

## **Indiana Medicaid Resolutions Manual**

**NAME:** 6752 PT EVAL LTD TO 1 PER 12 MO W/O APPROVED PA  
(DTL)

**ERROR TYPE:** Limit Audit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

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

### **CRITERIA:**

When physical therapy evaluations (97001) exceed one in 12 months by any provider without an approved prior authorization on file, set this audit with EOB 6752.

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

**Claim Type:** H - Home Health Claims **Member Plan:** ALL **Status:** Post

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<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
21	00	6752	DENY
21	30	6752	PAY
21	32	6752	PAY
21	33	6752	PAY
21	34	6752	PAY
21	35	6752	PAY
21	36	6752	PAY
21	37	6752	PAY
21	38	6752	PAY
21	70	6752	PAY
21	72	6752	PAY
21	73	6752	PAY
21	74	6752	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	6752	PAY
21	52	6752	DENY
21	55	6752	DENY
21	64	6752	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	6752	PAY
21	52	6752	DENY
21	55	6752	DENY
21	64	6752	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	6752	DENY
21	30	6752	PAY
21	32	6752	PAY
21	33	6752	PAY
21	34	6752	PAY
21	35	6752	PAY
21	36	6752	PAY
21	37	6752	PAY
21	38	6752	PAY
21	70	6752	PAY
21	72	6752	PAY

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21	73	6752	PAY
21	74	6752	PAY

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

Location	Region	EOB	Disposition
21	00	6752	DENY
21	30	6752	PAY
21	32	6752	PAY
21	33	6752	PAY
21	34	6752	PAY
21	35	6752	PAY
21	36	6752	PAY
21	37	6752	PAY
21	38	6752	PAY
21	70	6752	PAY
21	72	6752	PAY
21	73	6752	PAY
21	74	6752	PAY

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

Location	Region	EOB	Disposition
21	00	6752	PAY
21	55	6752	DENY
21	64	6752	DENY

**EOB: 6752** - REIMBURSEMENT IS LIMITED TO ONE PHYSICAL THERAPY EVALUATION PER MEMBER PER 12 MONTHS UNLESS PRIOR AUTHORIZATION HAS BEEN OBTAINED.

**ARC Code**

119

**ARC Description**

Benefit maximum for this time period or occurrence has been reached.

**Effective Date**

19950101

**End Date**

22991231

**Remark Code**

M90

**Remark Description**

Not covered more than once in a 12 month period.

**Effective Date**

19970101

**End Date**

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 deny if more than one physical therapy evaluation is billed and paid within a 12 month period.

**Cutback:**

Claims setting this audit will systematically cutback to 1 unit.