

Indiana Medicaid Resolutions Manual

NAME: 6306 PROCEDURE REQUIRES CATARACT SURGERY

ERROR TYPE: Negative Contra Audit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

When ocular stent procedure code or intraocular lens procedure code is billed, a cataract surgery procedure must be paid on the same claim for the same date of service by the same provider.

CRITERIA:

When ocular stents or intraocular lenses are not billed with a paid cataract surgery procedure (see procedure codes within the audit rules) on the same claim for the same date of service by the same provider, set this audit with EOB 6306.

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

Location	Region	EOB	Disposition
21	00	6306	DENY

EOB: 6306 - PROCEDURE REQUIRES CATARACT SURGERY PROCEDURE PAID FOR THE SAME DATE OF SERVICE.

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ARC Code	ARC Description	Effective Date	End Date
16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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
M51	Missing/incomplete/invalid procedure code(s).	19970101	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

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METHOD OF CORRECTION:

Claims setting this audit will systematically deny.

