

Indiana Medicaid Resolutions Manual

NAME: 6116 **OBSOLETE- SPEECH THERAPY SVCS 50 VISITS PER YR**

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: N

DESCRIPTION:

OBSOLETE effective 1/17/2020----This limitation audit will set when any provider bills for speech therapy treatment and a member has already received 50 speech therapy treatments in any calendar year.

CRITERIA:

When speech therapy treatment (see procedure codes within the audit rules) is billed and payment has been made to any provider for 50 speech therapy treatments within any calendar year, set this audit and cutback, as appropriate, to allowed amount with EOB 6116.

Provider specialty 212 will bypass this audit effective 7/1/2018.

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
21	00	6116	DENY

Indiana Medicaid Resolutions Manual

21	30	6116	PAY
21	32	6116	PAY
21	33	6116	PAY
21	34	6116	PAY
21	70	6116	PAY
21	72	6116	PAY
21	73	6116	PAY
21	74	6116	PAY

Claim Type: H - Home Health Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6116	PAY

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6116	PAY

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6116	DENY
21	30	6116	PAY
21	32	6116	PAY
21	33	6116	PAY
21	34	6116	PAY
21	70	6116	PAY
21	72	6116	PAY
21	73	6116	PAY
21	74	6116	PAY

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

Location	Region	EOB	Disposition
21	00	6116	DENY
21	30	6116	PAY
21	32	6116	PAY
21	33	6116	PAY
21	34	6116	PAY
21	70	6116	PAY
21	72	6116	PAY
21	73	6116	PAY
21	74	6116	PAY

Indiana Medicaid Resolutions Manual

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

Location	Region	EOB	Disposition
21	00	6116	PAY

EOB: 6116 - REIMBURSEMENT IS LIMITED TO 50 SPEECH THERAPY TREATMENTS PER MEMBER PER CALENDAR YEAR. THIS MEMBER HAS RECEIVED THE MAXIMUM NUMBER ALLOWABLE.

ARC Code	ARC Description	Effective Date	End Date
119	Benefit maximum for this time period or occurrence has been reached.	19950101	22991231

EOB: 9999 - PROCESSED PER POLICY.

ARC Code	ARC Description	Effective Date	End Date
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:

Indiana Medicaid Resolutions Manual

Full Failure:

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

Cutback:

Claims setting this audit will systematically cutback until the 50 units have been met.