

Indiana Medicaid Resolutions Manual

NAME: **3000 UNITS EXCEED AUTHORIZED UNITS ON PRIOR AUTH (DTL)**

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when the number of units billed exceed the number of units prior authorized for the date of service.

CRITERIA:

Set this edit if the number of units billed by the provider for a prior authorized service or procedure code needing a PA, exceeds the unused number of units prior authorized as noted on the PA database for the date of service, with EOB 3000. If the units billed exceed the number of units authorized the detail will cutback and pay the units remaining on the PA.

The system will review the PA file for the presence of a PA for any HCPC procedure within the range of 10000-99999. However, the PA unit(s) on file will only be decreased by the provider who bills one of the above procedure codes with no modifier, or one of the following modifiers (26, 50, 51, 54, 55, 56, 78). Any other claim, outpatient or physician, billed by other specialties, for example, assistant surgeon or assistant anesthesiologist, will only verify with the system that PA has been approved for the procedure billed, and not actually deduct from the unit(s) available on the PA file. The reason for this is that more than one provider may be involved with the same member on the same date of service for the same procedure, but only one PA is needed per procedure, not per specialty billing. This logic allows other specialties to have claims paid when their claims have the same member, same dates of service, and same procedure as that of the provider who bills no modifier or one of the following modifiers (26, 50, 51, 54, 55, 56, 78), even though they have not been assigned a PA.

This edit will bypass 590 claims with a detailed billed amount less than or equal to \$500.00.

For all other benefit Plans, prior to go live the system will allow an override PA under the following conditions:

For Medical and Dental claims an emergency indicator of 'Y' or emergency diagnosis (Diagnosis group 21) must be present. For Inpatient claims, an admit type of "1", "4" and "5" must be present. For Outpatient claims, an emergency diagnosis (group 21) must be present.

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For Dates of Service on or after go live the system will override the PA under the following conditions.

For Medical and Dental claims an emergency indicator of 'Y' must be present. For Inpatient claims, an admit type of "1", "4" and "5" must be present. For Outpatient claims, an emergency diagnosis (group 21) must be present. All claims billed with a provider specialty of 120 (School Corporation) or 212 (CSHCS Care Coordinator) will bypass this edit.

Reference ICD-DX Group 21 can be located in Core MMIS under Main Menu > BPA > Related Data > Open Tab > Other > Diagnosis Group Type.

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: Post

Location	Region	EOB	Disposition
03	00	3000	PAY
03	91	3000	SUSPEND

Claim Type: 0 - All Claim Types Member Plan: ALL Status: Do Not Post

Location	Region	EOB	Disposition
03	00	9999	PAY

Claim Type: 0 - All Claim Types Member Plan: ALL Status: Post

Location	Region	EOB	Disposition
03	00	3000	PAY

Claim Type: 0 - All Claim Types Member Plan: ALL Status: Post

Location	Region	EOB	Disposition
03	00	3000	DENY
03	30	3000	PAY
03	32	3000	PAY
03	33	3000	PAY
03	34	3000	PAY
03	70	3000	PAY
03	72	3000	PAY
03	73	3000	PAY
03	74	3000	PAY
03	75	3000	DENY
03	76	3000	DENY
03	77	3000	DENY

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03	78	3000	DENY
03	79	3000	DENY
03	91	3000	SUSPEND

Claim Type: 0 - All Claim Types **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
03	00	3000	DENY
03	30	3000	PAY
03	32	3000	PAY
03	33	3000	PAY
03	34	3000	PAY
03	55	3000	SUSPEND
03	70	3000	PAY
03	72	3000	PAY
03	73	3000	PAY
03	74	3000	PAY
03	75	3000	PAY
03	76	3000	PAY
03	78	3000	PAY
03	79	3000	PAY
03	91	3000	SUSPEND

Claim Type: 0 - All Claim Types **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
03	00	9999	PAY

Claim Type: 0 - All Claim Types **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
03	00	9999	PAY

Claim Type: 0 - All Claim Types **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
03	00	9999	PAY

Claim Type: A - Inpatient Xover Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
03	00	9999	PAY

Claim Type: A - Inpatient Xover Claims **Member Plan:** ALL **Status:** Do Not Post

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Location	Region	EOB	Disposition
03	00	9999	PAY

Claim Type: B - Professional Xover Claims

Member Plan: ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
03	00	9999	PAY

Claim Type: B - Professional Xover Claims

Member Plan: ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
03	00	9999	PAY

Claim Type: C - Outpatient Xover Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
03	00	9999	PAY

Claim Type: C - Outpatient Xover Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
03	00	9999	PAY

Claim Type: L - Long Term Care Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
03	00	9999	PAY

