

Indiana Medicaid Resolutions Manual

NAME: 6156 PROC 99140 MUST BE BILLED W/ ANESTHESIA CDE (DTL)

ERROR TYPE: Negative Contra Audit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: N

DESCRIPTION:

This negative-contra audit will set when an anesthesia procedure code is billed and procedure code 99140 (anesthesia complicated by emergency conditions) is not billed on the same claim.

CRITERIA:

When anesthesia services (see procedure codes within the audit rules) are billed by the same or different provider and anesthesia procedure code 99140 is not on the same claim, set this audit with EOB 6156.

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: B - Professional Xover Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6156	DENY
21	70	6156	PAY
21	72	6156	PAY
21	73	6156	PAY
21	74	6156	PAY

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Claim Type: M - Professional Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6156	DENY

EOB: 6156 - PROCEDURE 99140 MUST BE BILLED WITH ANESTHESIA CODE

ARC Code	ARC Description	Effective Date	End Date
16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: 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
M51	Missing/incomplete/invalid procedure code(s).	19900101	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	19950101	22991231

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that has already been
adjudicated. Note: 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 deny.

