

## **Indiana Medicaid Resolutions Manual**

**NAME:** 6157 THERAPIES ARE LIMITED TO 96 UNITS IN A DAY

**ERROR TYPE:** Limit Audit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

This limitation audit will set when a member receives more than 96 units of therapy services in a day (any combination of G0151, G0152, G0153).

### **CRITERIA:**

When home health therapy services (G0151, G0152, or G0153) are billed and payment has been made to any provider for 96 units of any combination of therapy services within a day, set this audit with EOB 6157. This audit pertains to home health only.

### **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
20	00	6157	PAY

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

Location	Region	EOB	Disposition
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20	00	6157	DENY
20	30	6157	PAY
20	32	6157	PAY
20	33	6157	PAY
20	34	6157	PAY
20	70	6157	PAY
20	72	6157	PAY
20	73	6157	PAY
20	74	6157	PAY

**Claim Type:** M - Professional Claims

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
20	00	6157	DENY
20	30	6157	PAY
20	32	6157	PAY
20	33	6157	PAY
20	34	6157	PAY
20	70	6157	PAY
20	72	6157	PAY
20	73	6157	PAY
20	74	6157	PAY

**Claim Type:** M - Professional Claims

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
20	00	6157	PAY

**EOB: 6157 - THERAPIES ARE LIMITED TO 96 UNITS IN ONE DAY**

**ARC Code**

45

**ARC Description**

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

**Effective Date**

19950101

**End Date**

22991231

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amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)

**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

### **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.

