Audit Manual

Kentucky MMIS Project

Cabinet for Health and Family Services
Department for Medicaid Services

August 12, 2012

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Document Change Log

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4.0	01/13/2010	Ann Murray	Updated: 5200: Audit Page update approved by DMS on 12/22/2009 under CO 12973. 5296: Audit Page update approved by DMS on 12/22/2009 under CO 12963. Added: 5204: Audit Page update approved by DMS on 12/22/2009 under CO 12973.
4.0	01/14/2010	Ron Chandler	Replaced Audit 6735 and added Audit 6745 per Mike Hudson in response to CO 13089, approved on 01/14/2010.
4.0	01/21/2010	Ron Chandler	Updated Audit with new pages audit numbers 5214-5249, 6217 and 6218 per Pat Nolte in response to CO 12987, approved by DMS on 01/21/2010.
4.0	02/02/2010	Ron Chandler	Updated Audit numbers 5217, and 6218 per Pat Nolte in response to CO 12987, approved by DMS on 01/21/2010.
4.0	02/08/2010	Ron Chandler	Added audit pages 5304 thru 5318 and 6313 per Mike Hudson in response to CO 13200, approved on 02/08/2010.
4.0	02/25/2010	Ron Chandler	Added audit page 5319 per Mike Hudson in response to CO 13514, approved on 02/23/2010.
4.1	3/10/2010	Ron Chandler	Replaced Audit 6737 and Audit 6738 per Pam Hershey in response to CO 9831, approved on 04/15/2008 that were never sent to the Tech Writers for updating.
4.2	4/22/2010	Ron Chandler	Replaced Audits 5609, 5615, 5617, 5618, 5620, 5622, and 5623 per Mike Hudson in response to Defect 11319, approved on 04/22/2008.
4.3	7/15/2010	Ron Chandler	Replaced Audits #'s 6017, 6092, and 6099 and inserted new audit #'s 6334, 6335 and 6336 per Mike Hudson in response to CO 13870, approved on 07/15/2010.

Version	Change Date	Changed By	Reason
4.4	7/26/2010	Pat Nolte Ron Chandler	Updated audit 6017 per CO 14265, DMS approved on 7/26/2010.
4.5	07/29/2010	Tanya Geiglein Ron Chandler	Replaced audit #3201 Per Tanya Geiglein email per CO 10518, DMS approved 06/04/2008.
4.5	07/29/2010	Pat Nolte Ron Chandler	Replaced Audits #'s 5213 (351), (352), 5215 (384), 5277 (360), (363), 5278 (361), (362), 5280 (373), (408), 5282 (382), and 6001 (130), per Pat Nolte in response to Defect 14067, approved on 07/28/2010.
4.6	8/3/2010	Pat Nolte Ron Chandler	Replaced Audits # 5280 (373), and 5280 (408) per Pat Nolte in response to Defect 14067, approved on 07/28/2010.
4.7	8/16/2010	Mike Hudson Ron Chandler	Inserted new audit # 6189 per Mike Hudson in response to CO 14601, DMS approved on 08/16/2010.
4.8	8/24/2010	Pat Nolte Ron Chandler	Replaced Audits # 5296 (820) per Pat Nolte in response to CO 14496, approved on 08/23/2010.
4.9	9/21/2010	Pat Nolte Ron Chandler	Replaced Audits # 5603 (FORMER LEGACY AUDIT 474) per Pat Nolte in response to defect 14198, approved on 06/17/2010.
4.9.1	10/18/2010	Tanya Geiglein Ron Chandler	Insert audit # 6202 per Tanya Geiglein in response to defect# 9902, DMS approved 3/28/2008.
4.9.2	10/21/2010	Mike Hudson Ron Chandler	Replace audit 5001 (Legacy audit 490) per defect 13080, DMS approved 10//20/2010, per Mike Hudson.
4.9.3	01/04/2011	Mike Hudson Ron Chandler	Insert audits 5700 and 5701 in response to CO 15004, DMS approved 01/04/2011 per Mike Hudson email.
4.9.4	02/16/2011	Tanya Geiglein Ron Chandler	Insert audit #'s 6761, 6762 and 6763 and replace 6729 and 6730 per Tanya Geiglein in response to CO# 11861, DMS approved 4/02/2009.
4.9.5	04/01/2011	Pam Hershey Ron Chandler	Insert audit #5303 per Pam Hershey. DMS approved on 07/07/2008. Looks like the page never got inserted before. Created by CO 10352.
4.9.6	04/20/2011	Mike Hudson Ron Chandler	Insert audit #'s 6767 and 6770 per Mike Hudson email. DMS approved on 08/06/2009.
4.9.7	05/17/2011	Pat Nolte Ron Chandler	Replace Audit 5292 (FORMER LEGACY AUDIT 810). Updates approved on 5/13/2011 by DMS for CO 15366.

