

Indiana Medicaid Resolutions Manual

NAME: 6311 ESRD SERVICE ALREADY PAID FOR SAME DOS (DTL)

ERROR TYPE: Contra Audit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

This audit will set when an ESRD composite rate revenue code exceeds one on the same date of service.

CRITERIA:

When an ESRD composite rate revenue code exceeds one on the same date of service, set this audit with EOB 6311.

The IHCP allows one ESRD composite rate per date of service. This audit compares the current detail for an ESRD composite rate revenue code in revenue group 100014-ESRD Composite Rate (RC 821, 829, 830, 831, 841, 851, and 881) to a paid ESRD composite rate revenue code in the same revenue group on the same day. The current detail for the ESRD composite rate revenue code denies.

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
21	00	9999	PAY

Claim Type: C - Outpatient Xover Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6311	DENY

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Claim Type: O - Outpatient Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6311	DENY

EOB: 6311 - A MEDICAID COMPOSITE RATE REVENUE CODE HAS ALREADY BEEN PAID FOR THE SAME DATE OF SERVICE.

ARC Code	ARC Description	Effective Date	End Date
B13	Previously paid. Payment for this claim/service may have been provided in a previous payment.	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.	19900101	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. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

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METHOD OF CORRECTION:

Claims will systematically deny according to IHCP policy.

