

Indiana Medicaid Resolutions Manual

NAME: **6522 T2016 U7U5 DENY WHEN BILLED W T2016 U7U5UA
WAIVER**

ERROR TYPE: Contra Audit

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

This contra-indicated audit will set when procedure code T2016 U7 U5 is billed on the same day as T2016 U7 U5 UA by the same or different provider.

CRITERIA:

When T2016 U7 U5 (Habilitation, Residential, waiver) is billed on the same day as T2016 U7 U5 UA (Habilitation, Residential, Waiver Intermittent services) by the same or different provider, set this audit and deny.

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: B - Professional Xover Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	6522	DENY
04	70	6522	PAY
04	72	6522	PAY

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Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	6522	DENY
04	30	6522	PAY
04	32	6522	PAY
04	70	6522	PAY
04	72	6522	PAY

EOB: 6522 - PROCEDURE CODE T2016 U7 U5 IS NOT PAYABLE WHEN BILLED ON THE SAME DAY AS T2016 U7 U5 UA.

ARC Code	ARC Description	Effective Date	End Date
16	Claim/service lacks information or has submission/billing error(s). Usage: 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.) 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

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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 will systematically process according to IHCP Policy.

