

## **Indiana Medicaid Resolutions Manual**

**NAME:**                    **6550    T1015/CR LIMITED TO ONCE PER DAY**

**ERROR TYPE:**        Limit Audit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:**    Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

This limitation audit will set when T1015/CR (COVID Virtual Clinic Visit) is billed from more than one time per day, same or different provider.

### **CRITERIA:**

When T1015/CR (COVID Virtual Clinic Visit) is billed more than one time per day, by the same or different provider, set this audit with EOB 6550 - T1015/CR (COVID Virtual Clinic Visit) is limited to once per day, same or different provider.

### **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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	9999	PAY

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
21	00	6550	PAY

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
21	00	6550	DENY

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21	30	6550	PAY
21	32	6550	PAY
21	33	6550	PAY
21	34	6550	PAY
21	70	6550	PAY
21	72	6550	PAY
21	73	6550	PAY
21	74	6550	PAY
21	91	6550	SUSPEND

**EOB: 6550** - T1015/CR (COVID clinic visit) is limited to once per day, same or different provider

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

**EOB: 9999** - PROCESSED PER POLICY.

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
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

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### **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.

