

Indiana Medicaid Resolutions Manual

NAME: **6062 ADULT DAY CARE SVS LTD TO 10 UNITS IN 5 DAYS (DTL)**

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

This limitation audit will set when S5101 UB exceeds 10 units in five days.

CRITERIA:

When S5101 UB exceeds 10 units in five days, set this audit with EOB 6062.

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	6062	PAY

Claim Type: M - Professional Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6062	DENY
21	30	6062	PAY
21	32	6062	PAY

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21	33	6062	PAY
21	34	6062	PAY
21	70	6062	PAY
21	72	6062	PAY
21	73	6062	PAY
21	74	6062	PAY

EOB: 6062 - DAY CARE SERVICES, ADULT, LIMITED TO 10 UNITS IN A 5 DAY PERIOD

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 adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

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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.

