

Indiana Medicaid Resolutions Manual

NAME: 6804 MILEAGE IS NOT PAYABLE WHEN BILLED WITH A TAXI BAS

ERROR TYPE: Contra Audit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

This contra-indicated audit will set when a taxicab base rate has been paid and mileage is billed.

CRITERIA:

When taxicab base rate (see procedure codes within audit rules) has been paid and mileage (see procedure codes within audit rules) is billed by the same provider on the same date of service, set this audit with EOB 6804.

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	6804	PAY

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6804	DENY

Indiana Medicaid Resolutions Manual

21	30	6804	PAY
21	32	6804	PAY
21	33	6804	PAY
21	34	6804	PAY
21	70	6804	PAY
21	72	6804	PAY
21	73	6804	PAY
21	74	6804	PAY

EOB: 6804 - MILEAGE NOT REIMBURSEABLE WHEN BILLED WITH TAXI-CAB BASE RATE.

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
N20	Service not payable with other service rendered on the same date.	20000101	22991231

EOB: 9999 - PROCESSED PER POLICY.

ARC Code	ARC Description	Effective Date	End Date
-----------------	------------------------	-----------------------	-----------------

Indiana Medicaid Resolutions Manual

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:

Full Failure:

Claims setting this audit will systematically deny.

Cutback:

Claims setting this audit will systematically cutback.

