

Indiana Medicaid Resolutions Manual

NAME: **6312 PROC BILLED ALL INCLUSIVE TO 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 procedure code is reported on the same date of service as a paid ESRD composite rate revenue code for the same member.

CRITERIA:

This audit compares the current detail for an ESRD service in procedure group 100016 (ESRD Composite Rate Inclusive Procedures) to a paid ESRD composite rate revenue code in revenue group 100014 (ESRD Composite Rate) for the same member on the same day. The current detail for the ESRD procedure denies.

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
21	00	9999	PAY

Claim Type: B - Professional Xover Claims

Member Plan: ALL **Status:** Post

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Location	Region	EOB	Disposition
21	00	6312	DENY

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

Location	Region	EOB	Disposition
21	00	6312	DENY

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

Location	Region	EOB	Disposition
21	00	6312	DENY

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

Location	Region	EOB	Disposition
04	00	6312	DENY

EOB: 6312 - ESRD PROCEDURE BEING BILLED IS ALL-INCLUSIVE TO A MEDICAID COMPOSITE RATE REVENUE CODE ALREADY PAID FOR 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. Usage: 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
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N19	Procedure code incidental to primary procedure.	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. Usage: 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 according to IHCP policy.

