

## **Indiana Medicaid Resolutions Manual**

**NAME:**                    **6011    PROF/TECH RAD/PATH NOT WHEN COMPLETE PROC  
PD (DTL)**

**ERROR TYPE:**        Contra Audit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:**    Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

This contra-indicated audit will set when a professional or technical component is billed for a radiology or pathology procedure and payment has already been made for the complete procedure on the same date of service.

### **CRITERIA:**

When any radiology or pathology service (see procedure codes within the audit rules) for either the professional component (modifier 26) or the technical component (modifier TC) are billed and payment has been made to any provider for the complete procedure (same procedure codes with no modifier) on the same date of service, deny the professional or technical component with EOB 6011.

### **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            | 6011       | DENY               |
| 21              | 30            | 6011       | PAY                |

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|    |    |      |         |
|----|----|------|---------|
| 21 | 32 | 6011 | PAY     |
| 21 | 33 | 6011 | PAY     |
| 21 | 34 | 6011 | PAY     |
| 21 | 70 | 6011 | PAY     |
| 21 | 72 | 6011 | PAY     |
| 21 | 73 | 6011 | PAY     |
| 21 | 74 | 6011 | PAY     |
| 21 | 91 | 6011 | SUSPEND |

**EOB: 6011** - PROFESSIONAL OR TECHNICAL COMPONENT NOT SEPARATELY REIMBURSABLE WHEN PAYMENT HAS BEEN MADE FOR THE COMPLETE PROCEDURE ON THE SAME DATE OF SERVICE.

| <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        |

**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 | 19950101              | 22991231        |

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has already been  
adjudicated. Usage:  
Refer to the 835  
Healthcare Policy  
Identification  
Segment (loop 2110  
Service Payment  
Information REF), if  
present.

### **METHOD OF CORRECTION:**

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

#### **Special Batches:**

Special batched claims will suspend for review. The Reso Analyst should review the claim to ensure that there is approval from OMPP to make payment for both TC and 26 when global has been paid. The circumstances that allow payment should be documented and very unique.

