

Indiana Medicaid Resolutions Manual

NAME: **6901 INFECTIOUS AGENT DETECTION LIMIT 1 PER DAY**

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

This limitation audit will set when HPV detection tests exceed one on the same date of service.

CRITERIA:

When HPV detection tests (87623-87625) exceed one on the same date of service for any provider, set this audit with EOB 6901.

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
21	00	9999	PAY

Claim Type: B - Professional Xover Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6901	DENY
21	70	6901	PAY
21	72	6901	PAY

Claim Type: B - Professional Xover Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
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21	00	6901	PAY
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Claim Type: L - Long Term Care Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6901	DENY
21	30	6901	PAY
21	32	6901	PAY
21	70	6901	PAY
21	72	6901	PAY

Claim Type: L - Long Term Care Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6901	PAY

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6901	PAY

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6901	DENY
21	30	6901	PAY
21	32	6901	PAY
21	70	6901	PAY
21	72	6901	PAY

EOB: 6901 - INFECTIOUS AGENT DETECTION LIMIT 1 PER DAY

ARC Code

119

ARC Description

Benefit maximum for this time period or occurrence has been reached.

Effective Date

19950101

End Date

22991231

EOB: 9999 - PROCESSED PER POLICY.

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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:

Full Failure:

Claims will systematically process according to IHCP Policy.

Cutback:

Claims will systematically cutback to one per day.

