

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

| Location | Region | EOB | Disposition |
|-----------------|---------------|------------|--------------------|
| 21 | 00 | 6900 | DENY |
| 21 | 30 | 6900 | PAY |
| 21 | 32 | 6900 | PAY |
| 21 | 33 | 6900 | PAY |
| 21 | 34 | 6900 | PAY |
| 21 | 35 | 6900 | PAY |
| 21 | 36 | 6900 | PAY |
| 21 | 37 | 6900 | PAY |
| 21 | 38 | 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.

| ARC Code | ARC Description | Effective Date | End Date |
|-----------------|--|-----------------------|-----------------|
| 119 | Benefit maximum for this time period or occurrence has been reached. | 19950101 | 22991231 |

EOB: 9999 - PROCESSED PER POLICY.

| ARC Code | ARC Description | Effective Date | End Date |
|-----------------|--|-----------------------|-----------------|
| 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 | 19950101 | 22991231 |

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Identification
Segment (loop 2110
Service Payment
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.

