

Indiana Medicaid Resolutions Manual

NAME: 6060 SPEECH THERAPY EVALUATIONS/ONE PER YEAR

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

This limitation audit will set when a member receives more than one speech therapy evaluation per year and no approved prior authorization is on file.

CRITERIA:

When speech therapy evaluation (see procedure codes within the audit rules) is billed and payment has been made to the same/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 6060. (405 IAC 5-22-9(2).

Provider specialty 140 bypasses this audit due to audit 6090.

Provider specialty 212 will bypass this audit effective 7/1/2018.

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: H - Home Health Claims **Member Plan:** ALL **Status:** Post

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Location	Region	EOB	Disposition
21	00	6060	PAY

Claim Type: H - Home Health Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6060	PAY

Claim Type: I - Inpatient Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6060	DENY
21	30	6060	PAY
21	32	6060	PAY
21	33	6060	PAY
21	34	6060	PAY
21	70	6060	PAY
21	72	6060	PAY
21	73	6060	PAY
21	74	6060	PAY

Claim Type: I - Inpatient Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6060	PAY
21	55	6060	DENY
21	64	6060	DENY

Claim Type: L - Long Term Care Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6060	DENY
21	30	6060	PAY
21	32	6060	PAY
21	33	6060	PAY
21	34	6060	PAY
21	70	6060	PAY
21	72	6060	PAY
21	73	6060	PAY
21	74	6060	PAY

Claim Type: L - Long Term Care Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6060	PAY

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21	52	6060	DENY
21	55	6060	DENY
21	64	6060	DENY

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6060	DENY
21	30	6060	PAY
21	32	6060	PAY
21	33	6060	PAY
21	34	6060	PAY
21	70	6060	PAY
21	72	6060	PAY
21	73	6060	PAY
21	74	6060	PAY

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6060	PAY
21	52	6060	DENY
21	55	6060	DENY
21	64	6060	DENY

Claim Type: O - Outpatient Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6060	PAY
21	55	6060	DENY
21	64	6060	DENY

Claim Type: O - Outpatient Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6060	DENY
21	30	6060	PAY
21	32	6060	PAY
21	33	6060	PAY
21	34	6060	PAY
21	70	6060	PAY
21	72	6060	PAY
21	73	6060	PAY
21	74	6060	PAY

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EOB: 6060 - REIMBURSEMENT FOR SPEECH EVALUATION IS LIMITED TO ONCE EVERY TWELVE MONTHS. PRIOR AUTHORIZATION IS REQUIRED FOR PAYMENT OF ADDITIONAL EVALUATIONS.

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

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METHOD OF CORRECTION:

Full Failure:

Claims setting this audit will systematically deny.

Cutback:

Claims setting this audit will systematically cutback.

