

## **Indiana Medicaid Resolutions Manual**

**NAME:**                    **6527    LIMIT MEDICATION TRAINING AND SUPPORT TO 728 UNITS**

**ERROR TYPE:**        Limit Audit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:**    N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

This limitation audit will set when the member has exceeded 728 units of procedure code H0034 UB- MEDICATION TRAINING LIMITED TO 182 HOURS PER YEAR.

### **CRITERIA:**

When medication training (H0034 UB) has exceeded 728 units/182 hours in a one year period, set this audit with EOB 6527.

### **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:** B - Professional Xover Claims

**Member Plan:** ALL    **Status:** Post

Location	Region	EOB	Disposition
21	00	6527	PAY

**Claim Type:** B - Professional Xover Claims

**Member Plan:** ALL    **Status:** Post

Location	Region	EOB	Disposition
21	00	6527	DENY

## **Indiana Medicaid Resolutions Manual**

21	70	6527	PAY
21	72	6527	PAY

**Claim Type:** C - Outpatient Xover Claims **Member Plan:** ALL **Status:** Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
21	00	6527	PAY

**Claim Type:** C - Outpatient Xover Claims **Member Plan:** ALL **Status:** Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
21	00	6527	DENY
21	70	6527	PAY
21	72	6527	PAY

**Claim Type:** D - Dental Claims **Member Plan:** ALL **Status:** Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
21	00	6527	DENY
21	30	6527	PAY
21	32	6527	PAY
21	70	6527	PAY
21	72	6527	PAY

**Claim Type:** D - Dental Claims **Member Plan:** ALL **Status:** Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
21	00	6527	PAY

**Claim Type:** H - Home Health Claims **Member Plan:** ALL **Status:** Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
21	00	6527	PAY

**Claim Type:** H - Home Health Claims **Member Plan:** ALL **Status:** Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
21	00	6527	DENY
21	30	6527	PAY
21	32	6527	PAY
21	70	6527	PAY
21	72	6527	PAY

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

## **Indiana Medicaid Resolutions Manual**

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
21	00	6527	DENY
21	30	6527	PAY
21	32	6527	PAY
21	70	6527	PAY
21	72	6527	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	6527	PAY

**Claim Type:** O - Outpatient Claims **Member Plan:** ALL **Status:** Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
21	00	6527	DENY
21	30	6527	PAY
21	32	6527	PAY
21	70	6527	PAY
21	72	6527	PAY

**Claim Type:** O - Outpatient Claims **Member Plan:** ALL **Status:** Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
21	00	6527	PAY

**EOB: 6527 - MEDICATION TRAINING AND SUPPORT (INDIVIDUAL OR GROUP)  
LIMITED TO 182 HOURS PE**

**ARC Code**  
119

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

**Effective Date**  
19950101

**End Date**  
22991231

**Remark Code**  
M90

**Remark Description**  
Not covered more  
than once in a 12  
month period.

**Effective Date**  
19970101

**End Date**  
22991231

## **Indiana Medicaid Resolutions Manual**

**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

### **METHOD OF CORRECTION:**

Claims setting this audit will systematically process according to IHCP policy.