

Indiana Medicaid Resolutions Manual

NAME: 6289 LIVER BIOPSY DOS < OR = ELASTOGRAPHY DOS

ERROR TYPE: Contra Audit

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

This contra audit will set when a liver elastography service detail is paid prior to the receipt of a liver biopsy procedure detail and the date of service for the biopsy is 6 months or less than prior to the date of service of the elastography. The liver biopsy will be paid and a recoupment will be initiated for the previously paid liver elastography.

This audit bypasses for same date of service.

CRITERIA:

This audit pays the liver biopsy service and initiates a recoupment for the previously paid liver elastography service which has a date of service less than or equal to 6 months after the liver biopsy date of service on the current claim.

This audit bypasses for same date of service.

Note: Audit 6279 is a companion audit which sets when a liver elastography service is billed and a liver biopsy service is paid in history within the past 6 months.

Note: The EOB on the recouped service is 6279: Liver elastography not payable when liver biopsy has been reimbursed for the member within the previous 6 months.

DISPOSITION:

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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

Location	Region	EOB	Disposition
21	00	6289	PAY
21	70	6289	PAY
21	72	6289	PAY
21	73	6289	PAY
21	74	6289	PAY
21	91	6289	SUSPEND

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6289	PAY
21	30	6289	PAY
21	32	6289	PAY
21	33	6289	PAY
21	34	6289	PAY
21	70	6289	PAY
21	72	6289	PAY
21	73	6289	PAY
21	74	6289	PAY
21	91	6289	SUSPEND

EOB: 6289 - A PREVIOUSLY PAID LIVER ELASTOGRAPHY SERVICE WITH A DATE OF SERVICE 6 MONTHS OR LESS AFTER THE DATE OF SERVICE OF THE BIOPSY IS BEING RECOUPED. THE LIVER BIOPSY SERVICE WILL BE PAID.

ARC Code
234

ARC Description
This procedure is not
paid separately. At
least one Remark
Code must be
provided (may be

Effective Date
20100124

End Date
22991231

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comprised of either
the NCPDP Reject
Reason Code, or
Remittance Advice
Remark Code that is
not an ALERT.)

Remark Code	Remark Description	Effective Date	End Date
N20	Service not payable with other service rendered on the same date.	20000101	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. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

METHOD OF CORRECTION:

Claims setting this audit will pay the current claim and auto-adjust/recoup the history claim.

