

## **Indiana Medicaid Resolutions Manual**

**NAME:**                    **6279    LIVER ELASTOGRAPHY & BIOPSY NOT PAYABLE  
W/IN 6 MOS**

**ERROR TYPE:**        Contra Audit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:**    Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

This contra audit will set when a liver elastography code is billed and payment has already been made for a liver biopsy code within the previous 6 months (see audit for complete list of codes).

### **CRITERIA:**

When liver elastography is billed and payment has already been made for a liver biopsy within the previous 6 months, set this audit with EOB 6279. See audit rules for a complete listing of 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>
21	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	6279	DENY
21	70	6279	PAY
21	72	6279	PAY
21	73	6279	PAY
21	74	6279	PAY

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21	91	6279	SUSPEND
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**Claim Type:** M - Professional Claims

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
21	00	6279	DENY
21	30	6279	PAY
21	32	6279	PAY
21	33	6279	PAY
21	34	6279	PAY
21	70	6279	PAY
21	72	6279	PAY
21	73	6279	PAY
21	74	6279	PAY
21	91	6279	SUSPEND

**EOB: 6279** - LIVER ELASTOGRAPHY NOT PAYABLE WHEN LIVER BIOPSY HAS BEEN REIMBURSED FOR THE RECIPIENT WITHIN THE PREVIOUS 6 MONTHS.

<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

<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	19970101	22991231

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procedure within set  
time frame.

**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 deny.

