

Indiana Medicaid Resolutions Manual

NAME: 6181 T2022 U7 U1 IS LTD TO 64 UNITS PER MONTH WAIVER

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Effective 2/1/2020, this limitation audit will set when procedure code T2022 U7 U1 (case management per month) is billed for more than 64 units in a month. Prior to 2/1/2020 the audit will set when procedure code T2022 U7 U1 billed for more than 32 units in a month.

CRITERIA:

Effective 2/1/2020, when T2022 U7 U1 exceeds 64 units, set this audit and deny or cutback appropriately with EOB 6181. Prior to 2/1/2020, when T2022 U7 U1 exceeds 32 units in a month, set this audit and deny or cutback appropriately with EOB 6181.

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	6181	PAY
00	91	6181	SUSPEND

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Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	6181	DENY
00	91	6181	SUSPEND

EOB: 6181 - WAIVER SERVICE T2022 U7 U1 IS LIMITED TO 64 UNITS PER MONTH

ARC Code	ARC Description	Effective Date	End Date
16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

Remark Code	Remark Description	Effective Date	End Date
M60	Missing Certificate of Medical Necessity.	19970101	22991231

EOB: 9999 - PROCESSED PER POLICY.

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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:

Full Failure:

Claims setting this audit will systematically process according to IHCP Policy.

Cutback:

Effective 2/1/2020, claims setting this audit will systematically cutback and pay the units appropriately and deny if more than 64 units are paid in history. Prior to 2/1/2020 this audit will systematically cutback and pay the units appropriately and deny if more than 32 units are paid in history.

