

## **Indiana Medicaid Resolutions Manual**

**NAME:**                    **6753    OCCUPATIONAL THERAPY EVALUATION - 1 PER 12 MONTHS**

**ERROR TYPE:**        Limit Audit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:**    N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

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

### **CRITERIA:**

When occupational therapy evaluations (97003) exceed one in 12 months without PA by any provider, set this audit with EOB 6753. Provider specialty 212 (CSHCS Care Coordinator) will bypass this audit.

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

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**Claim Type:** H - Home Health Claims

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
21	00	6753	DENY
21	30	6753	PAY
21	32	6753	PAY
21	33	6753	PAY
21	34	6753	PAY
21	35	6753	PAY
21	36	6753	PAY
21	37	6753	PAY
21	38	6753	PAY
21	70	6753	PAY
21	72	6753	PAY
21	73	6753	PAY
21	74	6753	PAY

**Claim Type:** H - Home Health Claims

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
21	00	6753	PAY
21	52	6753	DENY
21	55	6753	DENY
21	64	6753	DENY

**Claim Type:** M - Professional Claims

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
21	00	6753	PAY
21	52	6753	DENY
21	55	6753	DENY
21	64	6753	DENY

**Claim Type:** M - Professional Claims

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
21	00	6753	DENY
21	30	6753	PAY
21	32	6753	PAY
21	33	6753	PAY
21	34	6753	PAY
21	35	6753	PAY
21	36	6753	PAY
21	37	6753	PAY
21	38	6753	PAY
21	70	6753	PAY

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21	72	6753	PAY
21	73	6753	PAY
21	74	6753	PAY

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
21	00	6753	DENY
21	30	6753	PAY
21	32	6753	PAY
21	33	6753	PAY
21	34	6753	PAY
21	35	6753	PAY
21	36	6753	PAY
21	37	6753	PAY
21	38	6753	PAY
21	70	6753	PAY
21	72	6753	PAY
21	73	6753	PAY
21	74	6753	PAY

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
21	00	6753	PAY
21	55	6753	DENY
21	64	6753	DENY

**EOB: 6753** - REIMBURSEMENT IS LIMITED TO ONE OCCUPATIONAL THERAPY EVALUATION PER MEMBER PER 12 MONTHS UNLESS PRIOR AUTHORIZATION HAS BEEN OBTAINED.

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
B10	Allowed amount has been reduced because a component of the basic procedure/test was paid. The beneficiary is not liable for more than the charge limit for the basic procedure/test.	19950101	22991231

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**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 Information REF), if present.	19950101	22991231

### **METHOD OF CORRECTION:**

#### **Full Failure:**

Claims setting this audit will systematically deny if occupational therapy evaluation is billed more than once within 12 months without PA.

#### **Cutback:**

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