

Indiana Medicaid Resolutions Manual

NAME: 6043 PRENATAL VISITS LIMITED TO 14 IN A 10 MO. PERIOD

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

This limitation audit will set when a member has more than 14 antepartum care visits billed within a ten month time period and one of the diagnosis codes indicating a medically high risk pregnancy from the audit configuration rules is not present. These rules are located in the system at BPA/Business Rules Editor.

CRITERIA:

When antepartum care visits (see procedure codes with audit rules) exceed 14 within 10 months and a diagnosis from diagnosis group 100008 (High Risk Antepartum Care) indicating a medically high risk pregnancy is **not present**, set this audit with EOB 6043. The high risk diagnosis group can be found in the system at Main Menu>BPA>Related Data>Other>Diagnosis Group Type>100008.

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
00	00	9999	PAY

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Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6043	PAY
21	52	6043	PAY
21	55	6043	PAY
21	64	6043	PAY

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6043	DENY
21	30	6043	PAY
21	32	6043	PAY
21	33	6043	PAY
21	34	6043	PAY
21	52	6043	PAY
21	55	6043	PAY
21	64	6043	PAY
21	70	6043	PAY
21	72	6043	PAY
21	73	6043	PAY
21	74	6043	PAY

EOB: 6043 - ANTEPARTUM CARE VISITS LIMITED TO 14 VISITS IN 10 MONTHS UNLESS A MEDICALLY HIGH RISK DIAGNOSIS IS INDICATED.

ARC Code

119

ARC Description

Benefit maximum for this time period or occurrence has been reached.

Effective Date

19950101

End Date

22991231

Remark Code

M83

Remark Description

Service is not covered unless the patient is classified as at high risk.

Effective Date

19970101

End Date

22991231

EOB: 9999 - PROCESSED PER POLICY.

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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 systematically cutback.

