

Indiana Medicaid Resolutions Manual

NAME: **6307 ONCOLOGY COLORECTAL SCREEN LIM 1 EVERY 3 YEARS**

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

This limitation audit will set when oncology colorectal screening is billed and paid to any provider more than once every three years.

CRITERIA:

When oncology colorectal screening exceeds one within 3 years (any provider), deny or cutback with audit 6307.

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
21	00	9999	PAY

Claim Type: B - Professional Xover Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6307	DENY
21	70	6307	PAY
21	72	6307	PAY
21	73	6307	PAY
21	74	6307	PAY
21	91	6307	SUSPEND

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Claim Type: B - Professional Xover Claims

Member Plan: ALL Status: Post

Location	Region	EOB	Disposition
21	00	6307	PAY
21	70	6307	PAY
21	72	6307	PAY
21	73	6307	PAY
21	74	6307	PAY
21	91	6307	SUSPEND

Claim Type: C - Outpatient Xover Claims Member Plan: ALL Status: Post

Location	Region	EOB	Disposition
21	00	6307	PAY
21	70	6307	PAY
21	72	6307	PAY
21	73	6307	PAY
21	74	6307	PAY
21	91	6307	SUSPEND

Claim Type: C - Outpatient Xover Claims Member Plan: ALL Status: Post

Location	Region	EOB	Disposition
21	00	6307	DENY
21	70	6307	PAY
21	72	6307	PAY
21	73	6307	PAY
21	74	6307	PAY
21	91	6307	SUSPEND

Claim Type: M - Professional Claims

Member Plan: ALL Status: Post

Location	Region	EOB	Disposition
21	00	6307	DENY
21	70	6307	PAY
21	72	6307	PAY
21	73	6307	PAY
21	74	6307	PAY
21	91	6307	SUSPEND

Claim Type: M - Professional Claims

Member Plan: ALL Status: Post

Location	Region	EOB	Disposition
21	00	6307	PAY

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21	70	6307	PAY
21	72	6307	PAY
21	73	6307	PAY
21	74	6307	PAY
21	91	6307	SUSPEND

Claim Type: O - Outpatient Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6307	PAY
21	70	6307	PAY
21	72	6307	PAY
21	73	6307	PAY
21	74	6307	PAY
21	91	6307	SUSPEND

Claim Type: O - Outpatient Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6307	DENY
21	70	6307	PAY
21	72	6307	PAY
21	73	6307	PAY
21	74	6307	PAY
21	91	6307	SUSPEND

EOB: 6307 - ONCOLOGY COLORECTAL SCREENING, QUANTITATIVE, LIMITED TO ONCE EVERY 3 YEARS

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
M86	Service denied because payment already made for same/similar	19970101	22991231

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procedure within set
time frame.

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 Information REF), if present.	19950101	22991231

METHOD OF CORRECTION:

Full Failure:

Claims setting this audit will systematically deny.

Cutback:

Claims setting this audit will systematically cutback to the approved number of units allowed.