

Indiana Medicaid Resolutions Manual

NAME: 6093 OBSOLETE EXCESS UNITS BILLED FOR WAIVER SVCS

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

This limitation audit will set when T2034 U7 exceeds 1 unit per day for the same or different provider.

CRITERIA:

When T2034 U7 exceeds 1 unit per day for the same or different provider, set this audit with EOB 6093. This audit was end-dated 12/31/2006.

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	6093	PAY

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

Location	Region	EOB	Disposition
00	00	6093	DENY
00	70	6093	PAY

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00	72	6093	PAY
00	73	6093	PAY
00	74	6093	PAY

EOB: 6093 - WAIVER SERVICES ALLOW ONE UNIT PER DAY UNDER THE INDIANA HEALTH COVERAGE SERVICES

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. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

METHOD OF CORRECTION:

OBSOLETE