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4.9.8	07/19/2011	Mike Hudson Ann Murray	Replace Audit 5001 (FORMER LEGACY AUDIT 490), 6005, 6006, 6007, 6011, 6012, 6014, 6015, 6016, 6017, 6018, 6019, 6024, 6053, 6066, 6092, 6099, 6102, 6103, 6110, 6113, 6116, 6140, 6298, 6717, 6718, 6719, 6744, 6749, 6750. Updates approved on 07/19/2011 by DMS for CO 15099.
4.9.9	08/18/2011	Mike Hudson Ron Chandler	Replace audit 5017 (FORMER LEGACY AUDIT 498).
5.0.0	08/23/2011	Mike Hudson Ann Murray	Replace Audit 5001 (FORMER LEGACY AUDIT 490). Updates approved on 08/23/2011 by DMS for CO 15999.
5.0.1	09/27/2011	Pat Nolte Ron Chandler	Update Audit 5500 (FORMER LEGACY AUDIT 596) and add new audit page 5511 (FORMER LEGACY AUDIT 596). DMS approved 9/24/2011 under defect 15446.
5.0.1	09/27/2011	Pat Nolte Ron Chandler	Update audits 5602 (FORMER LEGACY AUDIT 501) and 5616 (FORMER LEGACY AUDIT 501). DMS approved 9/24/2011 under defect 15135.
5.0.2	10/04/2011	Mike Hudson Ann Murray	Added Audit 6337 per CO 15863 and replaced audit 6011 (FORMER LEGACY AUDIT 452) per CO 16767.
5.0.3	10/06/2011	Pat Nolte Ann Murray	Added audit 5646 and updated audit 5613 per CO 14843.
5.0.4	01/27/2012	Mike Hudson Ann Murray	Replaced audit 5001 (FORMER LEGACY AUDIT 490) per CO 13900.
5.0.5	02/09/2012	Pat Nolte Ann Murray	Inserted audit 5510 per Pat Nolte for CO 12401.
5.0.6	02/14/2012	Pat Nolte Ann Murray	Updated 6761 and 6762. Added 6766. Updates and addition approved under CO 16078 by DMS on 02/04/2012.
5.0.7	02/16/2012	Mike Hudson Ann Murray	Replaced edit 5001 (FORMER LEGACY AUDIT 490) per CO 17565.
5.0.8	03/01/2012	Mike Hudson Ron Chandler	Changed title page “client” block to read “Department for Medicaid Services Acting Commissioner Neville Wise”.

Version	Change Date	Changed By	Reason
5.0.9	03/26/2012	Pat Nolte Ann Murray	Updated audit 6041 (FORMER LEGACY AUDIT 598) per CO 16664 approved by DMS 03/25/2012. Replaced audit 6189 per CO 16664 approved by DMS 03/25/2012. Added audits 6778, 6779, 6780, and 6781 per CO 16664 approved by DMS 03/25/2012.
6.0.0	04/27/2012	Pat Nolte Ann Murray	Added new audit pages (5103 – 5108, 5627, 6204, 6260, 6764, 6765, 6768, 6771, and 6774 – 6777) per task 17411 approved by DMS 04/27/2012.
6.0.1	05/07/2012	Pat Nolte Ann Murray	Updated audit pages 6030, 6031 and 6032 per defect 17533 approved by DMS 05/05/2012. Updated audit page 5616 per CO 17391 approved by DMS 05/05/2012.
6.0.2	07/11/2012	Mike Hudson Ann Murray	Added audit page 5421 per CO 17075 approved by DMS 07/06/2012.
6.0.3	08/02/2012	Pat Nolte Keri Hicks	Replaced audit 5616 per CO 16402 approved by DMS 07/08/2012.
6.0.4	08/06/2012	Mike Hudson Keri Hicks	Replaced Audit 5001 (FORMER LEGACY AUDIT 490) per CO 18402approved by DMS 08/03/2012.
6.0.5	08/14/2012	Pat Nolte Ron Chandler	Added Audit 5418 (FORMER LEGACY AUDIT NA) per CO# 16094 approved by DMS 08/12/2012.

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1 Introduction

Audit processing in the interChange system ensures that claim records are audited in accordance with the claim processing policy. An Error Status Code is assigned to each audit defined within interChange. The interChange Audit Processing function provides the following capabilities:

- Dynamic disposition of claims for audits based on user-defined and maintained table-driven instructions.
- Development of distinct audit types based on inclusion and exclusion of different claim elements.
- Exemption of providers from audits for a specified time period.
- Return of HIPAA-compliant adjustment reason and remarks codes to the providers, for claims setting audits.
- Setting of audits at either the header or detail level of the claim, depending on the claim type and criteria.
- Establishment of rules to indicate if the audit can be overridden or denied.
- Setting of audits for reporting that do not affect the processing outcome of the claim.
- Identification of the most common errors set on claims.

The audit function compares the data of a claim in process with other claim data in paid claims history to determine the appropriateness of the service reflected on the claim in relation to other services received by the member. Verification for duplicate services, service limitations, and service conflicts are performed within the audit function.

The interChange Audit processing function is provided through panels that are designed to allow a user to develop audit criteria based on the following claim data elements*:

- Member service program;
- Claim type;
- Provider type;
- Provider specialty;
- Member age;
- Procedures codes;
- Diagnosis codes;
- Revenue codes;
- Type of bill;
- NDC;
- Therapeutic class;
- Generic Price Indicators;

- GCN and GCN sequence number; and
- HICL (hierarchal ingredient code list) sequence number.

*This is not an all-inclusive list of audit criteria.

This design permits lists of data elements to be built as the audit criteria. The system allows the data element definition to be either positive or negative, which is accomplished through the use of an inclusion or exclusion indicator on the audit definition.

Audits are executed based on a claim's type. In addition to claim type specific audits, global audits (applicable to all claim types) are also executed. The Error Status Code assigned to audits are posted to claims to indicate that a defined condition that can alter the expected outcome has occurred in the processing of the claim. The disposition status is determined based on table-driven instructions, which are accessed and maintained via online panels. This criterion includes:

- ICN Region;
- Claim Type;
- Date of Service;
- Date of Receipt;
- Provider Type;
- Service Program;
- Provider ID;
- Provider Specialty.

Error Status Codes are defined to set at either the claim header or the claim detail level. Disposition statuses associated with Error Status Codes include pay and list, deny or suspend. Additionally, the suspense or system location is associated with an ESC to facilitate claim tracking and reporting.

