

Indiana Medicaid Resolutions Manual

NAME: 6353 T2022 U7 LTD TO 1 PER MONTH PER PROV WAIVER (DTL)

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

This limitation audit will set when waiver providers exceed 1 unit a month for procedure code T2022 U7.

CRITERIA:

When T2022 U7 exceeds 1 unit in a month per provider, set this audit with EOB 6353.

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
04	00	6353	PAY

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

Location	Region	EOB	Disposition
04	00	6353	DENY

Indiana Medicaid Resolutions Manual

EOB: 6353 - WAIVER CODE T2022 U7 IS LIMITED TO ONE UNIT PER PROVIDER, PER MEMBER, PER MONTH

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. 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 will systematically deny.

Cutback:

Claims will systematically cutback to 1 unit allowed in a month.