

Indiana Medicaid Resolutions Manual

NAME: 6278 LIVER ELASTOGRAPHY LIMITED TO 1 PER ROLLING 6 MOS

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

This limitation audit will fail when a provider bills for more than one liver elastography for a recipient within a rolling 6 month period.

CRITERIA:

If a provider bills for liver elastography and payment has been made to any provider for the same service for the same recipient within a rolling 6 month period of the date of service on the claim, fail this audit with EOB 6278.

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	6278	DENY
21	70	6278	PAY
21	72	6278	PAY
21	73	6278	PAY
21	74	6278	PAY

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21	91	6278	SUSPEND
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Claim Type: B - Professional Xover Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6278	PAY

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6278	DENY
21	30	6278	PAY
21	32	6278	PAY
21	33	6278	PAY
21	34	6278	PAY
21	70	6278	PAY
21	72	6278	PAY
21	73	6278	PAY
21	74	6278	PAY
21	91	6278	SUSPEND

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6278	PAY

EOB: 6278 - LIVER ELASTOGRAPHY IS LIMITED TO 1 UNIT PER 6 MONTHS.

ARC Code

119

ARC Description

Benefit maximum for this time period or occurrence has been reached.

Effective Date

19950101

End Date

22991231

Remark Code

M86

Remark Description

Service denied because payment already made for same/similar procedure within set time frame.

Effective Date

19970101

End Date

22991231

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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 failing this audit will be systematically denied.

Cutback: Claims failing this audit will be systematically cutback to the approved number of units allowed.

