

Indiana Medicaid Resolutions Manual

NAME: 6397 CCI DME DENY HISTORY - DIFF CLAIM

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 > Durable Medical Equipment.

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

CRITERIA:

This audit looks for the lesser code (Column 2) in history and the greater code (Column 1) as current. When no valid modifier is present on either detail, the audit will pay the current detail and recoup the history detail, setting EOB 6396 on the recouped detail. 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 6396 is a companion audit monitoring the opposite scenario where the history code is the greater (Column 1) and the current code is the lesser (Column 2). This audit sets for different claims only as the audit looks for a paid detail in history to recoup - which is not applicable on same claim scenarios.

DISPOSITION:

Indiana Medicaid Resolutions Manual

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

Location	Region	EOB	Disposition
21	00	6399	PAY
21	30	6399	PAY
21	32	6399	PAY
21	33	6399	PAY
21	34	6399	PAY
21	70	6399	PAY
21	72	6399	PAY
21	73	6399	PAY
21	74	6399	PAY
21	91	6399	SUSPEND

EOB: 6399 - A PREVIOUSLY PAID SERVICE IS BEING RECOUPED PER NATIONAL CORRECT CODING INITIATIVE (NCCI) PROCESSING OF ANOTHER SERVICE ON THE SAME DATE OF SERVICE BY THE SAME PROVIDER.

ARC Code	ARC Description	Effective Date	End Date
234	This procedure is not paid separately. 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.)	20100124	22991231

Remark Code	Remark Description	Effective Date	End Date
--------------------	---------------------------	-----------------------	-----------------

Indiana Medicaid Resolutions Manual

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:

Full Failure:

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

