

Indiana Medicaid Resolutions Manual

NAME: **6519 ANALGESIA LIMITED TO 1 UNIT/DAY/MEMBER**

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: N

DESCRIPTION:

This limitation audit will set when analgesia (D9230) exceeds one unit on the same date of service for the same or different provider provider. This procedure is limited to one per day.

CRITERIA:

When analgesia (D9230) exceeds one unit on the same date of service for the same or different provider provider, set this audit with EOB 6519.

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

Location	Region	EOB	Disposition
21	00	6519	PAY
21	30	6519	PAY
21	32	6519	PAY
21	33	6519	PAY
21	34	6519	PAY
21	70	6519	PAY

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21	72	6519	PAY
21	73	6519	PAY
21	74	6519	PAY

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

Location	Region	EOB	Disposition
21	00	6519	DENY
21	30	6519	PAY
21	32	6519	PAY
21	33	6519	PAY
21	34	6519	PAY
21	70	6519	PAY
21	72	6519	PAY
21	73	6519	PAY
21	74	6519	PAY

EOB: 6519 - ANALGESIA-D9230 IS LIMITED TO ONE UNIT PER DAY, PER MEMBER, PER PROVIDER

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. Usage: Refer to the 835 Healthcare Policy	19950101	22991231

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Identification
Segment (loop 2110
Service Payment
Information REF), if
present.

METHOD OF CORRECTION:

Full Failure:

Claims exceeding one unit will systematically deny with EOB 6519.

Cutback:

Claims exceeding one unit will cutback and post the EOB 6519.