1.1 The interChange system supports the following audits types:

1.1.1 Limitation

This type of audit is used to enforce policies on how often, or how much, can be spent for specific services over a period of time. Limitation audits can be set using a dollar amount, or by service units limits using procedure code, revenue code, or NDC criteria.

1.1.2 Contra-Indicated

This type of audit is used to enforce policies on the services that cannot occur if a specific service has already been performed. These audits are set when the service on a claim in process is illogical or in conflict with another service within the member's history. An example of this kind of audit is billing for a tooth restoration after the tooth has already been extracted.

Negative Contra-Indicated

This type of audit is used to enforce policies regarding services that should occur together. These audits are set when the service on the claim in process requires a service to exist in history before it is paid.

1.1.3 Duplicate Checking

This type of audit is used to minimize fraud by identifying claims for services that appear to have already been received and paid. This audit checks the claim header or detail, as appropriate for the claim type.

1.1.4 Conflict

This type of audit is used to identify conflicts between user specified criteria such as claim type, provider type/specialty, member level of care, member age or other criteria. For example, if the user decides to identify LTC claims with dates of service that overlap with a claim for the same member for hospice, a conflict audit can be defined in the interChange to identify those claims.

2 AUDITS

THIS SECTION CONTAINS ALL ESCS, BY NUMBER AND TYPE, TO BE USED IN THE KENTUCKY MMIS ESC PROCEDURES.

2.1 809 (FORMER LEGACY AUDIT 552)

DMS APPROVED 9/30/2003		
ESC 809 (FORMER LEGACYAUDIT 552) TYPE: MISCELLANEOUS	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
STAY DAYS BILLED EXCEEDS STAY DAYS AUTHORIZED	**FIELD NAME:**	MAID, REFERENCE NUMBER, DAYS
	FIELD SIZE:	10, 6, 3
	C/T:	I
	P/T:	01, 02, 04
	COS:	02, 03, 08
IF A PROVIDER, TYPE 01, BILLS AN INPATIENT STAY FOR MORE DAYS THAN ARE PRIOR AUTHORIZED FROM PRO, THE CLAIM WILL FAIL ESC 809.		
AUDIT CRITERIA:	SAME MEMBER SAME REFERENCE NUMBER THE NUMBER OF STAY DAYS EXCEEDS THE NUMBER OF STAY DAYS AUTHORIZED **<u>EXCLUSIONS:</u>** TOB 110 IS EXCLUDED CLAIMS WITH AN FDOS PRIOR TO 07/01/97 SUBMITTED BY OUT-OF-STATE PROVIDERS ARE EXCLUDED.	

2.2 5001

2.2.1 5001 (FORMER LEGACY AUDIT 493)

DMS APPROVED 2/11/2004		
ESC 5001 (FORMER LEGACY AUDIT 493 DUPLICATION)	**TYPE OF DOCUMENT:**	NON-PAPER CLAIMS, PAPER ADJUSTMENT, PAPER CLAIMS, ENCOUNTER (THRESHOLD)
EXACT DUPLICATE	**CLAIM FIELD LABEL:**	PROCEDURE, MODIFIER, DOS, MEMBER ID, SUB CON TAX ID
ESC TYPE: DUPLICATE	**C/T**	M (PT 23)
IF TITLE V CLAIMS ARE SUBMITTED BY TWO DIFFERENT SUB CONTRACTORS FOR THE SAME SERVICES FOR THE SAME MEMBER ON THE SAME/OVERRLAPPING DATES OF SERVICE THE CLAIM WILL FAIL ESC 5001.		
ESC CRITERIA:	SAME MEMBER SAME/OVERLAPPING DETAIL DATES OF SERVICE SAME PROCEDURE SAME 5-DIGIT MODIFIER DIFFERENT SUB CON TAX ID (PATIENT ACCOUNT FIELD)	
PROCEDURES MONITORED:	90804, 90853, 90887, H2021, H2019, T1023 X0050, X0051, X0058, X0060, X0086, XH100	
ESC EOB:	0482 – CLAIM/DETAIL DENIED. DUPLICATE SERVICE BILLED.	
PROCESSING INSTRUCTIONS:	VERIFY THE PROVIDER NUMBER, PROCEDURE CODE, MODIFIER, MEMBER MEMBER ID, DOS, SUBCON TAX ID (PATIENT ACCOUNT FIELD) ARE KEYED CORRECTLY. IF NOT, DATA CORRECT. IF THE CLAIM IS KEYED CORRECTLY, DENY THE DETAIL WITH EOB 0482. IF THE RELATED HISTORY INDICATES A PREVIOUSLY PAID CLAIM FOR THE SAME DATE OF SERVICE, SAME MEMBER, SAME PROCEDURE CODE, SAME MODIFIER, DIFFERENT SUB CON TAX ID, DENY THE ESC WITH EOB 0482.	

