

Indiana Medicaid Resolutions Manual

NAME: 6337 T2022 U7 U5 LIMITED TO 1 PER CAL MO

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

This limitation audit will set when waiver providers exceed 1 unit a calendar month for procedure code T2022 U7 U5. When modifiers U1, U2, U3 or U4 are billed, the audit is bypassed.

CRITERIA:

When T2022 U7 U5 exceeds 1 unit in a calendar month, set this audit with EOB 6337. When modifiers U1, U2, U3 or U4 are billed, the audit is bypassed.

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: M - Professional Claims

Member Plan: ALL **Status:** Post

| Location | Region | EOB | Disposition |
|----------|--------|------|-------------|
| 21 | 00 | 6337 | DENY |
| 21 | 70 | 6337 | PAY |
| 21 | 72 | 6337 | PAY |

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

| Location | Region | EOB | Disposition |
|----------|--------|------|-------------|
| 21 | 00 | 6337 | PAY |

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EOB: 6337 - WAIVER CODE T2022 U7 U5 IS LIMITED TO ONE UNIT PER CALENDAR MONTH

| ARC Code | ARC Description | Effective Date | End Date |
|-----------------|--|-----------------------|-----------------|
| 119 | Benefit maximum for this time period or occurrence has been reached. | 19950101 | 22991231 |

METHOD OF CORRECTION:

Full Failure:

Claims will systematically deny.

Cutback:

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