

Indiana Medicaid Resolutions Manual

NAME: **6301 THERAPY SERVICES LIMITED TO 75 HOURS/YEAR GROUP**

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Effective 4/1/2020, this limitation audit will set, when the member has exceeded 300 units/75 hours of procedure code H0004 UB U1- Alcohol and/or Drug Services (per 15 minutes) in a rolling 12-month rolling period. Prior to 4/1/2020 the limit is 120 units/30 hours.

CRITERIA:

Effective 4/1/2020, when alcohol and/or drug services (H0004 UB U1) exceed 300 units (75 hours) in a 12-month rolling period, or any combination of subtype UB/U1/HR or UB/U1/HS, set this audit and cutback, as appropriate, to allowed amount with EOB 6301. Prior to 4/1/2020, the limitation is 120 units (30 hours).

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
21	00	6301	PAY

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Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6301	PAY
21	30	6301	PAY
21	32	6301	PAY
21	33	6301	PAY
21	34	6301	PAY
21	70	6301	PAY
21	72	6301	PAY
21	73	6301	PAY
21	74	6301	PAY

EOB: 6301 - EFFECTIVE 4/1/2020, THERAPY AND BEHAVIORAL SUPPORT SERVICES IN A GROUP SETTING LIMITED TO 75 HOURS PER YEAR. PRIOR TO 4/1/2020 THE LIMIT IS 30 HOURS 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	19950101	22991231

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Information REF), if
present.

METHOD OF CORRECTION:

Full Failure:

Claims setting this audit will process according to IHCP policy.

Cutback:

Claims setting this audit will systematically cutback to the approved number of units allowed.

