

## **Indiana Medicaid Resolutions Manual**

**NAME: 6109 UNSKILLED RESPITE CARE LIMITED TO 300 PER YEAR**

**ERROR TYPE:** Limit Audit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

This limitation audit will set when the member has exceeded 300 units of procedure code S5150 UB- UNSKILLED RESPITE CARE LIMITED TO 300 PER YEAR in a 12 month time period.

### **CRITERIA:**

When unskilled respite care (S5150 UB) exceeds 300 units in a rolling 12 month time period , set this audit and cutback, as appropriate, to allowed amount with EOB 6109.

### **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	6109	PAY

**Claim Type:** M - Professional Claims

**Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6109	DENY

## **Indiana Medicaid Resolutions Manual**

21	30	6109	PAY
21	32	6109	PAY
21	33	6109	PAY
21	34	6109	PAY
21	70	6109	PAY
21	72	6109	PAY
21	73	6109	PAY
21	74	6109	PAY

**EOB: 6109 - UNSKILLED RESPITE CARE, NOT HOSPICE LIMITED TO 300 UNITS PER YEAR**

<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

## **Indiana Medicaid Resolutions Manual**

### **METHOD OF CORRECTION:**

#### **Full Failure:**

Claims setting this audit will systematically process according to IHCP policy.

#### **Cutback:**

Claims setting this audit will systematically cutback to the approved number of units allowed, not to exceed 300 units per 12 month rolling time period.

