

Indiana Medicaid Resolutions Manual

NAME: 6126 OBSOLETE G0461&G0462 CANT BE BILL W 88342 OR 88343

ERROR TYPE: Contra Audit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

This contra-indicated audit will set when G0461 or G0462 are billed on the same day as 88342 or 88343.

CRITERIA:

When G0461 or G0462 and also 88342 or 88343 are billed on the same date of service, set this audit with EOB 6158. This audit is obsolete as of 12/31/2014 dates of service.

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: B - Professional Xover Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6158	DENY
21	24	6158	PAY
21	70	6158	PAY
21	72	6158	PAY
21	73	6158	PAY
21	74	6158	PAY

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Claim Type: B - Professional Xover Claims

Member Plan: ALL Status: Post

Location	Region	EOB	Disposition
21	00	6158	PAY

Claim Type: C - Outpatient Xover Claims

Member Plan: ALL Status: Post

Location	Region	EOB	Disposition
21	00	6158	PAY

Claim Type: C - Outpatient Xover Claims

Member Plan: ALL Status: Post

Location	Region	EOB	Disposition
21	00	6158	DENY
21	24	6158	PAY
21	70	6158	PAY
21	72	6158	PAY
21	73	6158	PAY
21	74	6158	PAY

Claim Type: M - Professional Claims

Member Plan: ALL Status: Post

Location	Region	EOB	Disposition
21	00	6158	PAY

Claim Type: M - Professional Claims

Member Plan: ALL Status: Post

Location	Region	EOB	Disposition
21	00	6158	DENY
21	24	6158	PAY
21	70	6158	PAY
21	72	6158	PAY
21	73	6158	PAY
21	74	6158	PAY

Claim Type: O - Outpatient Claims

Member Plan: ALL Status: Post

Location	Region	EOB	Disposition
21	00	6158	DENY
21	24	6158	PAY
21	70	6158	PAY
21	72	6158	PAY
21	73	6158	PAY
21	74	6158	PAY

Claim Type: O - Outpatient Claims

Member Plan: ALL Status: Post

Location	Region	EOB	Disposition
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21	00	6158	PAY
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EOB: 6158 - G0461 AND G0462 CANNOT BE REPORTED WITH PROCEDURE CODES 88342 OR 88343.

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

Full Failure:

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

Cutback:

Claims setting this audit will systematically cutback to the approved number of units.