2.2.2 5001 (FORMER LEGACY AUDIT 390)

DMS APPROVED 3/11/2004		
ESC 5001 (FORMER LEGACY AUDIT 390 DUPLICATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT, ENCOUNTER (THRESHOLD)
EXACT DUPLICATE	**CLAIM FIELD LABEL:**	PROCEDURE, DOS, TIME OF PICK-UP, MEMBER ID
ESC TYPE: DUPLICATE	**C/T:**	B (PT 55)
IF A TRANSPORTATION PROVIDER (P/T 55) HAS PREVIOUSLY BEEN PAID FOR A CLAIM WITH PROCEDURE CODE A0428 FOR THE SAME DATE OF SERVICE, SAME TIME OF PICK-UP, SAME MEMBER AS A NON-EMERGENCY PROVIDER (P/T 56) BILLING A CLAIM WITH PROCEDURE CODE T2005 AND VICEVERSA, CLAIM WILL FAIL ESC 5001.		
ESC CRITERIA:	SAME MEMBER SAME DATE OF SERVICE SAME TIME OF PICK-UP	
PROCEDURES MONITORED:	A0428	T2005
ESC EOB:	0482 – CLAIM/DETAIL DENIED. DUPLICATE SERVICE BILLED.	
PROCESSING INSTRUCTIONS:	VERIFY MEMBER ID, DATE OF SERVICE, AND TIME OF PICK-UP WERE KEYED CORRECTLY. IF NOT, DATA CORRECT THE FIELDS IN ERROR.	
	IF RELATED HISTORY INDICATES A PAID CLAIM FOR THE SAME MEMBER, SAME DATE OF SERVICE, AND SAME TIME OF PICK-UP, THEN DENY THE ESC WITH EOB 0482.	

2.2.3 5001 (FORMER LEGACY AUDIT 437)

DMS LAST APPROVED: 03/07/06		
ESC 5001 (FORMER LEGACY AUDIT 437 DUPLICATION)	**TYPE OF DOCUMENT:**	ALL, ENCOUNTER (THRESHOLD)
EXACT DUPLICATE	**CLAIM FIELD LABEL:**	MEMBER ID, DOS
ESC TYPE: DUPLICATE	**C/T:**	I (PT 01, 02, 04, 92, 93), M (PT 36), O (PT 01, 39)
OUTPATIENT HOSPITAL CLAIMS WITH A DATE OF SERVICE WITHIN 3 DAYS PRIOR TO THE ADMIT DATE OF AN INPATIENT HOSPITAL CLAIM SUBMITTED BY THE SAME PROVIDER FOR THE SAME MEMBER. NOTE – IF THE OUTPATIENT CLAIM IS PAID PRIOR TO SUBMISSION OF THE INPATIENT CLAIM, THE INPATIENT CLAIM WILL FAIL ESC 5001.		
ESC CRITERIA:	SAME PROVIDER SAME MEMBER SAME PRINCIPLE DIAGNOSIS CODE (SEE NOTE BELOW) OUTPATIENT HOSPITAL CLAIM WITH A DATE OF SERVICE WITHIN 3 DAYS PRIOR TO THE ADMIT DATE OF AN INPATIENT HOSPITAL CLAIM. **NOTE** –PRIOR TO 5/10/05 AND ON OR AFTER 06/17/05 IF THE PRINCIPLE DIAGNOSIS CODES ON THE INPATENT AND OUTPATIENT CLAIMS ARE DIFFERENT THE ESC WILL STILL FAIL: **NOTE** –FOR CLAIMS ADJUDICATED PRIOR TO 05/10/05, IF THE PRINCIPLE DIAGNOSIS CODES ON THE INPATENT AND OUTPATIENT CLAIMS ARE DIFFERENT THE ESC WILL STILL FAIL: OUTPATIENT DETAILS WITH ONE OF THE FOLLOWING REVENUE CODES - 254, 255, 30X, 31X, 32X, 40X, 46X, 53X, 61X, 62X, 73X, 74X, 92X. **OR** OUTPATIENT DETAILS WITH REVENUE CODE 48X WITH HCPCS 93015, 93307, 93308, 93320, 93501, 93526, 93541, 93542, 93543, 93544-93552, 93561OR 93562. FOR CLAIMS ADJUDICATED ON OR AFTER 05/10/05 THE ESC CRITERIA IS SAME PROVIDER, SAME MEMBER SAME PRINCIPLE DIAGNOSIS PER DCR01353. EXCLUSIONS: THE FOLLOWING CRITICAL ACCESS, REHABILITATION AND VENTALITOR FACILIES ARE EXCLUDED FROM THIS ESC:	

	CRITICAL ACCESS		FREE-STANDING	VENTILATOR
	01000140	01016732	01021237	01022532
	01000181	01021773	01000173	01000256
	01000223	01021815	01022326	01000306 03/29/04
	01002526	01021898	01022540	01000322 02/01/04
	01002724	01021930	01022243	01000355 02/01/05
	01004233	01022060	01000314 01/01/04	
	01005339	01022110	01000264 08/01/03	
	01008044	01022458	01000272 05/01/03	
	01400480 04/01/03	01600774 04/01/03	01000363 03/01/05	
	01000074 09/02/03	01000223 09/01/03		
	01021781 12/31/04	01000330 07/01/04		
	01000348 12/01/05	01014943 12/16/05		
	01000389 07/01/05	01000371 12/25/05		
	01009042 12/01/05			
	OUT- OF-STATE 0160069100 8/01/04 01542729 07/01/04	01022482 05/24/05 01014232 06/14/05		

	01000389 (07/01/05)	01015338 (12/01/05)		
NOTE: EFFECTIVE 06/29/05 PROVIDER 01000447 AND 01000439 BYPASS ESC 5001. PER CO1228 EFFECTIVE 01/01/06 PROVIDER 01000454 WILL BYPASS ESC 5001. PER CO1188. EFFECTIVE ADMIT DOS 07/01/03 PROVIDER NUMBER 01021815 AND 01000223 HAVE BEEN REMOVED FROM THE CRITICAL ACCESS EXCLUSION LIST. PER DCR 00840 EFFECTIVE ADMIT DOS 08/03/05 PROVIDER 01021898 HAS BEEN REMOVED FROM THE CRITICAL ACCESS EXCLUSION LIST. PER DCR01431				
ESC EOB:	0482 – CLAIM/DETAIL DENIED. DUPLICATE SERVICE BILLED.			
	VERIFY PROVIDER, MEMBER ID AND DATE OF SERVICE IS KEYED CORRECTLY. IF NOT, CORRECT DATA.			
	IF FAILING CURRENT TO CURRENT CLAIM, OVERRIDE EARLIER ICN. AND DENY THE LATER ICN.			
	IF NOT CURRENT TO CURRENT CLAIMS AND DATA IS KEYED CORRECTLY, DENY THE ESC WITH EOB 0482.			

