

Indiana Medicaid Resolutions Manual

**NAME: 6340 TRANSPORT ASSTD EXCEEDS ALLOW LIMIT FOR 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 U2 (Community Carrier- Multi Passenger) is billed by the same or different provider and exceeds the allowed amount of \$300.00 per month.

CRITERIA:

When waiver procedure T2004 U7 U2 (Community Carrier Multi-Passenger) exceeds \$300.00 per month for any provider, set this audit with EOB 6340. 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	6340	PAY

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

Location	Region	EOB	Disposition
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04	00	6340	DENY
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EOB: 6340 - TRANSPORTATION (ASSISTED) EXCEEDS ALLOWABLE LIMIT FOR TBI

ARC Code	ARC Description	Effective Date	End Date
16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. 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.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

Remark Code	Remark Description	Effective Date	End Date
M60	Missing Certificate of Medical Necessity.	19900101	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. Note: Refer to the 835 Healthcare Policy	19950101	22991231

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Identification Segment
(loop 2110 Service
Payment Information
REF), if present.

METHOD OF CORRECTION:

Claims will pay up to \$300.00 and cutback appropriately. Claims will deny once the monthly limitation has been met.

