

Indiana Medicaid Resolutions Manual

NAME: **6254 THERAPY SERVICES LIMITED TO 75 HOUR PER YEAR**

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Effective 4/1/2020, this limitation audit will set when the member has exceeded 300 units/75 hours of procedure code H0004 UB - Alcohol and/or Drug Services (per 15 minutes) in a rolling 12 month period. Prior to 4/1/2020 the limit is 96 units/24 hours.

CRITERIA:

4/1/2020, when alcohol and/or drug services (H0004 UB) exceed 300 units or 75 hours in a rolling 12-month period, set this audit and cutback, as appropriate, to allowed amount with EOB 6254. Prior to 4/1/2020, the limit is 96 units or 24 hours in a 12-month period.

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	6254	PAY

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

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Location	Region	EOB	Disposition
21	00	6254	PAY
21	30	6254	PAY
21	32	6254	PAY
21	33	6254	PAY
21	34	6254	PAY
21	70	6254	PAY
21	72	6254	PAY
21	73	6254	PAY
21	74	6254	PAY

EOB: 6254 - EFFECTIVE 4/1/2020, THERAPY SERVICES LIMITED TO 75 HOURS PER YEAR. PRIOR TO 4/1/2020 SERVICES ARE LIMITED TO 24 HOURS PER YEAR.

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 process according to IHCP policy.

Cutback:

Claims setting this audit will cutback to the number of approved units allowed.