2.2.4 5001 (FORMER LEGACY AUDIT 480)

DMS LAST APPROVED: 08/27/04		
ESC 5001 (FORMER LEGACY AUDIT 480 DUPLICATE)	**TYPE OF DOCUMENT:**	PAPER CLAIMS, NON-PAPER CLAIMS, PAPER ADJUSTMENTS, ENCOUNTER (THRESHOLD)
EXACT DUPLICATE	**CLAIM FIELD LABEL:**	MEMBER ID, DOS, PROCEDURE
ESC TYPE: DUPLICATE	**C/T:**	A, B (PT 01, 31, 35), C, I, L
IF A PROVIDER BILLS FOR SERVICES WHICH HAVE BEEN PAID PREVIOUSLY, THE CLAIM WILL FAIL ESC 480 IN THE HEADER.		
ESC CRITERIA:	**CLAIM TYPES "I", "L"** SAME RENDERING PROVIDER SAME MEMBER SAME/OVERLAPPING HEADER DATES OF SERVICE **CLAIM TYPE "B" (PROV TYPES 31, 35)** SAME RENDERING PROVIDER SAME MEMBER SAME/OVERLAPPING HEADER DATES OF SERVICE SAME MEDICARE PAID AMOUNT **CLAIM TYPE A, C** SAME RENDERING PROVIDER SAME/OVERLAPPING HEADER DATES OF SERVICE SAME HEADER DEDUCTIBLE OR COINSURANCE AMOUNTS	
PROCEDURES MONITORED:		
ESC EOB:	0027 – CLAIM DENIED. RESUBMIT AN ADJUSTMENT ON RELATED PAID CLAIM. 0040 – CLAIM/DETAIL DENIED. TYPE OF BILL INVALID OR MISSING. 0482 – CLAIM/DETAIL DENIED. DUPLICATE SERVICE BILLED.	
PROCESSING INSTRUCTIONS:	CLAIM TYPE "I"	
	VERIFY THE DATES OF SERVICE, MEMBER ID, AND PROVIDER NUMBER HAVE BEEN KEYED CORRECTLY.	
	IF, DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	

DMS LAST APPROVED: 08/27/04

IF A PROVIDER HAS REFUNDED OR HAS HAD A RECOUPMENT FOR AN INCORRECT PAYMENT AND IS REBILLING, BUT HISTORY HAS NOT BEEN CORRECTED OVERRIDE THE ESC.

INSTRUCTIONS FROM DMS TO OVERRIDE ARE ATTACHED, OR PROOF OF REFUND OR RECOUPMENT IS ATTACHED:

COPY OF RA WITH CASH/FINANCE UNIT'S CASH CONTROL NUMBER ON FACE, AND

ICN IN RELATED HISTORY IS THE SAME ICN ON RA.

IF THE DISCHARGE DATE ON THE CURRENT CLAIM IS EQUAL TO THE ADMISSION DATE ON THE HISTORY CLAIM (OR VICE VERSA), OVERRIDE THE ESC.

TYPE OF BILL 110/111 (MOTHER/BABY)

MOTHER REVENUE CODES		**BABY REVENUE CODES**
100	120-127	170-175
101	130-138	
110-118	150-158	
140-148	210-214	
160	200-208	
164		

IF CURRENT CLAIM IS TYPE OF BILL 110 WITH A BABY REVENUE CODE AND RELATED HISTORY IS

TYPE OF BILL 111, 112, 113, OR 114 WITH A MOTHER REVENUE CODE, OVERRIDE THE ESC.

TYPE OF 110 WITH A BABY REVENUE CODE, DENY THE ESC WITH EOB 482. IF CLAIM INDICATES THE MEMBER IS A TWIN OVERRIDE THE ESC.

TYPE OF BILL 111, 112, 113, OR 114 WITH BABY REVENUE CODE, DENY THE CLAIM WITH EOB 0027.

IF THE CURRENT CLAIM IS TYPE OF BILL 111, 112, 113, OR 114 WITH A MOTHER REVENUE CODE AND RELATED HISTORY IS

TYPE OF BILL 110 WITH A BABY REVENUE CODE, OVERRIDE THE ESC.

TYPE OF BILL 111, 112, 113 OR 114 WITH A MOTHER REVENUE CODE, DENY THE ESC WITH EOB 0482.

