

Indiana Medicaid Resolutions Manual

NAME: 6364 HEARING AID DISPENSING FEE LTD TO 1/5 YRS (DTL)

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

This limitation audit will set when the provider bills hearing aid dispensing fee procedure codes (V5241, V5160), more than once within a five year period of time.

CRITERIA:

When hearing aid dispensing fee services (see procedure codes within the audit rules) are billed more than once within a five year period, set this audit and cutback, as appropriate, to allowed amount with EOB 6364.

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	6364	PAY

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

Location	Region	EOB	Disposition
04	00	6364	DENY

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EOB: 6364 - DISPENSING FEES FOR HEARING AIDS ARE LIMITED TO ONE EVERY FIVE YEARS.

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. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

METHOD OF CORRECTION:

Full Failure:

Claims setting this audit will systematically deny, once the maximum has been met.

Cutback:

Claims setting this audit will cutback to one unit and deny additional units billed.