

## **Indiana Medicaid Resolutions Manual**

**NAME:**                   **6490    ADD ON CODES NOT PAYABLE WHEN BASE CODE NOT BILLED**

**ERROR TYPE:**        Negative Contra Audit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:**    Y

**ALLOW DENIAL:** N

### **DESCRIPTION:**

This audit will set when an add-on code is billed without the primary service/procedure on same date of service by the same rendering provider on the same claim or in a history claim.

**\*\*For codes 99291/99292, the audit looks for same Billing provider to accommodate CMS' requirement allowing providers of the same group practice to bill the add-on codes.**

### **CRITERIA:**

When an add-on code is billed without the primary service/procedure on same date of service by the same rendering provider on the same claim or in a history claim, set this audit with EOB 6490. NOTE: Prior Authorization will NOT bypass edit./

**\*\*For codes 99291/99292, the audit looks for same Billing provider to accommodate CMS' requirement allowing providers of the same group practice to bill the add-on codes.**

### **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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	00	9999	PAY

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**Claim Type:** M - Professional Claims

**Member Plan:** ALL **Status:** Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	00	6390	DENY
04	30	6390	PAY
04	32	6390	PAY
04	33	6390	PAY
04	34	6390	PAY
04	70	6390	PAY
04	72	6390	PAY
04	73	6390	PAY
04	74	6390	PAY
04	91	6390	SUSPEND

**EOB: 6390** - ADD-ON CODES ARE PERFORMED IN ADDITION TO THE PRIMARY SERVICE OR PROCEDURE AND MUST NEVER BE REPORTED AS A STAND-ALONE CODE.

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
272	Coverage/program guidelines were not met.	20151101	22991231

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
B5	Coverage/program guidelines were not met or were exceeded.	19950101	20160501

**EOB: 9999** - PROCESSED PER POLICY.

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
97	The benefit for this service is included in the payment/allowance for another	19950101	22991231

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service/procedure that  
has already been  
adjudicated. Usage:  
Refer to the 835  
Healthcare Policy  
Identification  
Segment (loop 2110  
Service Payment  
Information REF), if  
present.

### **METHOD OF CORRECTION:**

Claims will be systematically denied with EOB 6490. Special batched claims will be worked by the Healthcare Administrative Review Specialist who will confer with OMPP for authority to override this audit.

