

Indiana Medicaid Resolutions Manual

NAME: 6277 ALS/BLS O2 NOT WITH ALS TRANSPORT SAME DOS

ERROR TYPE: Contra Audit

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

This two-way contra audit will set when an ambulance oxygen and supplies code is billed on the same date of service as an ALS ambulance transport code by the same billing provider. ALS Ambulance transport codes include reimbursement of oxygen and supplies.

CRITERIA:

If an ambulance (ALS or BLS) oxygen or supplies code is billed for the same date of service as a paid ALS ambulance transport code or vice versa, by the same billing provider, deny the current detail with EOB 6277. (See audit rules for list of procedure 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: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6277	DENY
21	30	6277	PAY
21	32	6277	PAY
21	33	6277	PAY
21	34	6277	PAY
21	70	6277	PAY
21	72	6277	PAY
21	73	6277	PAY
21	74	6277	PAY

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21	91	6277	SUSPEND
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Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
21	00	9999	PAY

EOB: 6277 - AMBULANCE (ALS OR BLS) OXYGEN IS NOT ALLOWED ON THE SAME DAY AS AMBULANCE ALS TRANSPORT AND VICE VERSA. THE BASE CODE FOR ALS TRANSPORT INCLUDES REIMBURSEMENT FOR OXYGEN AND SUPPLIES.

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

Remark Code	Remark Description	Effective Date	End Date
M86	Service denied because payment already made for same/similar procedure within set time frame.	19970101	22991231

EOB: 9999 - PROCESSED PER POLICY.

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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 failing this audit will systematically deny.

