

## **Indiana Medicaid Resolutions Manual**

**NAME:**                    **6507    SENT OUT VS IN-OFFICE LAB PROCEDURES**

**ERROR TYPE:**        Contra Audit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:**    Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

This contra-indicated audit will set when the provider bills for handling and conveyance of a laboratory specimen on the same date of service as selected laboratory procedure codes.

### **CRITERIA:**

When handling and conveyance of a laboratory specimen (see procedure code within the audit rules) is billed and payment has been made for any of the selected laboratory services (see procedure codes within the audit rules) on the same date of service, set this audit with EOB 6507.

### **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:** M - Professional Claims

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
21	00	6507	DENY
21	30	6507	PAY
21	32	6507	PAY
21	33	6507	PAY
21	34	6507	PAY

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21	52	6507	PAY
21	55	6507	PAY
21	64	6507	PAY
21	70	6507	PAY
21	72	6507	PAY
21	73	6507	PAY
21	74	6507	PAY
21	91	6507	SUSPEND

**EOB: 6507** - THIS CLAIM INDICATES THAT LABORATORY PROCEDURES WERE PERFORMED BOTH IN-HOUSE AND SENT TO AN OUTSIDE LABORATORY. IF PROCEDURE(S) WERE SENT OUT, SEND A REFUND OR REQUEST AN ADJUSTMENT FOR THE LABORATORY PROCEDURE(S). WHEN NOTIFIED OF THE COMPLETION OF YOUR REFUND OR ADJUSTMENT REQUEST, RESUBMIT A CORRECTED CLAIM.

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
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

<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
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.**

<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.

