

Indiana Medicaid Resolutions Manual

NAME: 6078 OBSOLETE SALIVY ESTRIOL TEST NOT BILL
W/TOCOLYTIC

ERROR TYPE: Contra Audit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: N

DESCRIPTION:

This unbundling audit will set when a component procedure code (Z5060-Generator only, Z5061-Bipolar VNS lead only, Z5062-Disposable tunneling tool only, or Z5063-Hand-held magnet, each) has paid and the same provider bills the complete procedure (Z5059- NCP system - includes generator, bipolar lead, tunneling tool, hand-held wand, programming software & both magnets) and the age of the member is 12-999.

CRITERIA:

When an NCP component (Z5060, Z5061, Z5062, or Z5063) is billed and payment has been made for the global procedure (Z5059), set this audit with EOB 6079. This audit is obsolete.

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
22	00	6078	DENY
22	70	6078	PAY
22	72	6078	PAY
22	73	6078	PAY

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22	74	6078	PAY
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EOB: 6078 - SALIVARY ESTRIOL TESTS AND HOME TOCOLYTIC THERAPY NOT BILLABLE WITHIN SIX (6) M

ARC Code	ARC Description	Effective Date	End Date
119	Benefit maximum for this time period or occurrence has been reached.	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 for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

METHOD OF CORRECTION:

OBSOLETE