

## **Indiana Medicaid Resolutions Manual**

**NAME:**                    **6856    PEER SUPPORT SRVCS LTD TO 130 HRS A YEAR (DTL)**

**ERROR TYPE:**        Limit Audit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:**    N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

This limitation audit will set when procedure code H0038 UB (peer support services limited to 130 hours a year) exceeds 520 units/130 hours.

### **CRITERIA:**

When peer support services (H0038 U8) exceed 520 units/130 hours in a one year period, set this audit with EOB 6856.

### **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	6856	PAY

**Claim Type:** M - Professional Claims    **Member Plan:** ALL    **Status:** Post

Location	Region	EOB	Disposition
21	00	6856	DENY

## **Indiana Medicaid Resolutions Manual**

21	30	6856	PAY
21	32	6856	PAY
21	33	6856	PAY
21	34	6856	PAY
21	35	6856	PAY
21	36	6856	PAY
21	37	6856	PAY
21	38	6856	PAY
21	70	6856	PAY
21	72	6856	PAY
21	73	6856	PAY
21	74	6856	PAY

**EOB: 6856** - PEER SUPPORT SERVICES LIMITED TO 130 HOURS PER YEAR

<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 Information REF), if present.	19950101	22991231

## **Indiana Medicaid Resolutions Manual**

### **METHOD OF CORRECTION:**

#### **Full Failure:**

Claim will systematically deny once the 520 units have been met.

#### **Cutback:**

Claims will cutback to 520 units.

