

Indiana Medicaid Resolutions Manual

NAME: **6752 PT EVAL LTD TO 1 PER 12 MO W/O APPROVED PA (DTL)**

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

This limitation audit will set when physical therapy evaluations exceed one (1) in a 12 month period and no approved prior authorization is on file.

CRITERIA:

When physical therapy evaluations (97001) exceed one in 12 months by any provider without an approved prior authorization on file, set this audit with EOB 6752.

Note: Three (3) hours of service equals one (1) unit. Evaluations are limited to 1 unit of service per year, per member, unless documentation indicates a significant change in the member's condition.

Provider specialty 212 will bypass this audit effective 7/1/2018.

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: H - Home Health Claims **Member Plan:** ALL **Status:** Post

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Location	Region	EOB	Disposition
21	00	6752	DENY
21	30	6752	PAY
21	32	6752	PAY
21	33	6752	PAY
21	34	6752	PAY
21	70	6752	PAY
21	72	6752	PAY
21	73	6752	PAY
21	74	6752	PAY

Claim Type: H - Home Health Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6752	PAY
21	52	6752	DENY
21	55	6752	DENY
21	64	6752	DENY

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6752	PAY
21	52	6752	DENY
21	55	6752	DENY
21	64	6752	DENY

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6752	DENY
21	30	6752	PAY
21	32	6752	PAY
21	33	6752	PAY
21	34	6752	PAY
21	70	6752	PAY
21	72	6752	PAY
21	73	6752	PAY
21	74	6752	PAY

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

Location	Region	EOB	Disposition
21	00	6752	DENY
21	30	6752	PAY

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21	32	6752	PAY
21	33	6752	PAY
21	34	6752	PAY
21	70	6752	PAY
21	72	6752	PAY
21	73	6752	PAY
21	74	6752	PAY

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

Location	Region	EOB	Disposition
21	00	6752	PAY
21	55	6752	DENY
21	64	6752	DENY

EOB: 6752 - REIMBURSEMENT IS LIMITED TO ONE PHYSICAL THERAPY EVALUATION PER MEMBER PER 12 MONTHS UNLESS PRIOR AUTHORIZATION HAS BEEN OBTAINED.

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

Remark Code	Remark Description	Effective Date	End Date
M90	Not covered more than once in a 12 month period.	19970101	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	19950101	22991231

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service/procedure that
has already been
adjudicated. Usage:
Refer to the 835
Healthcare Policy
Identification
Segment (loop 2110
Service Payment
Information REF), if
present.

METHOD OF CORRECTION:

Full Failure:

Claims setting this audit will deny if more than one physical therapy evaluation is billed and paid within a 12 month period.

Cutback:

Claims setting this audit will systematically cutback to 1 unit.