

Indiana Medicaid Resolutions Manual

NAME: 6044 PRENATAL VISITS LIMITED TO THREE IN SECOND TRIMEST

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

This limitation audit will set when more than three prenatal visits are billed in the second trimester of pregnancy, unless a medically high risk diagnosis is indicated.

CRITERIA:

When prenatal visits (see procedure codes with audit rules) are billed more than three in the second trimester of pregnancy, set this audit unless a medically high risk diagnosis from diagnosis group 100008 (High Risk Antepartum Care) is indicated. The high risk diagnosis group 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.

.

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	6044	PAY

Indiana Medicaid Resolutions Manual

21	52	6044	PAY
21	55	6044	PAY
21	64	6044	PAY

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6044	DENY
21	30	6044	PAY
21	32	6044	PAY
21	33	6044	PAY
21	34	6044	PAY
21	52	6044	PAY
21	55	6044	PAY
21	64	6044	PAY
21	70	6044	PAY
21	72	6044	PAY
21	73	6044	PAY
21	74	6044	PAY

EOB: 6044 - ONLY THREE PRENATAL VISITS ARE REIMBURSABLE DURING THE SECOND 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
M83

Remark Description
Service is not covered
unless the patient is
classified as at high
risk.

Effective Date
19970101

End Date
22991231

EOB: 9999 - PROCESSED PER POLICY.

Indiana Medicaid Resolutions Manual

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.