DMS LAST APPROVED: 08/27/04	
	TYPE OF BILL 111, 112, 113, OR 114 WITH A BABY REVENUE CODE AND THE THIRD DIGIT OF THE RENDERING PROVIDER IS 1-9 (OUT-OF-STATE PROVIDER), OVERRIDE THE ESC. IF THIRD DIGIT IS 0 (IN-STATE PROVIDER), DENY THE ESC WITH EOB 0027. IF CURRENT CLAIM IS TYPE OF BILL 111, 112, 113, OR 114 WITH A BABY REVENUE CODE AND RELATED HISTORY IS TYPE OF BILL 111, 112, 113, OR 114 WITH A MOTHER REVENUE CODE AND THE THIRD DIGIT 1-9 (OUT-OF-STATE PROVIDER), OVERRIDE THE ESC. IF THIRD DIGIT IS 0 (IN-STATE PROVIDER), DENY THE ESC WITH EOB 0040. TYPE OF BILL 111, 112, 113, OR 114 WITH A MOTHER REVENUE CODE AND THE DISCHARGE DATE ON THE HISTORY CLAIM IS EQUAL TO THE FROM DATE OF SERVICE ON THE CURRENT CLAIM, DENY THE ESC WITH EOB 0252. IF HISTORY CLAIM HAS A ZERO PAID AMOUNT AND IS NOT A BABY REVENUE CODE, DENY THE CURRENT CLAIM WITH EOB 0027. TWIN BIRTHS – FOR TYPE OF DOCUMENT - NON-PAPER CLAIMS: IF CURRENT CLAIM IS TYPE OF BILL 110 WITH A BABY REVENUE CODE, DIAGNOSIS CODE 651.0 THRU 651.9 AND RELATED HISTORY IS TYPE OF BILL 110 WITH BABY REVENUE CODE AND DIAGNOSIS CODE 651.0 OVERRIDE THE ESC. TWIN BIRTHS – FOR TYPE OF DOCUMENT - NON-PAPER CLAIMS: IF CURRENT CLAIM IS TYPE OF BILL 110 WITH A BABY REVENUE CODE, DIAGNOSIS CODE 651.0 AND 2 OR MORE RELATED HISTORY IS TYPE OF BILL 110 WITH BABY REVENUE CODE AND DIAGNOSIS 651.0, DENY CLAIM WITH EOB 0482. TRIPLET BIRTHS – FOR TYPE OF DOCUMENT- NON-PAPER CLAIMS: IF CURRENT CLAIM IS TYPE OF BILL 110 WITH A BABY REVENUE CODE, DIAGNOSIS 651.1 AND RELATED HAS 2 TYPES OF BILLS 110 WITH A BABY REVENUE CODE, DIAGNOSIS CODE 651.1 OVERRIDE THE ESC. TRIPLET BIRTHS – FOR TYPE OF DOCUMENT - NON-PAPER CLAIMS: IF CURRENT CLAIM IS TYPE OF BILL 110 WITH A BABY REVENUE CODE, DIAGNOSIS 651.1 AND 3 OR MORE RELATED HISTORY IS TYPE OF BILL 110 WITH BABY REVENUE CODE AND DIAGNOSIS CODE 651.1, DENY THE CLAIM WITH EOB 0482.

DMS LAST APPROVED: 08/27/04	
	TWIN BIRTHS: FOR TYPE OF DOCUMENT – PAPER: IF THE CURRENT CLAIM IS TYPE OF BILL 111 WITH A BABY REVENUE CODE, AND THE RENDERING PROVIDER NUMBER HAS A THIRD DIGIT EQUAL TO 1-9 (OUT OF STATE PROVIDER) AND THE RELATED HISTORY IS TYPE OF BILL 111 WITH A BABY REVENUE CODE, AND THE CLAIM HAS A NOTATION OF "TWIN A" OR "TWIN B" WHICH IS DIFFERENT FROM THE CURRENT CLAIM, OVERRIDE THE ESC. TWIN BIRTHS: FOR TYPE OF DOCUMENT – PAPER: IF THE CURRENT CLAIM IS TYPE OF BILL 111 WITH A BABY REVENUE CODE, AND THE RENDERING PROVIDER NUMBER HAS A THIRD DIGIT EQUAL TO 1-9 (OUT OF STATE PROVIDER) AND THE RELATED HISTORY IS TYPE OF BILL 111 WITH A BABY REVENUE CODE, AND THE CLAIM HAS A NOTATION OF "TWIN A" OR TWIN B: WHICH IS THE SAME AS THE CURRENT CLAIM, DENY THE ESC WITH EOB 0482. IF RELATED HISTORY INDICATES THE CURRENT CLAIM IS AN EXACT DUPLICATE OF A PREVIOUSLY PAID CLAIM, AND NONE OF THE CONDITIONS IN PREVIOUS STEPS APPLY, THEN DENY THE CLAIM WITH EOB 0482. **NOTE: WHEN A MOTHER/BABY CLAIM FOR IN-STATE PROVIDERS FAIL CURRENT TO CURRENT, THE MOTHER'S CLAIM SHOULD PAY AND THE BABY'S CLAIM SHOULD ALSO PAY WITH A ZERO DOLLAR AMOUNT.** VERIFY THAT THE DATES OF SERVICE, MEMBER ID AND PROVIDER NUMBER HAVE BEEN KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR. IF A PROVIDER HAS REFUNDED OR HAS HAD A RECOUPMENT FOR AN INCORRECT PAYMENT AND IS REBILLING, BUT HISTORY HAS NOT BEEN CORRECTED, OVERRIDE THE ESC, IF: INSTRUCTIONS FROM DMS TO OVERRIDE ARE ATTACHED, OR PROOF OF REFUND OR RECOUPMENT IS ATTACHED: COPY OF RA WITH CASH/FINANCE UNIT'S CASH CONTROL NUMBER ON FACE, AND ICN IN RELATED HISTORY IS THE SAME ICN ON RA. IF THE DISCHARGE DATE ON THE CURRENT CLAIMS IS EQUAL TO THE ADMISSION DATE ON THE HISTORY CLAIM (OR VICE VERSA), OVERRIDE THE ESC. IF RELATED HISTORY INDICATES THE CURRENT CLAIM IS AN EXACT DUPLICATE OF A PREVIOUSLY PAID CLAIM, DENY THE CLAIM WITH EOB 0482. CLAIM TYPE B (PROV TYPES 31, 35)

