

## **Indiana Medicaid Resolutions Manual**

**NAME:**                   **6750    NO MORE THAN 30 HOURS WITHIN 30 DAYS FROM HOSPITAL**

**ERROR TYPE:**       Limit Audit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:**    N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

This limitation audit will set when a member received more than 30 units of therapy services (any combination) within 30 days from a hospital discharge date and no approved prior authorization is on file.

### **CRITERIA:**

When therapy services (see procedure codes within the audit rules) are billed and payment has been made to any provider for 30 units of any combination of therapy services within 30 days of the hospital discharge date indicated on the claim and no approved prior authorization is on file, set this audit and cutback, as appropriate, to allowed amount with EOB 6750.

Provider specialties 150 (Chiropractor and 212 (CSHCS Care Coordinator) will bypass this audit.

### **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
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21	00	6750	DENY
21	30	6750	PAY
21	32	6750	PAY
21	33	6750	PAY
21	34	6750	PAY
21	70	6750	PAY
21	72	6750	PAY
21	73	6750	PAY
21	74	6750	PAY

**Claim Type:** M - Professional Claims

**Member Plan:** ALL **Status:** Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
21	00	6750	PAY
21	52	6750	DENY
21	55	6750	DENY
21	64	6750	DENY

**Claim Type:** O - Outpatient Claims **Member Plan:** ALL **Status:** Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
21	00	6750	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	6750	DENY

**EOB: 6750** - NO MORE THAN 30 HOME HEALTH THERAPY HOURS WITHIN 30 DAYS OF HOSPITAL DISCHARGE. ANY ADDITIONAL HOURS REQUIRE PRIOR AUTHORIZATION.

### **ARC Code**

45

### **ARC Description**

Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.  
Usage: This adjustment amount cannot equal the total service or claim charge amount; and

### **Effective Date**

19950101

### **End Date**

22991231

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must not duplicate  
provider adjustment  
amounts (payments  
and contractual  
reductions) that have  
resulted from prior  
payer(s) adjudication.  
(Use only with Group  
Codes PR or CO  
depending upon  
liability)

<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
N706	Missing documentation.	20140301	22991231

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

<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. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

**METHOD OF CORRECTION:**

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### **Full Failure:**

Claims setting this audit will systematically deny when more than 30 units of therapy is bill within 30 days from being discharged from hospital.

### **Cutback:**

Claims setting this audit will systematically cutback according to IHCP policy.