

## **Indiana Medicaid Resolutions Manual**

**NAME:** 6491 Revenue code w/in same family allow only 1 per DOS

**ERROR TYPE:** Contra Audit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

This contra audit will set when a treatment room revenue code has been paid in history and another treatment room revenue code from the same code family is billed by the same provider on the same date of service.

### **CRITERIA:**

When a treatment room revenue code has been paid in history and another treatment room revenue code from the same code family is billed by the same provider on the same date of service, same or different claim, deny the detail with EOB 6392. Refer to the audit business rules for treatment room revenue 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

Location	Region	EOB	Disposition
00	00	9999	PAY

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

Location	Region	EOB	Disposition
04	00	6392	DENY
04	91	6392	SUSPEND

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	00	6392	DENY
04	30	6392	PAY
04	32	6392	PAY
04	34	6392	PAY
04	70	6392	PAY
04	72	6392	PAY
04	73	6392	PAY
04	74	6392	PAY
04	91	6392	SUSPEND

**EOB: 6392** - TREATMENT ROOM REVENUE CODES IN THE SAME FAMILY ARE LIMITED TO ONE REVENUE CODE PER DATE OF SERVICE, SAME PROVIDER.

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
B13	Previously paid. Payment for this claim/service may have been provided in a previous payment.	19950101	22991231

<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
M86	Service denied because payment already made for same/similar procedure within set time frame.	19970101	22991231

**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	19950101	22991231

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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.

### **METHOD OF CORRECTION:**

Claims setting this audit will systematically process according to IHCP Policy.

#### **Special Batches:**

Special batched claims will process according to the instructions on the approved special batch form.

