

Indiana Medicaid Resolutions Manual

NAME: 6131 OBSOLETE T1017U3&U2 LTD TO \$1835.52/180DAYS
WAIVER

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

This limitation audit will set when T1017 U3 and T1017 U2 exceed \$1835.52 per 180 days.

CRITERIA:

When T1017 U3 and T1017 U2 exceed charges of \$1835.52 per 180 days, set this audit with EOB 6131.

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
04	00	6131	PAY

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

Location	Region	EOB	Disposition
04	00	6131	DENY
04	70	6131	PAY
04	72	6131	PAY

Indiana Medicaid Resolutions Manual

04	73	6131	PAY
04	74	6131	PAY

EOB: 6131 - DD TCM DIVERSION LIMITED TO \$1835.52 PER 180 DAYS

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. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

METHOD OF CORRECTION:

Full Failure:

Claims will systematically deny.

Cutback:

Claims will systematically cutback to 1835.52 per 180 days.