

Indiana Medicaid Resolutions Manual

NAME: **6506 IN-OFFICE VS SENT OU LAB PROCEDURES**

ERROR TYPE: Form Audit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

This unbundling audit will set when the provider bills selected laboratory procedure codes as well as the procedure code for a handling and conveyance fee.

CRITERIA:

When selected laboratory services (see procedure codes within the audit rules) are billed and payment has been made for the handling and conveyance for the same date of service, set this audit with EOB 6506.

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: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6506	DENY
21	30	6506	PAY
21	32	6506	PAY
21	33	6506	PAY
21	34	6506	PAY
21	52	6506	PAY

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21	55	6506	PAY
21	64	6506	PAY
21	70	6506	PAY
21	72	6506	PAY
21	73	6506	PAY
21	74	6506	PAY

EOB: 6506 - THIS CLAIM INDICATES THAT LABORATORY PROCEDURES WERE PERFORMED BOTH IN-HOUSE AND SENT TO AN OUTSIDE LABORATORY. IF PROCEDURE(S) WERE PERFORMED IN-HOUSE SEND A REFUND OR REQUEST AN ADJUSTMENT FOR THE CONVEYANCE PROCEDURE CODE. WHEN NOTIFIED OF THE COMPLETION OF YOUR REFUND OR ADJUSTMENT REQUEST, RESUBMIT A CORRECTED CLAIM.

ARC Code	ARC Description	Effective Date	End Date
96	Non-covered charge(s). 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.) Usage: 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
N180	This item or service does not meet the criteria for the category under which it was billed.	20030228	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 setting this audit will process according to IHCP policy.

