

## **Indiana Medicaid Resolutions Manual**

**NAME: 6073 NO MORE THAN 120 UNITS WITHIN 30 DAYS OF HOSPITAL**

**ERROR TYPE:** Limit Audit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

This limitation audit will set when the specified number of home health units are exceeded within 30 days of discharge from a hospital.

### **CRITERIA:**

When home health services (99600, 99600TE, 99600TD) exceed 120 units of within 30 days of a hospital discharge by any provider, set this audit with EOB 6073. 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

**Claim Type:** H - Home Health Claims

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

Location	Region	EOB	Disposition
21	00	6073	PAY
21	91	6073	SUSPEND

**Claim Type:** H - Home Health Claims

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

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<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
21	00	6073	DENY
21	30	6073	PAY
21	32	6073	PAY
21	33	6073	PAY
21	34	6073	PAY
21	70	6073	PAY
21	72	6073	PAY
21	73	6073	PAY
21	74	6073	PAY
21	91	6073	SUSPEND

**EOB: 6073** - NO MORE THAN 120 HOME HEALTH HOURS ALLOWED WITHIN 30 DAYS OF A HOSPITAL DISCHARGE. PRIOR AUTHORIZATION IS REQUIRED FOR ADDITIONAL HOURS.

<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

**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	19950101	22991231

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Information REF), if  
present.

### **METHOD OF CORRECTION:**

#### **Full Failure:**

Claims setting this audit will process according to IHCP policy.

#### **Cutback:**

Claims setting this audit will systematically cutback to the approved number of units allowed or processed according to IHCP policy.

