

Indiana Medicaid Resolutions Manual

NAME: 6077 OBSOLETE SALIVARY ESTRIOL TEST LTD
\$425/PREGNANCY

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: N

DESCRIPTION:

Set this limitation audit when the amount reimbursed for salivary tests (procedure code Z5099) for any member during a pregnancy exceeds \$425.

CRITERIA:

When salivary estriol tests (Z5099) are billed by any provider for more than \$425 during the same pregnancy, set this audit with EOB 6077. This audit is obsolete.

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
22	00	6077	PAY

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

Location	Region	EOB	Disposition
22	00	6077	PAY
22	10	6077	DENY

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22	11	6077	DENY
22	20	6077	DENY
22	22	6077	DENY
22	50	6077	DENY
22	51	6077	DENY
22	56	6077	DENY
22	57	6077	DENY
22	62	6077	DENY
22	70	6077	PAY
22	72	6077	DENY
22	73	6077	PAY
22	74	6077	PAY

EOB: 6077 - REIMBURSEMENT FOR SALIVARY ESTRIOL LEVEL TESTS LIMITED TO \$425.00 PER PREGNANCY.

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

METHOD OF CORRECTION:

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OBSOLETE

