

## Indiana Medicaid Resolutions Manual

**NAME:** 6184 99600 U2 TD LIMITED TO ONE UNIT PER DAY

**ERROR TYPE:** Limit Audit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### DESCRIPTION:

This limitation audit will set when 99600 U2 TD exceeds one per day. Procedure code 99600 U2 TD is the daily reading for home health telehealth.

### CRITERIA:

When home health telehealth (99600 U2 TD) exceeds one unit per day, set this audit with EOB 6184. See related audit 6185.

### 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
21	00	9999	PAY

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

Location	Region	EOB	Disposition
21	00	6184	DENY

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

Location	Region	EOB	Disposition
21	00	6184	PAY

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**EOB: 6184** - 99600 U2 TD, UNLISTED HOME VISIT SERVICE OR PROCEDURE (DAILY RATE FOR EACH DAILY READING FOR AN RN) IS LIMITED TO ONE UNIT PER DAY

<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. Note: 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.