

## **Indiana Medicaid Resolutions Manual**

**NAME:**                    **6373   ANNUAL DEPRESSION SCREEN LIMIT 1 PER 12 MONTHS**

**ERROR TYPE:**        Limit Audit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:**    Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Annual depression screening procedure code G0444 is limited to one (1) unit per 12 months for the same provider.

### **CRITERIA:**

If annual depression screening procedure code G0444 is billed and the detail units billed exceed the allowed 1 unit within 12 months, deny the detail with EOB 6373. If the units on the detail exceed 1 unit and there are no paid units in history the system will cut the units back to the allowed 1 unit and pay with EOB 6373. If one unit has been paid in history and multiple units are billed on the current detail the system will deny the detail with EOB 6373. Claim details will continue to deny within the 12 month period of the first annual depression screening 1 unit payment. After the first annual depression screening payment of 1 unit in the initial 12 month period, the system will allow an additional 1 unit per subsequent 12 month period.

### **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:** M - Professional Claims    **Member Plan:** ALL    **Status:** Post

Location	Region	EOB	Disposition
----------	--------	-----	-------------

## **Indiana Medicaid Resolutions Manual**

21	00	6373	DENY
21	30	6373	DENY
21	32	6373	DENY
21	70	6373	DENY
21	72	6373	DENY
21	91	6373	SUSPEND

**Claim Type:** M - Professional Claims

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
21	00	6373	PAY
21	30	6373	PAY
21	32	6373	PAY
21	70	6373	PAY
21	72	6373	PAY
21	91	6373	SUSPEND

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
21	00	6373	PAY
21	30	6373	PAY
21	32	6373	PAY
21	70	6373	PAY
21	72	6373	PAY
21	91	6373	SUSPEND

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
21	00	6373	DENY
21	30	6373	DENY
21	32	6373	DENY
21	70	6373	DENY
21	72	6373	DENY
21	91	6373	SUSPEND

**EOB: 6373** - Annual depression screening limited to one unit per 12 months.

**ARC Code**  
119

**ARC Description**  
Benefit maximum for  
this time period or

**Effective Date**  
19950101

**End Date**  
22991231

## **Indiana Medicaid Resolutions Manual**

occurrence has been  
reached.

<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
M86	Service denied because payment already made for same/similar procedure within set time frame.	19970101	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

### **METHOD OF CORRECTION:**

Claims failing this edit will be systematically denied.

