

Indiana Medicaid Resolutions Manual

NAME: **6386 POST OP CARE WITHIN 00-90 DAYS OF SURGERY**

ERROR TYPE: Contra Audit

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

This contra-indicated audit will set when the same provider who performed surgery bills for postoperative care up to 90 days after surgery.

CRITERIA:

When evaluation and management postoperative care services are billed (see procedure codes within audit rules) and payment has been made to the same provider for a surgical procedure with a value of 090 in the global surgery field in the Medicare Fee Schedule database for the same member within 90 days of the date of service, set this audit. If modifier 24 (unrelated evaluation and management service by the same physician or other health care professional during a postoperative period) is reported, the audit is overwritten and the claim pays. This is an NCCI audit.

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
22	00	9999	PAY

Claim Type: M - Professional Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
22	00	6386	SUSPEND

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22	30	6386	PAY
22	32	6386	PAY
22	33	6386	PAY
22	34	6386	PAY
22	61	6386	DENY
22	70	6386	PAY
22	72	6386	PAY
22	73	6386	PAY
22	74	6386	PAY

EOB: 6386 - POSTOPERATIVE MEDICAL VISITS PERFORMED WITHIN 90 DAYS OF SURGERY ARE PAYABLE ONLY FOR A SURGICAL COMPLICATION AND IF DOCUMENTED AS MEDICALLY INDICATED. DOCUMENTATION NOT PRESENT OR DOES NOT JUSTIFY THE VISIT BILLED.

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
M144	Pre-/post-operative care payment is included in the allowance for the surgery/procedure.	19970101	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:

Route the claim to the Medical Policy Specialist. Medical Policy Specialist Instructions:

- Compare the claim to suspense screen and correct any keying errors. If no keying errors:
- If the claim documents the surgical complication necessitating the visit, override the audit. Surgical complications include, but are not limited to:

1. Postoperative wound infection requiring specialized treatment.
2. Elevated temperature above 101 degrees F for two or more consecutive days.
3. Nausea/vomiting that has persisted more than 24 hours.
4. Renal failure.
5. Comatose condition.
6. Cardiovascular complications.

- If the procedure paid was billed as surgical care only (modifier 54) by the same provider and the necessity of the visit is documented and justified, override the audit.

If visit is related to the original surgery, deny the service with EOB 6386.

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If no documentation provided on or with the claim or documentation does not justify the visit, deny the service with EOB 6386.

CCF claims will be returned to providers for additional information, needed to adjudicate claims.

Once the CCF is returned, the claim will be forced to pay or deny, depending on information received.