

Indiana Medicaid Resolutions Manual

NAME: 6142 RADIOIMMUNOTHERAPY SERVICE (A9544) IS LIMITED TO O

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

This limitation audit will set when Iodine I-131 Tositumomab, Diagnostic, Radioimmunotherapy (A9544) exceeds one unit of service in a 3 year period.

CRITERIA:

When Iodine I-131 Tositumomab, Diagnostic, Radioimmunotherapy (A9544) exceeds one unit of service per 3 years, set this audit with EOB 6142. 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	6142	PAY

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

Location	Region	EOB	Disposition
21	00	6142	DENY

Indiana Medicaid Resolutions Manual

21	70	6142	PAY
21	72	6142	PAY
21	73	6142	PAY
21	74	6142	PAY

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

Location	Region	EOB	Disposition
21	00	6142	DENY
21	70	6142	PAY
21	72	6142	PAY
21	73	6142	PAY
21	74	6142	PAY

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

Location	Region	EOB	Disposition
21	00	6142	PAY

EOB: 6142 - RADIOIMMUNOTHERAPY SERVICE A9544 IS LIMITED TO ONE PER LIFETIME

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

ARC Code 97	ARC Description 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.	Effective Date 19950101	End Date 22991231
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Indiana Medicaid Resolutions Manual

METHOD OF CORRECTION:

Full Failure:

Claims setting this audit will systematically deny.

Cutback:

Claims setting this audit will systematically cutback if more than 1 unit is billed in a 3 year period.

