

Indiana Medicaid Resolutions Manual

NAME: **6154 NO MORE THAN 120 UNITS WITHIN 30 DAYS FROM HOSPITA**

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: N

DESCRIPTION:

This limitation audit will set when a member received more than 120 hours of therapy services (any combination) within 30 days from a hospital discharge date and no approved prior authorization is on file. This audit pertains to home health claims only.

CRITERIA:

When a therapy service (see procedure codew within audit rules) is billed and payment has been made to any provider for 120 units of any combination of therapy services within 30 days of the hospital discharge date and no approved prior authorization is on file, set this audit with EOB 6154.

Provider specialty 212 (CSHCS Care Coordinator) will bypass this audit.

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: H - Home Health Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
----------	--------	-----	-------------

Indiana Medicaid Resolutions Manual

20	00	6154	PAY
----	----	------	-----

Claim Type: H - Home Health Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
20	00	6154	DENY
20	30	6154	PAY
20	32	6154	PAY
20	33	6154	PAY
20	34	6154	PAY
20	70	6154	PAY
20	72	6154	PAY
20	73	6154	PAY
20	74	6154	PAY

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
20	00	6154	DENY
20	30	6154	PAY
20	32	6154	PAY
20	33	6154	PAY
20	34	6154	PAY
20	70	6154	PAY
20	72	6154	PAY
20	73	6154	PAY
20	74	6154	PAY

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
20	00	6154	PAY

EOB: 6154 - NO MORE THAN 120 HOME HEALTH THERAPY HOURS WITHIN 30 DAYS OF HOSPITAL DISCHARGE. ANY ADDITIONAL HOURS REQUIRE PRIOR AUTHORIZATION.

ARC Code
119

ARC Description
Benefit maximum for
this time period or
occurrence has been
reached.

Effective Date
19950101

End Date
22991231

Indiana Medicaid Resolutions Manual

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

METHOD OF CORRECTION:

Full Failure:

Claims setting this audit will process according to IHCP policy.

Cutback:

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

