**NAME:** **6024 ELECTRONIC PACEMAKER ANALYSIS TWO EVERY 6 MO (DTL)**

**ERROR TYPE:** Limit Audit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** Y

**ALLOW DENIAL:** Y

## DESCRIPTION:

This limitation audit will set when a provider bills more than two electronic pacemaker analysis services every six months.

## CRITERIA:

When an electronic pacemaker analysis service (see procedure codes within the audit rules) is billed by the same/different billing provider more than two times within a six month period, set this audit with EOB 6024. Provider specialty 212 (CSHCS Care Coordinator) will bypass this audit.

Criteria:

a. Frequency of monitoring allowed for single chamber:
    - Twice in the first six months following implant
    - Once every twelve months thereafter
b. Frequency of monitoring allowed for dual chamber:
    - Twice in the first six months following implant
    - Once every six months thereafter

## 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 |
|---|---|---|---|
| 22 | 00 | 6024 | PAY |
| 22 | 21 | 6024 | SUSPEND |
| 22 | 23 | 6024 | SUSPEND |
| 22 | 61 | 6024 | SUSPEND |

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

| Location | Region | EOB | Disposition |
|---|---|---|---|
| 22 | 00 | 6024 | SUSPEND |
| 22 | 30 | 6024 | PAY |
| 22 | 32 | 6024 | PAY |
| 22 | 33 | 6024 | PAY |
| 22 | 34 | 6024 | PAY |
| 22 | 61 | 6024 | DENY |
| 22 | 70 | 6024 | PAY |
| 22 | 72 | 6024 | PAY |
| 22 | 73 | 6024 | PAY |
| 22 | 74 | 6024 | PAY |

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

| Location | Region | EOB | Disposition |
|---|---|---|---|
| 22 | 00 | 6024 | PAY |
| 22 | 21 | 6024 | SUSPEND |
| 22 | 23 | 6024 | SUSPEND |
| 22 | 61 | 6024 | SUSPEND |

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

| Location | Region | EOB | Disposition |
|---|---|---|---|
| 22 | 00 | 6024 | PAY |
| 22 | 21 | 6024 | SUSPEND |
| 22 | 23 | 6024 | SUSPEND |
| 22 | 61 | 6024 | DENY |

**EOB: 6024 -** REIMBURSEMENT FOR ELECTRONIC PACEMAKER ANALYSIS IS LIMITED TO FREQUENCY STIPULATED IN 405 IAC5-28-6 (1), (2) . DOCUMENTATION NOT PRESENT OR INSUFFICIENT TO JUSTIFY ADDITIONAL SERVICES.

| 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:**

- Compare claim to suspense screen and correct keying errors, if any.
- Access the Physician Claim window in the system>Main Menu>Claims>Enter the ICN of the current claim:

1. Select Open Tab from the menu bar>Professional Claims>Related History.

- Access the related history window that lists other claims which are related to the current claim. Review claims history to determine the type of pacemaker implanted (single or dual chamber - this is noted by the CPT code billed on the claim) and dates of implantation and previous monitoring.
- If the service billed does not exceed frequency in Criteria, override the audit.
- If there is medical record documentation present which justifies the need for increased frequency of monitoring, override the audit.
- If there is no documentation provided with the claim or the documentation is insufficient to justify the need for additional service, deny with EOB 6024.
- If the Analyst is unsure of the decision to be made, forward the claim to the Medical Advisor or Unit Supervisor.
- If the current claim has a TC modifier and the history claim has a 26 modifier, override the audit and pay.
- If the current claim has a 26 modifier and the history claim has a TC modifier, override the audit and pay the claim.