

## **Indiana Medicaid Resolutions Manual**

**NAME:**                   **6540    SPECIFIC DRUGS NOT ALLOWED W/O APPROPRIATE ADMIN**

**ERROR TYPE:**        Negative Contra Audit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:**    Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

This negative contra audit will set when specific drug codes are billed without an appropriate administration code paid in history on the same date of service, or an administration code is billed without a specific drug code, for specialty 260.

### **CRITERIA:**

When specific drug codes are billed without an appropriate administration code in history on the same date of service, same claim, or the administration code is billed without the drug code for specialty 260, deny the detail with EOB 6540 - Drug codes J3490 and J2310 are not allowed for ambulance providers, without an appropriate admin code (96372 U1, 96372 U2, A0998) paid in history and the admin code requires a drug code when billed on the same date of service, same provider. Review Business rules for specific drug 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>
00	00	9999	PAY

**Claim Type:** B - Professional Xover Claims

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
21	00	6540	DENY

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21	91	6540	SUSPEND
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**Claim Type:** M - Professional Claims

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

Location	Region	EOB	Disposition
21	00	6540	DENY
21	91	6540	SUSPEND

**EOB: 6540** - Drug codes J3490 and J2310 are not allowed for ambulance providers, without an appropriate admin code (96372 U1, 96372 U2, A0998) is paid in history on the same date of service, same provider.

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
M20	Missing/incomplete/invalid HCPCS.	19970101	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:**

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.

