

Indiana Medicaid Resolutions Manual

NAME: 6427 Lead Case Management limited 26 units in 12 months

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

This limitation audit will set when Lead Case Management services, provided as part of the Medicaid Early Periodic Screening Diagnosis and Treatment (EPSDT) exam, exceed 26 units within a rolling 12 month period. Prior authorization will allow claims to bypass this audit.

CRITERIA:

When Lead Case Management services, provided as part of the Medicaid EPSDT exam exceed 26 units (1 unit equals 15 minutes) paid within a rolling 12 month period, set this audit with EOB 6427. Refer to the audit business rules for the Lead Case Management services, provided as part of the Medicaid EPSDT exam procedure.

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
21	00	6427	DENY
21	91	6427	SUSPEND

Indiana Medicaid Resolutions Manual

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6427	PAY

EOB: 6427 - T1016 EP - CASE MANAGEMENT EACH 15 MINUTES, PROVIDED AS PART OF MEDICAID EARLY PERIODIC SCREENING DIAGNOSIS AND TREATMENT (EPSDT) IS LIMITED TO 26 UNITS PER 12 MONTHS

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

Remark Code	Remark Description	Effective Date	End Date
N362	The number of Days or Units of Service exceeds our acceptable maximum.	20051118	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	19950101	22991231

Indiana Medicaid Resolutions Manual

Information REF), if present.

METHOD OF CORRECTION:

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

Special Batches:

Special batched claims will process according to the instructions on the approved special batch form.