Claim Type: L - Long Term Care Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
03	00	9999	PAY

Claim Type: M - Professional Claims

Member Plan: BPHC

Status: Post

Location	Region	EOB	Disposition
03	00	3165	SUSPEND
03	30	3165	PAY
03	32	3165	PAY
03	33	3165	PAY
03	34	3165	PAY
03	70	3165	PAY
03	72	3165	PAY
03	73	3165	PAY
03	74	3165	PAY

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Claim Type: M - Professional Claims

Member Plan: BPHC

Status: Post

Location	Region	EOB	Disposition
03	00	3165	PAY

Claim Type: M - Professional Claims

Member Plan: MRT **Status:** Post

Location	Region	EOB	Disposition
03	00	3000	SUSPEND
03	30	3000	PAY
03	32	3000	PAY
03	33	3000	PAY
03	34	3000	PAY
03	70	3000	PAY
03	72	3000	PAY
03	73	3000	PAY
03	74	3000	PAY
03	91	3000	SUSPEND

Claim Type: M - Professional Claims

Member Plan: MRT **Status:** Post

Location	Region	EOB	Disposition
03	00	3000	PAY
03	91	3000	SUSPEND

Claim Type: M - Professional Claims

Member Plan: PASMI

Status: Do Not Post

Location	Region	EOB	Disposition
03	00	9999	PAY

Claim Type: M - Professional Claims

Member Plan: PASMI

Status: Do Not Post

Location	Region	EOB	Disposition
03	00	9999	PAY

Claim Type: M - Professional Claims

Member Plan: PASMR

Status: Do Not Post

Location	Region	EOB	Disposition
03	00	9999	PAY

Claim Type: M - Professional Claims

Member Plan: PASMR

Status: Do Not Post

Location	Region	EOB	Disposition
03	00	9999	PAY

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Claim Type: M - Professional Claims

Member Plan: MRO **Status:** Post

Location	Region	EOB	Disposition
03	00	3028	PAY

Claim Type: M - Professional Claims

Member Plan: MRO **Status:** Post

Location	Region	EOB	Disposition
03	00	3028	DENY
03	30	3028	PAY
03	32	3028	PAY
03	70	3028	PAY
03	72	3028	PAY

Claim Type: M - Professional Claims

Member Plan: AMHH

Status: Post

Location	Region	EOB	Disposition
03	00	3165	PAY

Claim Type: M - Professional Claims

Member Plan: AMHH

Status: Post

Location	Region	EOB	Disposition
03	00	3165	SUSPEND
03	30	3165	PAY
03	32	3165	PAY
03	33	3165	PAY
03	34	3165	PAY
03	70	3165	PAY
03	72	3165	PAY
03	73	3165	PAY
03	74	3165	PAY

Claim Type: M - Professional Claims

Member Plan: CMHW

Status: Post

Location	Region	EOB	Disposition
03	00	3165	PAY

Claim Type: M - Professional Claims

Member Plan: CMHW

Status: Post

Location	Region	EOB	Disposition
03	00	3165	SUSPEND
03	30	3165	PAY
03	32	3165	PAY
03	33	3165	PAY

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03	34	3165	PAY
03	70	3165	PAY
03	72	3165	PAY
03	73	3165	PAY
03	74	3165	PAY

Claim Type: O - Outpatient Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
03	00	9999	PAY

Claim Type: O - Outpatient Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
03	00	9999	PAY

EOB: 3000 - PAYMENT FOR THIS SERVICE HAS BEEN DENIED OR CUTBACK DUE TO UNITS BILLED EXCEEDING THE UNITS PRIOR AUTHORIZED.

ARC Code	ARC Description	Effective Date	End Date
198	Precertification/notification/authorization/pre-treatment exceeded.	20061031	22991231

EOB: 3028 - MRO SERVICE UNITS EXCEED BENEFIT(S)

ARC Code	ARC Description	Effective Date	End Date
198	Precertification/notification/authorization/pre-treatment exceeded.	20061031	22991231

EOB: 3165 - NUMBER OF UNITS BILLED EXCEEDS THE NUMBER OF UNITS UNUSED

ARC Code	ARC Description	Effective Date	End Date
198	Precertification/notification/authorization/pre-treatment exceeded.	20061031	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:

Full failure

Claims setting this edit will be systematically denied with EOB 3000.

Cutback

Claims with details cutback to the number of units left on the PA will post and pay EOB 3000.

Region 55 - If the number of units billed by the provider for a prior authorized service/procedure code exceeds the unused number of units prior authorized for the date of service deny with EOB 3000.

For special batch claims, follow special instructions to adjudicate the claim.