

Indiana Medicaid Resolutions Manual

NAME: **6029 24 UNIT MAX HCB HABILITATION AND SUPPORT**

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Effective 4/1/2020, this limitation audit will set when the member has exceeded 24 units in one day for procedure code H2014 UB - HCB HABILITATION AND SUPPORT. Prior to 4/1/2020 the unit limitation is 8 units in one day.

CRITERIA:

Effective 4/1/2020, when HCB habilitation and support (H2014 UB) is billed more than 24 units in one day, set this audit with EOB 6029. Prior to 4/1/2020 the unit limit is 8 units in one day.

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	6029	PAY
21	30	6029	PAY
21	32	6029	PAY
21	33	6029	PAY
21	34	6029	PAY

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21	70	6029	PAY
21	72	6029	PAY
21	73	6029	PAY
21	74	6029	PAY

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6029	DENY
21	30	6029	PAY
21	32	6029	PAY
21	33	6029	PAY
21	34	6029	PAY
21	70	6029	PAY
21	72	6029	PAY
21	73	6029	PAY
21	74	6029	PAY

EOB: 6029 - EFFECTIVE 4/1/2020, 24 UNIT MAXIMUM FOR SKILLS TRAINING AND DEVELOPMENT FOR ADULT DAY SERVICES INCLUDING INDIVIDUAL, GROUP, FAMILY/COUPLE, WITH AND WITHOUT CONSUMER PRESENT, PRIOR TO 4/1/2020 UNIT MAXIMUM WAS 8 UNITS.

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	19950101	22991231

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adjudicated. Usage:
Refer to the 835
Healthcare Policy
Identification
Segment (loop 2110
Service Payment
Information REF), if
present.

METHOD OF CORRECTION:

Full Failure:

Claims setting this audit will systematically deny.

Cutback:

Claims setting this audit will systematically cutback.

