

Indiana Medicaid Resolutions Manual

NAME: **6025 EXCESSIVE TRANSTELEPHONIC MONITOR OF
PACEMKR (DTL)**

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

This limitation audit will set when more than one unit of transtelephonic monitoring of a pacemaker is billed within a 30 day period.

CRITERIA:

When transtelephonic monitoring of pacemaker (see procedure codes within the audit rules) is billed by the same or different provider and payment has already been made to the same or different billing provider for any of the configured procedure codes, set this audit with EOB 6025. Provider specialty 212 (CSHCS Care Coordinator) will bypass this audit.

Criteria:

- a. Frequency of monitoring allowed for single chamber:
 - o Once every two weeks following first month of implant.
 - o Once every eight weeks, 2nd through 36th months.
 - o Once every four weeks, 37th month to failure.
- b. Frequency of monitoring allowed for dual chamber:
 - o Once every two weeks following first month of implant.
 - o Once every four weeks, 2nd through 6th months.
 - o Once every eight weeks, 7th through 36th months.
 - o Once every four weeks, 37th month to failure.

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.

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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	6025	SUSPEND
22	30	6025	PAY
22	32	6025	PAY
22	33	6025	PAY
22	34	6025	PAY
22	70	6025	PAY
22	72	6025	PAY
22	73	6025	PAY
22	74	6025	PAY

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
22	00	6025	SUSPEND
22	30	6025	PAY
22	32	6025	PAY
22	33	6025	PAY
22	34	6025	PAY
22	70	6025	PAY
22	72	6025	PAY
22	73	6025	PAY
22	74	6025	PAY

EOB: 6025 - REIMBURSEMENT FOR TRANSTELEPHONIC MONITORING OF PACEMAKER LIMITED TO FREQUENCY STIPULATED IN 405 IAC 5-28-6. DOCUMENTATION NOT PRESENT OR INSUFFICIENT TO JUSTIFY ADDITIONAL SERVICES.

ARC Code
119

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

Effective Date
19950101

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:

1. Compare claim to suspense screen and correct keying errors, if any.
 2. Access the Physician Claim window in Core>Main Menu>Claims>Enter the ICN of the current claim:
 3. Access the Related History window that lists other claims that are related to the current claim by selecting Open Tab from the menu bar>Professional Claims>Related History.
 4. Review the claim(s) in history to determine the type of pacemaker implanted (single or dual chamber - this is denoted by the CPT code billed on the claim) and dates of implantation and previous monitoring.
- If the service billed does not exceed frequency-monitoring criteria in Criteria, override the audit.
 - If there is medical record documentation present that 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 the additional service, set this audit with EOB 6025.

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- If the current claim has modifier TC and the history claim has modifier 26, override the audit and pay.
- If the current claim has modifier 26 and the history claim has modifier TC, override the audit and pay.