

Indiana Medicaid Resolutions Manual

NAME: **6424 TRAIN/SUPPORT CODES LTD TO \$500/YEAR WAIVER (DTL)**

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

This limitation audit will set when waiver procedures S5116 U7 and S5111 U7 exceed \$500.00 a year.

CRITERIA:

When waiver procedures S5116 U7 and S5111 U7 exceed \$500.00 a year by the same or different provider, set this audit with EOB 6424.

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	6424	PAY

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	6424	DENY

Indiana Medicaid Resolutions Manual

04	30	6424	PAY
04	32	6424	PAY
04	70	6424	PAY
04	72	6424	PAY

EOB: 6424 - TRAINING AND SUPPORT CODES FOR UNPAID CAREGIVER WILL BE LIMITED TO \$500.00 PER YEAR

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

METHOD OF CORRECTION:

Indiana Medicaid Resolutions Manual

Full Failure:

Claims systematically deny once the \$500.00 maximum has been met for year.

Cutback:

Claims will cutback to the \$500.00 maximum for the year and post EOB 6424.