DMS LAST APPROVED: 08/27/04	
	VERIFY THE DATES OF SERVICE, MEMBER ID, PROVIDER NUMBER, AND MEDICARE PAID AMOUNT HAVE BEEN KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY DATA CORRECT EACH FIELD IN ERROR. IF A PROVIDER HAS REFUNDED OR HAS HAD A RECOUPMENT FOR AN INCORRECT PAYMENT AND IS REBILLING, BUT HISTORY HAS NOT BEEN CORRECTED, OVERRIDE THE ESC, IF: INSTRUCTIONS FROM DMS TO OVERRIDE ARE ATTACHED, OR PROOF OF REFUND OR RECOUPMENT IS ATTACHED: COPY OF RA WITH CASH/FINANCE UNIT'S CASH CONTROL NUMBER ON FACE AND ICN IN RELATED HISTORY IS THE SAME ICN ON RA. IF RELATED HISTORY INDICATES THE CURRENT CLAIM IS AN EXACT DUPLICATE OF A PREVIOUSLY PAID CLAIM, DENY THE CLAIM WITH EOB 0482. CLAIM TYPES "A" and "C" VERIFY THE DATES OF SERVICE, MEMBER ID, PROVIDER NUMBER, DEDUCTIBLE, AND COINSURANCE HAVE BEEN KEYED CORRECTLY. IF DATA WAS KEY INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR. IF A PROVIDER HAS REFUNDED OR HAS HAD A RECOUPMENT FOR AN INCORRECT PAYMENT AND IS REBILLING, BUT HISTORY HAS NOT BEEN CORRECTED, OVERRIDE THE ESC, IF: INSTRUCTIONS FROM DMS TO OVERRIDE ARE ATTACHED, OR PROOF OF REFUND OR RECOUPMENT IS ATTACHED: COPY OF RA WITH CASH/FINANCE UNIT'S CASH CONTROL NUMBER ON FACE, AND ICN IN RELATED HISTORY IS THE SAME ICN ON RA. FOR CLAIM TYPE "A", IF THE DISCHARGE DATE ON THE CURRENT CLAIM IS THE SAME AS THE ADMISSION DATE ON THE HISTORY CLAIM (OR VICE VERSA), OVERRIDE THE CLAIM. IF RELATED HISTORY INDICATES THE CURRENT CLAIM IS AN EXACT DUPLICATE OF A PREVIOUSLY PAID CLAIM, DENY THE CURRENT CLAIM WITH EOB 0482. FOR PROVIDER TYPE 91 EXAMINE BOTH CLAIMS TO DETERMINE IF THE REVENUE CODES ARE DIFFERENT OR THE SAME. IF THE REVENUE CODES ARE DIFFERENT, OVERRIDE THE ESC. IF THE REVENUE CODES ARE THE SAME, DENY THE ESC WITH EOB 0482.

2.2.5 5001 (FORMER LEGACY AUDIT 481)

DMS LAST APPROVED: 04/16/99		
ESC 5001 (FORMER LEGACY AUDIT 481 DUPLICATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT AND CLAIM CREDIT, ENCOUNTER (THRESHOLD)
EXACT DUPLICATE	**CLAIM FIELD LABEL:**	MEMBER ID, FDOS, DRUG GENERIC REFERENCE CODE
ESC TYPE: DUPLICATE	**C/T:**	P, Q
IF A PROVIDER BILLS FOR THE SAME DRUG GENERIC REFERENCE CODE OR NDC, FOR THE SAME MEMBER, SAME FDOS, THE CLAIM WILL FAIL ESC 5001.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DRUG GENERIC REFERENCE CODE AND/OR SAME NDC SAME DATE OF SERVICE	
PROCEDURES MONITORED:	DRUG GENERIC REFERENCE CODE OF DRUG DISPENSED.	
ESC EOB:	0482 – CLAIM/DETAIL DENIED. DUPLICATE SERVICE BILLED.	
PROCESSING INSTRUCTIONS:	VERIFY DATE OF SERVICE, MEMBER ID AND PROVIDER NUMBER AND NDC WERE KEYED CORRECTLY. IF NOT, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY INDICATES THE SAME FIRST 10 DIGITS OF THE NDC AS THE CURRENT CLAIM FOR SAME MEMBER, SAME PROVIDER, DENY THE ESC WITH EOB 0482.	
	IF RELATED HISTORY INDICATES DIFFERENT FIRST 10 DIGITS OF THE NDC AS THE CURRENT CLAIM FOR SAME MEMBER, SAME PROVIDER: IF RELATED HISTORY INDICATES THE SAME DRUG GENERIC CODE WAS PREVIOUSLY PAID FOR SAME MEMBER, SAME PROVIDER, DENY THE ESC WITH EOB 0482. IF RELATED HISTORY INDICATES CURRENT CLAIM IS NOT A DUPLICATE OF A PREVIOUSLY PAID CLAIM: OVERRIDE THE CLAIM. IF HISTORY OR CURRENT CLAIM HAS QUANTITY OF 99999, VERIFY THAT DISPENSING FEE WAS ALLOWED FOR INITIAL CLAIM. OVERRIDE SUBSEQUENT CLAIM (S) AND CHANGE EOB FIELD TO 530.	
	IF A PROVIDER HAS REFUNDED OR HAS HAD A RECOUPMENT FOR AN INCORRECT PAYMENT AND IS REBILLING, BUT HISTORY HAS NOT BEEN CORRECTED, OVERRIDE THE ESC, IF	

	INSTRUCTIONS FROM DMS TO OVERRIDE ARE ATTACHED, OR PROOF OF REFUND OR RECOUPMENT IS ATTACHED: COPY OF RA WITH CASH/FINANCE UNIT'S CASH CONTROL NUMBER ON FACE, AND ICN IN RELATED HISTORY IS THE SAME ICN ON RA. *EOB 0482 IS USED TO AUTO-DENY FOR TYPE OF DOCUMENT - NON-PAPER CLAIMS.

