

## **Indiana Medicaid Resolutions Manual**

**NAME:** 6143 RADIOIMMUNOTHERAPY SERVICE (A9545) IS LIMITED TO O

**ERROR TYPE:** Limit Audit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this limitation audit when Iodine I-131 Tositumomab, Therapeutic, Radioimmunotherapy (A9545) exceeds one unit of service in a 3 year period.

### **CRITERIA:**

When radioimmunotherapy (A9545) exceeds one unit of service in a 3 year period, set this audit with EOB 6143. 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	6143	PAY

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

Location	Region	EOB	Disposition
21	00	6143	DENY

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21	70	6143	PAY
21	72	6143	PAY
21	73	6143	PAY
21	74	6143	PAY

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
21	00	6143	DENY
21	70	6143	PAY
21	72	6143	PAY
21	73	6143	PAY
21	74	6143	PAY

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
21	00	6143	PAY

**EOB: 6143** - RADIOIMMUNOTHERAPY SERVICE A9545 IS LIMITED TO ONE PER LIFETIME

<b>ARC Code</b> 119	<b>ARC Description</b> Benefit maximum for this time period or occurrence has been reached.	<b>Effective Date</b> 19950101	<b>End Date</b> 22991231
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**EOB: 9999** - PROCESSED PER POLICY.

<b>ARC Code</b> 97	<b>ARC Description</b> 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.	<b>Effective Date</b> 19950101	<b>End Date</b> 22991231
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### **METHOD OF CORRECTION:**

#### **Full Failure:**

Claims setting this audit will systematically deny.

#### **Cutback:**

Claims setting this audit will systematically cutback to 1 unit in a 3 year period.

