

## **Indiana Medicaid Resolutions Manual**

**NAME:** 6345 OBSOLETE MATERNITY DELIVY LTD TO 1 PER 9 MO  
(DTL)

**ERROR TYPE:** Limit Audit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

This limitation audit will set when more than one delivery is billed by a Birthing Center (Provider Specialty 088) within 9-months.

### **CRITERIA:**

When more than one delivery is billed by a Birthing Center (Provider Specialty 088) within 9-month, set this audit with EOB 6345.

Applicable facility fees for a Birthing Center Specialty 088:

- Revenue Code 724 only - Birthing Center vaginal delivery only (Revenue flat fee amount of \$820.95).
- Revenue Code 724 along with Procedure Code S4005 - interim labor facility global, labor occurring but not resulting in delivery (33% of \$820.95 = \$273.65, HCPC Procedure Type 216 - Birthing Center Labor No Delivery Reduced Rate).
- A detail that suspends including S4005 should be paid - no delivery occurred.

NOTE: Pregnancy services including antepartum and postpartum care will be billed per existing IHCP policy as professional services on the CMS-1500 claim form.

This audit was end-dated 6/30/2015.

### **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.

## **Indiana Medicaid Resolutions Manual**

**Claim Type:** 0 - All Claim Types    **Member Plan:** ALL    **Status:** Do Not Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	9999	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	6345	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	6345	SUSPEND
21	70	6345	PAY
21	72	6345	PAY
21	73	6345	PAY
21	74	6345	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	6345	SUSPEND
21	70	6345	PAY
21	72	6345	PAY
21	73	6345	PAY
21	74	6345	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	6345	PAY

**EOB: 6345 - REIMBURSEMENT FOR MATERNITY DELIVERY LIMITED TO ONE PER PREGNANCY**

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
119	Benefit maximum for this time period or occurrence has been reached.	19950101	22991231

**EOB: 9999 - PROCESSED PER POLICY.**

## **Indiana Medicaid Resolutions Manual**

<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:**

OBSOLETE

