

Indiana Medicaid Resolutions Manual

NAME: **6133 HCBS PER DIEM IS LTD TO ONE PER DAY WAIVER (DTL)**

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

This limitation audit will set when waiver providers bill more than 1 unit a day for procedure codes: S5140 U7 U5 U1, S5140 U7 U5 U2, S5140 U7 U5 U3, S5141 U7 U1, S5141 U7 U2, S5141 U7 U3, T2016 U7 U5 TG, T2016 U7 U5 UN UA, T2016 U7 U5 UN UB, T2016 U7 U5 UN UC, T2016 U7 U5 UP UA, T2016 U7 U5 UP UB, T2016 U7 U5 UP UC, T2016 U7 U5 UQ UA, T2016 U7 U5 UQ UB, T2016 U7 U5 UQ UC, T2033 U7 U5 U1, T2033 U7 U5 U2, T2033 U7 U5 U3.

CRITERIA:

When HCBS per diem services (see procedure codes/modifiers within the audit rules) are billed and the number of units exceed 1 unit per day, set the audit and cutback, as appropriate, to allowed amount with EOB 6133. Adult foster care per diem is limited to one unit per day.

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: M - Professional Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	6133	PAY

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Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	6133	DENY
00	30	6133	PAY
00	32	6133	PAY
00	33	6133	PAY
00	34	6133	PAY
00	70	6133	PAY
00	72	6133	PAY
00	73	6133	PAY
00	74	6133	PAY

EOB: 6133 - HCBS PER DIEM IS LIMITED TO ONE PER DAY

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

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Information REF), if
present.

METHOD OF CORRECTION:

Full Failure:

Claims setting this audit will systematically deny.

Cutback:

Claims setting this audit will systematically cutback to the approved number of units allowed, not to exceed 1 per day.

