

Indiana Medicaid Resolutions Manual

NAME: **6066 TRANSPORT ASSTD EXCEEDS ALLOW LIM FOR AD
WAIVER**

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

This limitation audit will set when T2004 U7 U2 exceeds \$452.00 within a month for the same or different provider.

CRITERIA:

When T2004 U7 U2 exceeds \$452.00 within a month for the same or different provider, set this audit with EOB 6066.

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
21	00	9999	PAY

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6066	PAY

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6066	DENY

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21	30	6066	PAY
21	32	6066	PAY
21	33	6066	PAY
21	34	6066	PAY
21	52	6066	PAY
21	55	6066	PAY
21	64	6066	PAY
21	70	6066	PAY
21	72	6066	PAY
21	73	6066	PAY
21	74	6066	PAY

EOB: 6066 - TRANSPORTATION (ASSISTED) EXCEEDS ALLOWABLE LIMIT FOR AD

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.

