

## **Indiana Medicaid Resolutions Manual**

**NAME:** 6396 CCI DME DENY CURRENT

**ERROR TYPE:** Contra Audit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

This contra-indicated audit applies to Provider Type 25 DME Medical Supply Dealer only. This audit will set when two specified procedure codes are reported on the same DOS by the same provider. These codes are identified in the T\_CLAIM\_NCCI\_DME code table found at Main Menu > BPA > Related Data > Other > NCCI Durable Medical Equipment.

The Code Table contains two procedure code columns; Column 1 contains the greater code for comprehensive services and Column 2 contains the lesser code for component services.

### **CRITERIA:**

This audit looks for the greater code (Column 1) in history and the lesser code (Column 2) as current. When no valid modifier is present on either detail, the audit will deny the current detail procedure code. Valid modifiers to override NCCI auditing include modifiers in modifier group 100002 (NCCI anatomical modifiers for PTP), group 100003 (NCCI non-anatomical modifiers for PTP) and group 1213 (NCCI modifier bypass other- PTP).

A modifier from the defined set of allowable modifiers can be used to override this audit and allow both procedure codes to pay. In addition, the code pair must also have a modifier indicator of 1 to allow the modifier override in the Modifier Indicator column.

Note: Audit 6397 monitors the opposite scenario where the history code is the lesser (Column 2) and the current code is the greater (Column 1).

### **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.

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**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>
21	00	9999	PAY

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
21	00	6396	DENY
21	30	6396	PAY
21	32	6396	PAY
21	33	6396	PAY
21	34	6396	PAY
21	70	6396	PAY
21	72	6396	PAY
21	73	6396	PAY
21	74	6396	PAY
21	91	6396	SUSPEND

**EOB: 6396** - THIS SERVICE IS NOT PAYABLE WITH ANOTHER SERVICE ON THE SAME DATE OF SERVICE DUE TO NATIONAL CORRECT CODING INITIATIVE.

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
236	This procedure or procedure/modifier combination is not compatible with another procedure or procedure/modifier combination provided on the same day according to the National Correct Coding Initiative or workers compensation state regulations/ fee schedule requirements.	20110130	22991231

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**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 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:**

**Full Failure:**

Claims setting this audit will systematically deny once the maximum has been met.

