

## **Indiana Medicaid Resolutions Manual**

**NAME: 6758 DIALYSIS SUPPLIES REV CODE- MAX 31 UNITS/30 DAYS**

**ERROR TYPE:** Limit Audit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

This limitation audit will set when renal dialysis supplies (revenue code 270) exceed 31 units in 30 days and the diagnosis on the claim is configured within the audit rules.

### **CRITERIA:**

When renal dialysis supplies (revenue code 270) exceeds 31 units in 30 days and the diagnosis is in diagnosis group 100005 (Renal Diagnosis for Multiple Revenue Units for Supplies), set this audit with EOB 6758. The renal diagnosis codes for multiple revenue units for supplies list can be found in the system at Main Menu>BPA>Related Data>Other>Diagnosis Group Type>100005.

### **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:** C - Outpatient Xover Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
20	00	6758	PAY
20	70	6758	PAY
20	72	6758	PAY
20	73	6758	PAY

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20	74	6758	PAY
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**Claim Type:** C - Outpatient Xover Claims **Member Plan:** ALL **Status:** Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
20	00	6758	DENY
20	35	6758	PAY
20	36	6758	PAY
20	37	6758	PAY
20	38	6758	PAY
20	70	6758	PAY
20	72	6758	PAY
20	73	6758	PAY
20	74	6758	PAY

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
20	00	6758	DENY
20	30	6758	PAY
20	32	6758	PAY
20	33	6758	PAY
20	34	6758	PAY
20	35	6758	PAY
20	36	6758	PAY
20	37	6758	PAY
20	38	6758	PAY
20	70	6758	PAY
20	72	6758	PAY
20	73	6758	PAY
20	74	6758	PAY

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
20	00	6758	PAY

**EOB: 6758** - RENAL DIALYSIS SUPPLIES REVENUE CODE-MAXIMUM 31 UNITS/30 DAY

**ARC Code**

**ARC Description**

**Effective Date**

**End Date**

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119	Benefit maximum for this time period or occurrence has been reached.	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 unless PA is on file.

#### **Cutback:**

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

