

Indiana Medicaid Resolutions Manual

NAME: **6754 HYPERBARIC OXYGEN THERAPY**

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

This limitation audit will set when revenue code 413 is billed for more than one month.

CRITERIA:

When revenue code 413 (hyperbaric oxygen therapy) exceeds one per month, set this audit with EOB 6754. 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: O - Outpatient Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
22	00	6754	PAY
22	55	6754	DENY
22	64	6754	DENY

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

Location	Region	EOB	Disposition
22	00	6754	DENY

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22	30	6754	PAY
22	32	6754	PAY
22	33	6754	PAY
22	34	6754	PAY
22	70	6754	PAY
22	72	6754	PAY
22	73	6754	PAY
22	74	6754	PAY

EOB: 6754 - REIMBURSEMENT FOR HYPERBARIC OXYGEN THERAPY FOR MORE THAN TWO MONTHS REQUIRES DOCUMENTATION OF MEDICAL NECESSITY FOR CONTINUED TREATMENT. DOCUMENTATION IS NOT PRESENT OR IS INSUFFICIENT TO JUSTIFY ADDITIONAL PAYMENT.

ARC Code	ARC Description	Effective Date	End Date
16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

Remark Code	Remark Description	Effective Date	End Date
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M60	Missing Certificate of Medical Necessity.	19970101	22991231
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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:

- If documentation submitted with claim justifies continued treatment for period of time billed, override the audit.
- If documentation is not present or is insufficient to justify additional treatment, deny with EOB 6754.

Cutback:

- If documentation is submitted with claim that justifies continued treatment for period of time billed, override the audit.
- If documentation not present or insufficient to justify additional treatment the claim will be cut back to the approved number of allowed units.

