

Indiana Medicaid Resolutions Manual

NAME: 6185 99600 U2 TD NOT ALLOWED WITH 99600 TD/99600 TE

ERROR TYPE: Contra Audit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

This contra-indicated audit will set when 99600 U2 TD is billed on the same day as 99600 TD or 99600 TE by the same or different provider.

CRITERIA:

When 99600 U2 TD is billed on the same day as 99600 TD or 99600 TE by the same or different provider, set this audit with EOB 6185.

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: H - Home Health Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6185	DENY

Claim Type: H - Home Health Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6185	PAY

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EOB: 6185 - 99600 U2 TD NOT ALLOWED IF HOME HEALTH VISIT FROM AN RN/LPN/LVN ON SAME DATE OF SERVICE

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:

Full Failure:

Claims setting this audit will systematically deny.

Cutback:

Claims setting this audit will systematically cutback.