

Indiana Medicaid Resolutions Manual

NAME: **6183 J9225 LIMITED TO 1 UNIT PER MEMBER PER 12 MONTHS**

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

This limitation audit will set when the member has exceeded 1 unit for procedure code J9225 (histrelin Implant-Vantas) in a 12 month period.

CRITERIA:

When J9225 exceeds one unit in a 12 month period, set this audit and cutback, as appropriate, to allowed amount with EOB 6183.

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
21	00	9999	PAY

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6183	DENY
21	30	6183	PAY
21	32	6183	PAY
21	70	6183	PAY
21	72	6183	PAY

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Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6183	PAY

EOB: 6183 - J9225 LIMITED TO 1 UNIT PER MEMBER PER 12 MONTHS

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 Information REF), if present.	19950101	22991231

METHOD OF CORRECTION:

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Full Failure:

Claims setting this audit will systematically deny.

Cutback:

Claims setting this audit will systematically cutback.

