

Indiana Medicaid Resolutions Manual

NAME: **6155 NURSING/HH SERVICES LIMITED TO 24 UNITS A DAY**

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

This limitation audit will set when nursing/home health visits billed by LPN or RN (any combination) exceed 24 units in a day.

CRITERIA:

When when nursing/home health visits billed by LPN or RN (99600, 99600 TD, or 99600 TE - any combination) exceed 24 units in a day, set this audit with EOB 6155.

The cutback is applied to the home visit procedure codes only. The overhead is applied separately after the reduction and is not impacted. No more the 24 units are allowed in a day, each unit billed will represent one hour.

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
21	00	6155	PAY

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Claim Type: H - Home Health Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6155	DENY
21	30	6155	PAY
21	32	6155	PAY
21	33	6155	PAY
21	34	6155	PAY
21	70	6155	PAY
21	72	6155	PAY
21	73	6155	PAY
21	74	6155	PAY

EOB: 6155 - NURSING/HOME HEALTH AID SERVICES ARE LIMITED TO 24 UNITS A DAY

ARC Code	ARC Description	Effective Date	End Date
45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)	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 will systematically process according to IHCP Policy.

Cutback:

Claims billing more than the allowed units will systematically cutback to 24 units per day limit.

