

## **Indiana Medicaid Resolutions Manual**

**NAME:**                   **6341   TRANSPORT NON-ASSTD EXCEEDS ALLOW LIMIT  
TBI WAIVER**

**ERROR TYPE:**       Limit Audit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:**    Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

This limitation audit will set when waiver procedure T2004 U7 U1 (Community Carrier- Multi Passenger, Non-Assisted) is billed by the same or different provider and exceeds the allowed amount of \$150.00 per month.

### **CRITERIA:**

When waiver procedure T2004 U7 U1 (Community Carrier Multi-Passenger, Non-Assisted) exceeds \$150.00 per month for any provider, set this audit with EOB 6341. PA (prior authorization) will not override this audit.

### **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	6341	PAY

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

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<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	00	6341	DENY
04	30	6341	PAY
04	32	6341	PAY
04	70	6341	PAY
04	72	6341	PAY

**EOB: 6341 - TRANSPORTATION (NON-ASSISTED) EXCEEDS ALLOWABLE FOR TBI**

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
M60	Missing Certificate of Medical Necessity.	19970101	22991231

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**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:**

Claims will pay up to the \$150.00 and cutback appropriately. Claims will deny once the monthly limitation has been met.

