

Indiana Medicaid Resolutions Manual

NAME: **6086 TRANSPORT NON-ASSTD EXCEEDS ALLOW LIMIT AD
WAIVER**

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

This limitation audit will set when the billed amount exceeds \$233.00 per month for waiver service T2004 U7 U1.

CRITERIA:

When waiver service T2004 U7 U1 billed amount exceeds \$233.99 per month for the same or different provider, set the audit with EOB 6086.

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 |
|-----------------|---------------|------------|--------------------|
| 04 | 00 | 9999 | PAY |

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

| Location | Region | EOB | Disposition |
|-----------------|---------------|------------|--------------------|
| 04 | 00 | 6086 | PAY |

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

| Location | Region | EOB | Disposition |
|-----------------|---------------|------------|--------------------|
| 04 | 00 | 6086 | DENY |

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| | | | |
|----|----|------|-----|
| 04 | 30 | 6086 | PAY |
| 04 | 32 | 6086 | PAY |
| 04 | 33 | 6086 | PAY |
| 04 | 34 | 6086 | PAY |
| 04 | 70 | 6086 | PAY |
| 04 | 72 | 6086 | PAY |
| 04 | 73 | 6086 | PAY |
| 04 | 74 | 6086 | PAY |

EOB: 6086 - TRANSPORTATION (NON-ASSISTED) EXCEEDS ALLOWABLE LIMIT FOR AD

| ARC Code | ARC Description | Effective Date | End Date |
|-----------------|---|-----------------------|-----------------|
| 45 | Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability) | 19950101 | 22991231 |

EOB: 9999 - PROCESSED PER POLICY.

| ARC Code | ARC Description | Effective Date | End Date |
|-----------------|------------------------|-----------------------|-----------------|
|-----------------|------------------------|-----------------------|-----------------|

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| | | | |
|----|--|----------|----------|
| 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 systematically deny once the \$233.00 a month has been reached.

Cutback:

Claims setting this audit will systematically cutback to the appropriate dollar amount.

