

Indiana Medicaid Resolutions Manual

NAME: **6194 MILEAGE IS NOT PAYABLE WITH THIS SERVICE**

ERROR TYPE: Contra Audit

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

This contra-indicated audit will set when A0436 is billed on the same day as A0431 QL, or A0435 is billed on the same day as A0430 QL, by the same or different provider.

CRITERIA:

When A0436 (ROTARY WING AIR MILEAGE, PER STATUTE MILE) is billed on the same day as A0431 (QL-AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (ROTARY WING); (QL=SIGNIFY PATIENT DEATH AFTER TAKE-OFF)

OR

When A0435 (FIXED WING AIR MILEAGE) is billed on the same day as A0431 (FIXED WING AIR TRANSPORT); (QL=SIGNIFY PATIENT DEATH AFTER TAKE-OFF),

by the same or different provider, set this audit with EOB 6194.

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.

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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
03	00	6194	DENY

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
03	00	6194	DENY

EOB: 6194 - MILEAGE IS NOT PAYABLE WITH THIS SERVICE

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

Remark Code	Remark Description	Effective Date	End Date
N20	Service not payable with other service rendered on the same date.	20000101	22991231

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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:

Claims will systematically deny.

