

Indiana Medicaid Resolutions Manual

NAME: **6080 DME RENTAL LTD TO 15 MO OF CONTINUOUS SRVC
(DTL)**

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

This limitation audit will set when specified durable medical equipment (DME) is billed for more than fifteen (15) months of continuous rental by any provider.

CRITERIA:

When one of the specified DME items (see procedure codes within the audit rules) are billed for a period of more than fifteen (15) months of continuous rental by any provider, set this audit and cutback, as appropriate, to allowed amount with EOB 6080.

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	6080	PAY
21	52	6080	PAY
21	55	6080	PAY
21	64	6080	PAY

Indiana Medicaid Resolutions Manual

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6080	DENY
21	30	6080	PAY
21	32	6080	PAY
21	33	6080	PAY
21	34	6080	PAY
21	52	6080	PAY
21	55	6080	PAY
21	64	6080	PAY
21	70	6080	PAY
21	72	6080	PAY
21	73	6080	PAY
21	74	6080	PAY

EOB: 6080 - INDIANA HEALTH COVERAGE PROGRAM BENEFITS LIMITS DME RENTAL OF THIS ITEM TO 15 MONTHS OF CONTINUOUS RENTAL.

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	19950101	22991231

Indiana Medicaid Resolutions Manual

Segment (loop 2110
Service Payment
Information REF), if
present.

METHOD OF CORRECTION:

Full Failure:

Claims setting this audit will systematically process according to IHCP policy.

Cutback:

Claims setting this audit will systematically cutback.

