

Indiana Medicaid Resolutions Manual

NAME: **6055 CARE COORDINATION LIMITED TO 400 HOURS PER YEAR**

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Effective 4/1/2020, this limitation audit will set when the member has exceeded 1600 units/400 hours of procedure code T1016 UB - CARE COORDINATION LIMITED TO 200 HOURS PER YEAR. Prior to 4/1/2020, the limitation of 800 units/200 hours is exceeded.

CRITERIA:

Effective 4/1/2020, when care coordination (T1016 UB) exceeds 1600 units/400 hours in a twelve-month (12) period for care coordination, set this audit and cutback, as appropriate, to allowed amount with EOB 6055. Prior to 4/1/2020, when care coordination (T1016 UB) exceeds 800 units/200 hours this audit is set.

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	6055	PAY

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Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6055	PAY
21	30	6055	PAY
21	32	6055	PAY
21	33	6055	PAY
21	34	6055	PAY
21	70	6055	PAY
21	72	6055	PAY
21	73	6055	PAY
21	74	6055	PAY

EOB: 6055 - EFFECTIVE 4/1/2020, CARE COORDINATION CASE MANAGEMENT CARE LIMITED TO 400 HOURS PER YEAR. PRIOR TO 4/1/2020, CARE COORDINATION CASE MANAGEMENT CARE IS LIMITED TO 200 HOURS PER YEAR.

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	19950101	22991231

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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 cutback to approved number of units allowed.

