

## **Indiana Medicaid Resolutions Manual**

**NAME:**                    **6057    HEARING AID REPAIR PER 12 MO MEMBER UNDER 18 (DTL)**

**ERROR TYPE:**        Limit Audit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:**    Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

This limitation audit will set when a provider (same or different) bills for more than one hearing aid repair for a member less than 18 years of age within a 12 month period and no approved prior authorization is on file.

### **CRITERIA:**

When hearing aid repair (see procedure codes within the audit rules) is billed for a member under than age 18 and payment has been made for a hearing aid repair to the same or different provider within 12 months of the date of service and no approved PA is on file, set this audit and cutback, as appropriate, to allowed amount with EOB 6057.

Provider specialty 212 (CSHCS Care Coordinator) will bypass this audit.

### **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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
21	00	9999	PAY

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
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21	00	6057	PAY
21	30	6057	PAY
21	32	6057	PAY
21	33	6057	PAY
21	34	6057	PAY
21	50	6057	PAY
21	51	6057	PAY
21	52	6057	PAY
21	55	6057	PAY
21	56	6057	PAY
21	57	6057	PAY
21	64	6057	PAY
21	70	6057	PAY
21	72	6057	PAY
21	73	6057	PAY
21	74	6057	PAY
21	91	6057	SUSPEND

**Claim Type:** M - Professional Claims

**Member Plan:** ALL **Status:** Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
21	00	6057	DENY
21	30	6057	PAY
21	32	6057	PAY
21	33	6057	PAY
21	34	6057	PAY
21	50	6057	DENY
21	51	6057	DENY
21	52	6057	PAY
21	55	6057	PAY
21	56	6057	DENY
21	57	6057	DENY
21	64	6057	PAY
21	70	6057	PAY
21	72	6057	PAY
21	73	6057	PAY
21	74	6057	PAY
21	91	6057	SUSPEND

**EOB: 6057** - REIMBURSEMENT FOR HEARING AID REPAIRS FOR MEMBERS LESS THAN 18 YEARS OF AGE IS LIMITED TO ONCE EVERY 12 MONTHS. PRIOR AUTHORIZATION IS REQUIRED FOR PAYMENT OF ADDITIONAL REPAIR.

## **Indiana Medicaid Resolutions Manual**

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
119	Benefit maximum for this time period or occurrence has been reached.	19950101	22991231

<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
M90	Not covered more than once in a 12 month period.	19970101	22991231

**EOB: 9999 - PROCESSED PER POLICY.**

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
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.

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### **Cutback:**

Claims will systematically cutback to the approved number of units allowed.