

## **Indiana Medicaid Resolutions Manual**

**NAME:** 6313 RECOUP PD PROC, ALL INCLUSIVE ESRD SAME DOS (DTL)

**ERROR TYPE:** Contra Audit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

This contra-indicated audit will set when an ESRD composite rate revenue code is reported on the same date of service, for the same member, as a paid ESRD service procedure code. This audit applies to ESRD services included in the composite rate reported separately by provider type/specialty 28/000 independent/mobile labs on the same DOS as an ESRD composite rate revenue code.

### **CRITERIA:**

This audit compares the current detail for an ESRD composite rate revenue code in revenue group 100014 (ESRD Composite Rate) to a paid ESRD service procedure code in procedure group 100016 (ESRD Composite Rate Inclusive Procedures) on the same day on different claims. The current detail for the ESRD composite rate revenue code pays and an auto recoupment is initiated on the previously paid procedure detail.

The audit identifies an ESRD related procedure when the primary diagnosis is in diagnosis group 100005 (Renal Diagnoses for Multiple Revenue Units for Supplies) and modifier in modifier group 100005 (ESRD Medical Necessity) is not appended to the procedure code.

### **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
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21	00	9999	PAY
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**Claim Type:** C - Outpatient Xover Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6313	PAY

**Claim Type:** O - Outpatient Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6313	PAY

**EOB: 6313** - A PREVIOUSLY PAID ESRD PROCEDURE IS BEING RECOUPED AS ALL-INCLUSIVE TO A MEDICAID COMPOSITE RATE REVENUE CODE WHEN BOTH RENDERED ON THE SAME DATE OF 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
N19	Procedure code incidental to primary procedure.	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:**

None. More information about the auto recoupment process is found in the Indiana CoreMMIS Pricing Manual.

