

Indiana Medicaid Resolutions Manual

NAME: 6260 PAR/ENT KIT OR SUPPLIES DENIED OR PAYMENT REDUCED

ERROR TYPE: Contra Audit

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: N

DESCRIPTION:

This contra-indicated audit will set when a parenteral/enteral supply procedure code is billed and payment has been made for a parenteral/enteral feeding supply kit.

CRITERIA:

When parenteral/enteral supplies (see procedure codes within the audit rules) are billed and claims history shows a parenteral/enteral feeding supply kit has been paid to the same or different provider within thirty (30) days from the date of service, set this audit with EOB 6260.

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	6260	PAY
21	52	6260	PAY
21	55	6260	PAY
21	64	6260	PAY

Indiana Medicaid Resolutions Manual

EOB: 6260 - PARENTERAL/ENTERAL SUPPLY KITS AND ADDITIONAL SUPPLIES MAY BE BILLED WITHIN THE SAME MONTH. UTILIZATION WILL BE RETROSPECTIVELY MONITORED BY THE PROGRAM INTEGRITY UNIT.

ARC Code	ARC Description	Effective Date	End Date
119	Benefit maximum for this time period or occurrence has been reached.	19950101	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:

Claims setting this audit will systematically process according to IHCP Policy.