

Indiana Medicaid Resolutions Manual

NAME: **6085 INCONTINENCE SUPPLIES LIMITED \$1950/ROLLING YEAR**

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

This limitation audit will set when incontinence supplies are billed for more than \$1950 per year, by any provider.

CRITERIA:

When incontinence supplies (see procedure codes within audit rules) are billed more than \$1950 per year, set this audit with EOB 6085. See related audit 6712.

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: C - Outpatient Xover Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6085	DENY
21	50	6085	PAY
21	52	6085	PAY
21	56	6085	PAY
21	70	6085	PAY
21	72	6085	PAY

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21	73	6085	PAY
21	74	6085	PAY
21	91	6085	SUSPEND

Claim Type: C - Outpatient Xover Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6085	PAY

Claim Type: H - Home Health Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6085	DENY
21	30	6085	PAY
21	32	6085	PAY
21	33	6085	PAY
21	34	6085	PAY
21	50	6085	PAY
21	52	6085	PAY
21	56	6085	PAY
21	70	6085	PAY
21	72	6085	PAY
21	73	6085	PAY
21	74	6085	PAY
21	91	6085	SUSPEND

Claim Type: H - Home Health Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6085	PAY

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

Location	Region	EOB	Disposition
21	00	6085	DENY
21	30	6085	PAY
21	32	6085	PAY
21	33	6085	PAY
21	34	6085	PAY
21	50	6085	PAY
21	52	6085	PAY
21	70	6085	PAY
21	72	6085	PAY
21	73	6085	PAY
21	74	6085	PAY

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21	91	6085	SUSPEND
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Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6085	PAY
21	50	6085	PAY
21	52	6085	PAY
21	56	6085	PAY
21	80	6085	DENY
21	91	6085	SUSPEND

Claim Type: O - Outpatient Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6085	DENY
21	30	6085	PAY
21	32	6085	PAY
21	33	6085	PAY
21	34	6085	PAY
21	50	6085	PAY
21	52	6085	PAY
21	56	6085	PAY
21	70	6085	PAY
21	72	6085	PAY
21	73	6085	PAY
21	74	6085	PAY
21	91	6085	SUSPEND

Claim Type: O - Outpatient Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6085	PAY

EOB: 6085 - INCONTINENCE SUPPLIES ARE LIMITED TO TOTAL DOLLAR AMOUNT OF \$1,950.00 PER ROLLING 12 MONTHS

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:

Full Failure:

Claims setting this audit will process according to IHCP policy.

Cutback:

Claims setting this audit will systematically cutback to the \$1950 per year.