

Indiana Medicaid Resolutions Manual

NAME: 6423 WAIVER T2003 U7 U1 IS LIMITED TO \$1000 PER YEAR

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

This limitation audit will set when waiver procedure T2003 U7 U1 exceeds \$1,000 per year.

CRITERIA:

When waiver procedure T2003 U7 exceeds \$1,000 per year, set this audit with EOB 6423.

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
04	00	6423	PAY

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

Location	Region	EOB	Disposition
04	00	6423	DENY
04	30	6423	PAY
04	32	6423	PAY

Indiana Medicaid Resolutions Manual

04	70	6423	PAY
04	72	6423	PAY

EOB: 6423 - NON-MEDICAL TRANSPORTATION (T2003 U7 U1) IS LIMITED TO \$1,000 PER YEAR

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:

Full Failure:

Claims will systematically deny once the \$1,000 cap has been reached and post EOB 6423 or

Indiana Medicaid Resolutions Manual

process according to IHCP policy.

Cutback:

Claims will cutback to the \$1,000 allowed maximum for the year and post EOB 6423.

