

Indiana Medicaid Resolutions Manual

NAME: 6803 **TRANSPORT: ONE-WAY TRIP IN EXCESS OF 20/12 MONTHS**

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

This limitation audit will set when more than twenty (20) one-way transportation trips are billed within 12 months without an approved PA on file. If base rate is not authorized, all related services billed on the same date of service are also not payable.

CRITERIA:

When one-way transportation trips (see procedure codes within audit rules) exceed 20 units within 12 months without an approved PA, set this audit with EOB 6803. Exemptions not applied to this limit include: emergency ambulance services, inter-facility hospital transfers, transportation to/from hospital for admission and/or discharge, and transportation for nursing home members. If the base rate is not approved, then all related transportation services are to be denied. Provider specialty 212 (CSHCS Care Coordinator) will bypass this audit. The following exceptions are not applied to the 20 trip limit:

1. Emergency Ambulance Services
2. Inter-facility Hospital Transfer
3. Transportation to/from Hospital for Admission and Discharge

If prior authorization is not on file for the base rate beyond the 20 trip limit, all ancillaries will be denied. Claims submitted with a diagnosis code listed in diagnosis group 100042 (Diagnosis Codes to Bypass One-Way Trip Units Limit) will bypass this audit. This diagnosis code list can be found in the system at Main Menu>BPA>Related Data>Other>Diagnosis Group Type>100042.

Note: Accompanying Parent/Member - If any of the procedure codes are listed in the audit rules and the member is less than age 18 and/or age is 18 years and over, the system will NOT count the trip. (After having an SE look at the module sets related to this audit, it appears that this procedure group is not being audited.)

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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: B - Professional Xover Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	6803	PAY

Claim Type: B - Professional Xover Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	6803	PAY

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6803	PAY
21	11	6803	SUSPEND
21	55	6803	PAY
21	91	6803	SUSPEND

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6803	PAY
21	11	6803	SUSPEND
21	30	6803	PAY
21	32	6803	PAY
21	33	6803	PAY
21	34	6803	PAY
21	70	6803	PAY
21	72	6803	PAY
21	73	6803	PAY
21	74	6803	PAY
21	75	6803	PAY
21	76	6803	PAY
21	78	6803	PAY

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21	79	6803	PAY
21	91	6803	SUSPEND

EOB: 6803 - PRIOR AUTHORIZATION REQUIRED FOR TRANSPORTATION SERVICES IN EXCESS OF THE ALLOWED NUMBER MINUS EXEMPTIONS.

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 Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

METHOD OF CORRECTION:

- Claims that suspend for region 11:

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- Check related history to see that more than 20-one way trips have been billed.
- Check the PA window in CoreMMIS to see if PA has been approved for the dates of service suspended.
- Be sure to check the exceptions listed above and do not count in the 20-trip count. If after review, some of the trips are eliminated and shouldn't count in the 20 limit, then force the edit.
- If no PA, deny the claim.
- Review the claim for the dates of service.
- If dates of service are equal to or greater than 10/15/93, deny the detail.
- If dates of service are less than 10/15/93, force the detail.