NAME: **6858 OBSOLETE NURS FACILITY PHYS LOC VISITS >1 PER 27**

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

This limitation audit will set when nursing facility physician level of care visits exceed 1 per 27 days.

CRITERIA:

When nursing facility physician level of care visits (see codes within audit rules) exceed 1 per 27 days for the same provider, set this audit with EOB 6858.

Provider specialty 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:** Do Not Post

Location	Region	EOB	Disposition
22	00	6858	DENY
22	11	6858	SUSPEND
22	21	6858	SUSPEND
22	23	6858	SUSPEND

22	30	6858	PAY
22	32	6858	PAY
22	33	6858	PAY
22	34	6858	PAY
22	50	6858	PAY
22	51	6858	PAY
22	52	6858	PAY
22	61	6858	SUSPEND
22	70	6858	PAY
22	72	6858	PAY
22	73	6858	PAY
22	74	6858	PAY
22	80	6858	SUSPEND
22	91	6858	SUSPEND

Claim Type: M - Professional Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
22	00	6858	PAY

Claim Type: M - Professional Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
22	00	6858	SUSPEND
22	30	6858	PAY
22	32	6858	PAY
22	33	6858	PAY
22	34	6858	PAY
22	61	6858	DENY
22	70	6858	PAY
22	72	6858	PAY
22	73	6858	PAY
22	74	6858	PAY

EOB: 6858 - REIMBURSEMENT LIMITED TO ONE NURSING FACILITY VISIT PER MEMBER PER MONTH. DOCUMENTATION NOT PRESENT OR INSUFFICIENT TO JUSTIFY ADDITIONAL VISITS.

ARC Code	ARC Description	Effective Date	End Date
119	Benefit maximum for this time period or	19950101	22991231

occurrence has been reached.

Remark Code	Remark Description	Effective Date	End Date
N640	Exceeds number/frequency approved/allowed within time period.	20130715	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:

Full Failure:

- Route to Medical Policy Specialist.
- If claim documents that visit was to render a specific treatment that is normally provided only by a physician in the claim note field, override the audit.
- If claim documents that the visit was for treatment of an emergent, urgent, or acute condition/symptoms in the claim note field, override the audit.

- If no documentation is provided or claim indicated treatment is for a chronic condition which does not indicate medical necessity, deny with EOB 6858.
- CCF claims will be returned to the provider for documentation needed to adjudicate the claim appropriately. Once the CCF is returned, the claim will be forced to pay or deny, depending on documentation.

Cutback:
Claims setting this audit will systematically cutback to the approved number of units allowed.