

## **Indiana Medicaid Resolutions Manual**

**NAME:**                    **6900    OP MNTL HLTH SRVCS > 20 PSYCH SRVCS /12 MO (DTL)**

**ERROR TYPE:**        Limit Audit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:**    Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

This limitation audit will set when psychiatric services exceed 20 per calendar year by the same rendering provider without an approved PA.

### **CRITERIA:**

When psychiatric services (see procedure codes within audit rules) exceed 20 per calendar year by the same rendering provider without an approved PA, set this audit with EOB 6900. Provider specialty 212 (CSHCS Care Coordinator) will bypass this audit. Effective 2/6/2016, for ABA Therapy procedure codes with a modifier of U1, U2, or U3, the audit will bypass.

### **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
21	00	6900	PAY
21	91	6900	SUSPEND

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**Claim Type:** M - Professional Claims

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
21	00	6900	DENY
21	30	6900	PAY
21	32	6900	PAY
21	33	6900	PAY
21	34	6900	PAY
21	70	6900	PAY
21	72	6900	PAY
21	73	6900	PAY
21	74	6900	PAY
21	91	6900	SUSPEND

**EOB: 6900** - PSYCHIATRIC SERVICES IN EXCESS OF 20 PER ROLLING CALENDAR YEAR REQUIRE AN APPROVED PRIOR AUTHORIZATION.

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

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Information REF), if present.

### **METHOD OF CORRECTION:**

#### **Full Failure:**

Claims setting this audit will systematically deny. Special batched claims (Region 91) will suspend for Days vs Humphreys"s for Analyst review.

#### **Cutback:**

Claims setting this audit will systematically cutback to the approved number of days allowed. Special batched claims (Region 91) will suspend for Days vs Humphreys"s for Analyst review.

