

Indiana Medicaid Resolutions Manual

NAME: **6003 ANESTHESIA PROC PAID TO ANESTHESIA PROV
SAME DOS**

ERROR TYPE: Contra Audit

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

This contra-indicated audit will set for ESC 6003 when the same anesthesia procedure is billed and payment has been made to the same or different anesthesiology provider for the same date of service.

CRITERIA:

When the same anesthesia code (see procedure codes within audit rules) is billed by an anesthesiologists (specialty 311) or CRNAs (specialty 094) and payment has been made to the same or different anesthesia provider on the same date of service, deny the claim. Modifier QK 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
21	00	9999	PAY

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6003	DENY
21	30	6003	PAY
21	32	6003	PAY

Indiana Medicaid Resolutions Manual

21	33	6003	PAY
21	34	6003	PAY
21	70	6003	PAY
21	72	6003	PAY
21	73	6003	PAY
21	74	6003	PAY
21	91	6003	SUSPEND

EOB: 6003 - PROCEDURE HAS ALREADY PAID IN HISTORY FOR THIS DATE OF SERVICE. ADDITIONAL PAYMENT FOR ANOTHER SAME/SIMILAR PROCEDURE ON THE SAME DATE OF SERVICE FOR THE SAME OR DIFFERENT PROVIDER IS NOT ALLOWED.

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. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

Remark Code	Remark Description	Effective Date	End Date
M86	Service denied because payment already made for same/similar procedure within set time frame.	19970101	22991231

EOB: 9999 - PROCESSED PER POLICY.

Indiana Medicaid Resolutions Manual

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. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

METHOD OF CORRECTION:

Claims setting this audit will systematically process according to IHCP Policy.

Special Batches:

Special batched claims will process according to the instructions on the approved special batch form.

