

Indiana Medicaid Resolutions Manual

NAME: **6757 RENAL DIALYSIS REV CODE- MAXIMUM 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 revenue codes exceed 31 units in 30 days.

CRITERIA:

When renal dialysis services (revenue codes 820, 821, 830, 831, 840, 841, 849-851, 881) exceed 31 units in 30 days, set this audit with EOB 6757.

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	6757	PAY
20	70	6757	PAY
20	72	6757	PAY
20	73	6757	PAY
20	74	6757	PAY

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

Location	Region	EOB	Disposition
20	00	6757	DENY
20	35	6757	PAY
20	36	6757	PAY
20	37	6757	PAY
20	38	6757	PAY
20	70	6757	PAY
20	72	6757	PAY
20	73	6757	PAY
20	74	6757	PAY

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

Location	Region	EOB	Disposition
20	00	6757	DENY
20	30	6757	PAY
20	32	6757	PAY
20	33	6757	PAY
20	34	6757	PAY
20	35	6757	PAY
20	36	6757	PAY
20	37	6757	PAY
20	38	6757	PAY
20	70	6757	PAY
20	72	6757	PAY
20	73	6757	PAY
20	74	6757	PAY

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

Location	Region	EOB	Disposition
20	00	6757	PAY

EOB: 6757 - RENAL DIALYSIS REVENUE CODE- MAXIMUM 31 UNITS/31 DAYS

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

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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 Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

METHOD OF CORRECTION:

Full Failure:

Claims setting this audit will systematically process according to IHCP Policy.

Cutback:

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

