

Indiana Medicaid Resolutions Manual

NAME: **6054 ONLY ONE HEARING TEST PER 36 MO. WITHOUT PA**

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

This limitation audit will set when a provider bills for more than one hearing test for a member within a 3 year period and no approved prior authorization is on file.

CRITERIA:

When a hearing test (see procedure codes within audit rules) is billed and payment has been made to the same/different provider within 3 years of the date of service and no approved prior authorization is on file, set this audit with EOB 6054. 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	6054	PAY
21	52	6054	PAY
21	55	6054	PAY
21	64	6054	PAY

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Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6054	DENY
21	30	6054	PAY
21	32	6054	PAY
21	33	6054	PAY
21	34	6054	PAY
21	52	6054	PAY
21	55	6054	PAY
21	64	6054	PAY
21	70	6054	PAY
21	72	6054	PAY
21	73	6054	PAY
21	74	6054	PAY

EOB: 6054 - AUDIOLOGICAL ASSESSMENTS ARE LIMITED TO ONCE EVERY 3 YEARS PER MEMBER. PRIOR AUTHORIZATION IS REQUIRED FOR PAYMENT OF ADDITIONAL SERVICES

ARC Code	ARC Description	Effective Date	End Date
119	Benefit maximum for this time period or occurrence has been reached.	19950101	22991231

Remark Code	Remark Description	Effective Date	End Date
N640	Exceeds number/frequency approved/allowed within time period.	20130715	22991231

EOB: 9999 - PROCESSED PER POLICY.

ARC Code	ARC Description	Effective Date	End Date
97	The benefit for this service is included in	19950101	22991231

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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.

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.

