

## **Indiana Medicaid Resolutions Manual**

**NAME:** 6113 DME LIMITED TO \$2000 PER MEMBER PER CAL YR

**ERROR TYPE:** Limit Audit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** N

**ALLOW DENIAL:** N

### **DESCRIPTION:**

This limitation audit will set when reimbursement for durable medical equipment (DME) exceeds \$2,000 per member per calendar year.

### **CRITERIA:**

When DME (see procedure codes within the audit rules) reimbursement exceeds \$2,000 in any calendar year by any provider, set this audit and cutback, as appropriate, to allowed amount with EOB 6113.

### **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	6113	PAY

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

Location	Region	EOB	Disposition
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21	00	6113	DENY
21	30	6113	PAY
21	32	6113	PAY
21	33	6113	PAY
21	34	6113	PAY
21	70	6113	PAY
21	72	6113	PAY
21	73	6113	PAY
21	74	6113	PAY

**EOB: 6113** - DURABLE MEDICAL EQUIPMENT IS LIMITED TO \$2,000 PER MEMBER PER CALENDAR YEAR. THIS MEMBER HAS RECEIVED THE MAXIMUM AMOUNT ALLOWABLE

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
119	Benefit maximum for this time period or occurrence has been reached.	19950101	22991231

**EOB: 9999** - PROCESSED PER POLICY.

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
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 \$2000.00 has been met.

