

Indiana Medicaid Resolutions Manual

NAME: 6056 ONLY 1 HEARING AID REPAIR PER 12 MO. FOR 18 & >

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 more than one (1) hearing aid repair for a member 18 years or older within a 12 month period. Provider specialty 212 (CSHCS Care Coordinator) will bypass this audit.

CRITERIA:

When hearing aid repair (see procedure codes within the audit rules) is billed for a member 18 years of age or older and payment has been made to the same or different provider within 12 months of the date of service, set this audit with EOB 6056.

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

Location	Region	EOB	Disposition
21	00	9999	PAY

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6056	PAY

Indiana Medicaid Resolutions Manual

21	30	6056	PAY
21	32	6056	PAY
21	33	6056	PAY
21	34	6056	PAY
21	50	6056	PAY
21	51	6056	PAY
21	52	6056	PAY
21	55	6056	PAY
21	56	6056	PAY
21	57	6056	PAY
21	64	6056	PAY
21	70	6056	PAY
21	72	6056	PAY
21	73	6056	PAY
21	74	6056	PAY
21	91	6056	SUSPEND

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6056	DENY
21	30	6056	PAY
21	32	6056	PAY
21	33	6056	PAY
21	34	6056	PAY
21	50	6056	DENY
21	51	6056	DENY
21	52	6056	PAY
21	55	6056	PAY
21	56	6056	DENY
21	57	6056	DENY
21	64	6056	PAY
21	70	6056	PAY
21	72	6056	PAY
21	73	6056	PAY
21	74	6056	PAY
21	91	6056	SUSPEND

EOB: 6056 - REIMBURSEMENT FOR HEARING AID REPAIRS FOR MEMBERS 18 AND OLDER IS LIMITED TO ONCE EVERY TWELVE MONTHS. PRIOR AUTHORIZATION IS REQUIRED FOR PAYMENT OF ADDITIONAL REPAIRS.

Indiana Medicaid Resolutions Manual

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

Remark Code	Remark Description	Effective Date	End Date
M90	Not covered more than once in a 12 month period.	19970101	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

METHOD OF CORRECTION:

Full Failure:

Claims setting this audit will process according to IHCP policy.

Cutback:

Claims setting this audit will cutback to the approved number of units allowed.

Indiana Medicaid Resolutions Manual