

Indiana Medicaid Resolutions Manual

NAME: 6119 OBSOLETE-INPT REHAB SVCS LIMIT 50 DAYS PER CALENDAR

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: N

DESCRIPTION:

OBSOLETE effective 1/17/2020----This limitation audit will set when any provider bills for an inpatient rehabilitation service and a member has already received 50 days of inpatient rehabilitation services in any calendar year.

CRITERIA:

When inpatient rehabilitation service revenue codes (118, 128, 138, 148, 158) are billed and payment has been made to any provider for 50 days of inpatient rehabilitation services within any calendar year, set this audit with EOB 6119.

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: I - Inpatient Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6119	PAY

Claim Type: I - Inpatient Claims **Member Plan:** ALL **Status:** Post

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Location	Region	EOB	Disposition
21	00	6119	DENY
21	30	6119	PAY
21	32	6119	PAY
21	33	6119	PAY
21	34	6119	PAY
21	70	6119	PAY
21	72	6119	PAY
21	73	6119	PAY
21	74	6119	PAY

EOB: 6119 - REIMBURSEMENT IS LIMITED TO 50 DAYS OF INPATIENT REHABILITATION SERVICES PER RECIPIENT PER CALENDAR YEAR. THIS RECIPIENT HAS RECEIVED THE MAXIMUM NUMBER ALLOWABLE.

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

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METHOD OF CORRECTION:

Full Failure:

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

Cutback:

Claims setting this audit will systematically cutback until the 50 day limit per year has been met.

