

## **Indiana Medicaid Resolutions Manual**

**NAME:**                    **6128    MAX AMT EXCEEDED \$545.00/MO WAIVER**

**ERROR TYPE:**      Limit Audit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:**    N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

This limitation audit will set when waiver rent/food expenses for unrelated caregiver exceeds \$545.00 per month.

### **CRITERIA:**

When waiver rent/food expenses for unrelated caregiver (T2025) exceeds \$545.00 per month, set this audit with EOB 6128.

### **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 |
|----------|--------|------|-------------|
| 21       | 00     | 6128 | PAY         |

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

| Location | Region | EOB  | Disposition |
|----------|--------|------|-------------|
| 21       | 00     | 6128 | DENY        |
| 21       | 30     | 6128 | PAY         |

## **Indiana Medicaid Resolutions Manual**

|    |    |      |     |
|----|----|------|-----|
| 21 | 32 | 6128 | PAY |
| 21 | 33 | 6128 | PAY |
| 21 | 34 | 6128 | PAY |
| 21 | 70 | 6128 | PAY |
| 21 | 72 | 6128 | PAY |
| 21 | 73 | 6128 | PAY |
| 21 | 74 | 6128 | PAY |

**EOB: 6128** - MAXIMUM AMOUNT EXCEEDED \$545.00 PER MONTH FOR WAIVER  
RENT/FOOD EXPENSES FOR UNRELATED CAREGIVER

| <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 Information REF), if present. | 19950101              | 22991231        |

## **Indiana Medicaid Resolutions Manual**

### **METHOD OF CORRECTION:**

#### **Full Failure:**

Claims will systematically deny.

#### **Cutback:**

Claims will systematically cutback to \$545.00. Once the \$545.00 has been met the claim will deny.

