANESTH PROVS SAME PROC/DOS REQ REVIEW**

ERROR TYPE: Contra Audit

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

OBSOLETE - Replaced by AU 6003. This contra-indicated audit will set for ESC 6002 if a procedure for anesthesiologist services is billed and payment has been made to a different anesthesiology provider for the same recipient, and same date of service.

CRITERIA:

OBSOLETE - Replaced by AU 6003. When surgical procedure (HCPCS) codes (see procedure codes within audit rules) are billed by an anesthesiologist (specialty 311) or a CRNA (specialty 094) and payment has been made to a different anesthesia provider for procedure codes 00100-01999 on the same date of service, suspend the claim.

Claims for Medical Direction and CRNA on the same date of service are permissible. See Method of Correction for specific processing guidelines. If procedure codes 00100- 01999 or C9728 are billed by an anesthesiologist (specialty 311) or a CRNA (specialty 094) and payment has been made to a different anesthesia provider for 00100-01999 on the same date of service, suspend the claim.

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

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Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
22	00	6002	SUSPEND
22	30	6002	PAY
22	32	6002	PAY
22	33	6002	PAY
22	34	6002	PAY
22	70	6002	PAY
22	72	6002	PAY
22	73	6002	PAY
22	74	6002	PAY

EOB: 6002 - REIMBURSEMENT FOR ANESTHESIOLOGIST AND ANY OTHER ANESTHESIA PROVIDER IS NOT PAYABLE UNLESS MEDICAL NECESSITY IS DOCUMENTED. DOCUMENTATION NOT PRESENT OR INSUFFICIENT TO JUSTIFY PAYMENT OF ANESTHESIOLOGIST WHEN AN OTHER PROVIDER HAS BEEN PAID.

ARC Code	ARC Description	Effective Date	End Date
50	These are non-covered services because this is not deemed a 'medical necessity' by the payer. 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
97	The benefit for this service is included in the payment/allowance	19950101	22991231

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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.

METHOD OF CORRECTION:

OBSOLETE - Replaced by AU 6003.

- Compare claim to suspense screen and correct any errors.
 - Review documentation submitted with the claim.
- a. If documentation substantiates the need for an anesthesiologist and any other anesthesia provider (for example, a complication arising during surgery necessitating need for anesthesiologist in addition to another anesthesia provider), override the audit.
 - b. If documentation not present or not sufficient to justify payment to both providers, deny with EOB 6002.
 - c. If the current claim is billed for a CRNA (modifier QX) and the history claim has a modifier for Medical Direction (QK), force the audit.
 - d. If the current claim is billed for Medical Direction (QK) and the history claim has a modifier for a CRNA (QX), force the audit.
 - e. If the current claim is billed for Medical Direction (QK) and the history claim has no modifier, but the rendering provider is a CRNA, force the audit. (Go to interChange MMIS>Main Menu>Provider>Search>Enter the provider ID>look to determine if the provider is enrolled as a 094 -CRNA specialty)
 - f. If the current claim billed has a rendering provider that is a CRNA and no modifier, and the history claim has a QK modifier force the edit. (Go to interChange MMIS>Main Menu>Provider>Search> Enter the provider ID> look to determine if the provider is enrolled as a 094-CRNA specialty)
 - g. Same or different rendering provider number (When a CRNA bills with their individual rendering NPI, the modifier QK, QX and QZ is not to be appended to the code as this allows for a double reduction in billing for the provider specialty of 094 and the modifier reduction.)

