

Indiana Medicaid Resolutions Manual

NAME: 6400 JOINT INJECTIONS THREE PER MONTH

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

This limitation audit will set when the same provider bills more than 3 joint injections per month (per site).

CRITERIA:

When joint injection services (see procedure codes within audit rules) are billed and payment has been made to the same provider for 3 joint injections (per joint site - Chap. 8 -269) within 30 days, deny with 6400.

Provider specialty 212 (CSHCS Care Coordinator) will bypass 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
22	00	6400	DENY
22	11	6400	SUSPEND
22	21	6400	SUSPEND
22	23	6400	SUSPEND

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22	30	6400	PAY
22	32	6400	PAY
22	33	6400	PAY
22	34	6400	PAY
22	52	6400	PAY
22	55	6400	PAY
22	64	6400	PAY
22	70	6400	PAY
22	72	6400	PAY
22	73	6400	PAY
22	74	6400	PAY
22	91	6400	SUSPEND

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
22	00	6400	DENY
22	11	6400	SUSPEND
22	21	6400	SUSPEND
22	23	6400	SUSPEND
22	30	6400	PAY
22	32	6400	PAY
22	33	6400	PAY
22	34	6400	PAY
22	52	6400	PAY
22	55	6400	PAY
22	61	6400	SUSPEND
22	64	6400	PAY
22	70	6400	PAY
22	72	6400	PAY
22	73	6400	PAY
22	74	6400	PAY
22	91	6400	SUSPEND

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
22	00	6400	PAY
22	21	6400	SUSPEND
22	23	6400	SUSPEND
22	52	6400	PAY
22	55	6400	PAY
22	61	6400	DENY
22	64	6400	PAY
22	91	6400	SUSPEND

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Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
22	00	6400	PAY
22	11	6400	SUSPEND
22	21	6400	SUSPEND
22	23	6400	SUSPEND
22	32	6400	PAY
22	52	6400	PAY
22	55	6400	PAY
22	61	6400	SUSPEND
22	64	6400	PAY
22	72	6400	DENY
22	91	6400	SUSPEND

EOB: 6400 - JOINT INJECTIONS ARE LIMITED TO THREE PER MONTH FOR DATES OF SERVICE PRIOR TO 4/1/03, AND FOUR PER MONTH FOR DATES OF SERVICE ON OR AFTER 4/1/03. RESUBMIT CLAIM WITH DOCUMENTATION OF THE SPECIFIC JOINTS INJECTED AND DATES OF SERVICE FOR THOSE INJECTIONS.

ARC Code	ARC Description	Effective Date	End Date
272	Coverage/program guidelines were not met.	20151101	22991231

ARC Code	ARC Description	Effective Date	End Date
B5	Coverage/program guidelines were not met or were exceeded.	19950101	20160501

EOB: 9999 - PROCESSED PER POLICY.

ARC Code	ARC Description	Effective Date	End Date
97	The benefit for this service is included in the	19950101	22991231

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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:

Claims setting this audit will systematically deny.??Region 90-Special Batched claims will suspend to location 22-Medical Policy for review.

Cutback:

Claims setting this audit will systematically cutback.??Region 90-Special Batched claims will suspend to location 22 for review. Route claims with documentation to location 22 specialist.

Medical Policy Specialist Instructions:

Check for presence of documentation.??If no documentation is present, deny the claim with EOB 6400.? If medical documentation is present and it indicates that the injections involve different joint sites, and supports that no more than three injections, were given per site in a thirty day period, override the error and force the claim to pay.