

## **Indiana Medicaid Resolutions Manual**

**NAME:** 6420 OBSOLETE - SERVICE IS LIMITED TO 1 UNIT PER DOS

**ERROR TYPE:** Limit Audit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

**\*\*OBSOLETE EFFECTIVE JANUARY 1, 2018 - THIS AUDIT IS END-DATED\*\*** This audit will set when the units billed per detail exceed one (1) per date of service for procedure codes B4034, B4035, B4036, B4087, B4088, B4216, B4220, B4222, B4224, B9000, B9002, B9004, B9006, E0433, E1036 (same procedure) for the same provider.

### **CRITERIA:**

**\*\*OBSOLETE EFFECTIVE JANUARY 1, 2018 - THIS AUDIT IS END-DATED\*\*** When B4034, B4035, B4036, B4087, B4088, B4216, B4220, B4222, B4224, B9000, B9002, B9004, B9006, E0433, E1036 exceed one (1) billed unit per detail for same procedure on the same date of service for the same provider. This audit is effective for dates of service on or after 10/1/2010. This applies to provider specialty 250 -DME only. The purpose of this audit is to capture MUE values on the NCCI MUE DME file that are not on the NCCI MUE Practitioner file. NCCI auditing only subjects medical claims to the practitioner file and not the DME file. This audit will allow the program to ensure both MUE files are utilized.

### **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

## **Indiana Medicaid Resolutions Manual**

**Claim Type:** M - Professional Claims

**Member Plan:** ALL **Status:** Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	00	6420	PAY
04	30	6420	PAY
04	32	6420	PAY
04	33	6420	PAY
04	34	6420	PAY
04	70	6420	PAY
04	72	6420	PAY
04	73	6420	PAY
04	74	6420	PAY

**Claim Type:** M - Professional Claims

**Member Plan:** ALL **Status:** Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	00	6420	DENY
04	30	6420	PAY
04	32	6420	PAY
04	33	6420	PAY
04	34	6420	PAY
04	70	6420	PAY
04	72	6420	PAY
04	73	6420	PAY
04	74	6420	PAY

**EOB: 6420** - SERVICE BILLED IS LIMITED TO ONE UNIT PER DATE OF SERVICE

**ARC Code**

119

**ARC Description**

Benefit maximum for  
this time period or  
occurrence has been  
reached.

**Effective Date**

19950101

**End Date**

22991231

**EOB: 9999** - PROCESSED PER POLICY.

**ARC Code**

97

**ARC Description**

The benefit for this  
service is included in  
the

**Effective Date**

19950101

**End Date**

22991231

## **Indiana Medicaid Resolutions Manual**

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.

### **METHOD OF CORRECTION:**

#### **Full Failure:**

If this audit is set, Claims will be systematically denied.

#### **Cutback:**

If this audit is set, Claims will be systematically cutback.

