

Indiana Medicaid Resolutions Manual

NAME: **6140 RADIOIMMUNOTHERAPY SERVICE (78804) IS
LIMITED TO O**

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

This limitation audit will set when radioimmunotherapy (78804) exceeds one unit of service every three years.

CRITERIA:

When radioimmunotherapy (78804) exceeds one unit of service every three years, set this audit with EOB 6140. This audit is effective for dates of service 1/1/04 - 12/31/2299. See November/December 2004 Newsletter for details.

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	6140	PAY

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

Location	Region	EOB	Disposition
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21	00	6140	DENY
21	30	6140	PAY
21	32	6140	PAY
21	33	6140	PAY
21	34	6140	PAY
21	70	6140	PAY
21	72	6140	PAY
21	73	6140	PAY
21	74	6140	PAY

Claim Type: O - Outpatient Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6140	DENY
21	30	6140	PAY
21	32	6140	PAY
21	33	6140	PAY
21	34	6140	PAY
21	70	6140	PAY
21	72	6140	PAY
21	73	6140	PAY
21	74	6140	PAY

Claim Type: O - Outpatient Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6140	PAY

EOB: 6140 - RADIOIMMUNOTHERAPY SERVICE (78804) IS LIMITED TO ONE PER LIFETIME.

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.

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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:

Claims setting this audit will systematically cutback.

