

Indiana Medicaid Resolutions Manual

NAME: 6403 OBSOLETE RESPIRATORY MUTUALLY EXCLUSIVE
CODES CCI

ERROR TYPE: Contra Audit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: N

DESCRIPTION:

This contra-indicated audit will set when one or more surgical procedures are billed by same or different providers on the same date of service as the surgical procedure in history.

CRITERIA:

When a surgical procedure (see procedure codes within audit rules) is billed by the same or different provider and one of those surgical procedures has already been paid on the same date of service, set this audit with EOB 6403.

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
22	00	9999	PAY

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

Location	Region	EOB	Disposition
22	00	6403	DENY
22	70	6403	PAY
22	72	6403	PAY
22	73	6403	PAY
22	74	6403	PAY

Indiana Medicaid Resolutions Manual

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

Location	Region	EOB	Disposition
22	00	6403	PAY

EOB: 6403 - MUTUALLY EXCLUSIVE SURGICAL PROCEDURE CODE CANNOT BE PERFORMED DURING SAME OPERATIVE SESSION.

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
N20	Service not payable with other service rendered on the same date.	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 that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

Indiana Medicaid Resolutions Manual

METHOD OF CORRECTION:

Claims failing for this audit will systematically deny if same or different provider bills a surgical procedure that has already been billed and paid for the same date of service.

