

Indiana Medicaid Resolutions Manual

NAME: 6070 PRENATAL VISITS LIMIT TO THREE IN FIRST TRIMESTER

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this limitation audit when more than three prenatal visits are billed in the first trimester of pregnancy. This audit is bypassed for high risk pregnancies.

CRITERIA:

When prenatal visits (see procedure codes within the audit rules) are billed more than three during the first trimester of pregnancy, set the audit unless a high risk pregnancy diagnosis code from diagnosis group 100008 (High Risk Antepartum Care) is indicated. The high risk diagnosis list can be found in the system at Main Menu>BPA>Related Data>Other>Diagnosis Group Type>100008.

Provider Specialty 212 (CSHCS Care Coordinator) will bypass this audit.

Providers must enter P for pregnancy in Field Locator 24H on the CMS1500.

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

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Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6070	PAY
21	52	6070	PAY
21	55	6070	PAY
21	64	6070	PAY

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6070	DENY
21	30	6070	PAY
21	32	6070	PAY
21	33	6070	PAY
21	34	6070	PAY
21	52	6070	PAY
21	55	6070	PAY
21	64	6070	PAY
21	70	6070	PAY
21	72	6070	PAY
21	73	6070	PAY
21	74	6070	PAY

EOB: 6070 - ONLY FOUR PRENATAL VISITS ARE REIMBURSABLE DURING THE FIRST TRIMESTER OF PREGNANCY UNLESS A MEDICALLY HIGH RISK DIAGNOSIS IS INDICATED.

ARC Code

119

ARC Description

Benefit maximum for this time period or occurrence has been reached.

Effective Date

19950101

End Date

22991231

Remark Code

N640

Remark Description

Exceeds number/frequency approved/allowed within time period.

Effective Date

20130715

End Date

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 audit will process according to IHCP policy.

Cutback:

Claims setting this audit will systematically cutback to the approved number of units allowed.

