

## **Indiana Medicaid Resolutions Manual**

**NAME:** 6391 OBSOLETE BASE CODE LIMITED TO ONE UNIT PER DOS

**ERROR TYPE:** Limit Audit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

This audit will set when a base code (see audit configuration rules) is billed with more than 1 unit per day.

### **CRITERIA:**

When base codes (see procedure codes within audit rules) are billed more than 1 unit in one day, set this audit with EOB 6391.

### **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
04	00	9999	PAY

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

Location	Region	EOB	Disposition
04	00	6391	PAY
04	70	6391	PAY
04	72	6391	PAY
04	73	6391	PAY
04	74	6391	PAY
04	91	6391	SUSPEND

## **Indiana Medicaid Resolutions Manual**

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	00	6391	DENY
04	70	6391	PAY
04	72	6391	PAY
04	73	6391	PAY
04	74	6391	PAY
04	91	6391	SUSPEND

**EOB: 6391** - A PRIMARY SERVICE OR PROCEDURE CODE IS LIMITED TO ONE UNIT PER DATE OF SERVICE.

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
B5	Coverage/program guidelines were not met or were exceeded.	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. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

### **METHOD OF CORRECTION:**

#### **Full Failure:**

Claims exceeding 1 in one day will deny with EOB 6391.

## **Indiana Medicaid Resolutions Manual**

### **Cutback:**

Claims exceeding 1 unit in 1 day will systematically cutback and post EOB 6391.