2.2.6 5001 (FORMER LEGACY AUDIT 483)

DMS LAST APPROVED: 06/16/04		
ESC 5001 (FORMER LEGACY AUDIT 483 DUPLICATION)	TYPE OF DOCUMENT:	ALL EXCEPT MASS ADJUSTMENT, ENCOUNTER (THRESHOLD)
EXACT DUPLICATE	CLAIM FIELD LABEL:	MEMBER ID, PROCEDURE, DOS, TIME OF PICK-UP, DEDUCTIBLE, COINSURANCE, FIRST MODIFIER
ESC TYPE: DUPLICATE	**C/T:**	B (PT 55), M (PT 55, 56, 57)
IF A PROVIDER BILLS DUPLICATE TRANSPORTATION CLAIMS BASED ON THE CRITERIA BELOW, THE CLAIM WILL FAIL ESC 5001.		
ESC CRITERIA:	**<u>CLAIM TYPE 'M' (PROV TYPE 56, SPEC 16) FOR DOS AFTER 10/15/03</u>** SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE SAME TIME OF PICK-UP SAME PROCEDURE CODE SAME PROCEDURE CODE MODIFIER **<u>CLAIM TYPE 'M' (PROV TYPE 56, SPEC 16) FOR DOS AFTER 6/30/03 AND PRIOR TO 10/16/03 (DCR 00699)</u>** SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE SAME TIME OF PICK-UP SAME PROCEDURE CODE	

DMS LAST APPROVED: 06/16/04	
	CLAIM TYPE 'M' (PROV TYPE 55) FOR DOS AFTER 10/15/03 SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE SAME TIME OF PICK-UP SAME PROCEDURE CODE SAME PROCEDURE CODE MODIFIER **CLAIM TYPE 'M' (PROV TYPE 55) FOR DOS PRIOR TO 10/16/03** SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE SAME TIME OF PICK-UP SAME PROCEDURE CODE
	CLAIM TYPE 'M' (PROV TYPE 56, PAPER CLAIMS) DCR 00965 SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE SAME TIME OF PICK-UP SAME PROCEDURE CODE
	FOR TRANSPORTATION CROSSOVER CLAIMS RECEIVED PRIOR TO 3/1/97: **CLAIM TYPE 'B'** SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE SAME PROCEDURE CODE

DMS LAST APPROVED: 06/16/04	
	FOR TRANSPORTATION CROSSOVER CLAIMS RECEIVED ON OR AFTER 3/1/97: **CLAIM TYPE B (PAPER AGAINST PAPER RECEIVED AFTER 3/1/97)** SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE SAME PROCEDURE CODE SAME TIME OF PICK-UP
	CLAIM TYPE B (PAPER RECEIVED AFTER 3/1/97 AGAINST PAPER RECEIVED PRIOR TO 3/1/97 AND VICE VERSA) SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE SAME PROCEDURE CODE SAME TIME OF PICK-UP SAME MEDICARE DEDUCTIBLE SAME MEDICARE COINSURANCE
	CLAIM TYPE B (ELECTRONIC AGAINST PAPER AND VICE VERSA) SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE SAME PROCEDURE CODE SAME TIME OF PICK-UP SAME MEDICARE DEDUCTIBLE SAME MEDICARE COINSURANCE

DMS LAST APPROVED: 06/16/04	
	CLAIM TYPE B (ELECTRONIC AGAINST ELECTRONIC) SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE SAME PROCEDURE CODE SAME TIME OF PICK-UP SAME MEDICARE DEDUCTIBLE SAME MEDICARE COINSURANCE
	CLAIM TYPE B (ELECTRONIC AGAINST ELECTRONIC DOS AFTER 12/31/2000) SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE SAME PROCEDURE CODE SAME TIME OF PICK-UP SAME MEDICARE DEDUCTIBLE SAME MEDICARE COINSURANCE NOTE: NON-PAPER CLAIMS WILL BE DENIED WITH EOB 0485
PROCEDURES MONITORED:	TRANSPORTATION PROCEDURE CODES
ESC EOB:	0482 – CLAIM/DETAIL DENIED. DUPLICATE SERVICE BILLED.
PROCESSING INSTRUCTIONS:	**CLAIM TYPE 'M' (P/T 55 AND 56)**
	VERIFY THAT THE DATES OF SERVICE, PROCEDURE CODE, PROCEDURE CODE MODIFIER TIME OF PICK-UP (FIELD 23 ON HCFA CLAIM FORM), MEMBER ID, AND PROVIDER NUMBER WERE KEYED CORRECTLY. IF NOT, DATA CORRECT EACH FIELD IN ERROR.
	IF RELATED HISTORY INDICATES THESE ARE DUPLICATE CHARGES, DENY THE ESC WITH EOB 0482.
	IF CURRENT CLAIM HAS A NOTATION OF "NOT A DUPLICATE" ON THE FACE OF THE CLAIM, PULL HISTORY CLAIM. IF TIME OF PICK-UP ON HISTORY CLAIM IS DIFFERENT THAN CURRENT CLAIM, OVERRIDE THE ESC. IF SAME, DENY THE CURRENT CLAIM.

DMS LAST APPROVED: 06/16/04	
	IF A PROVIDER HAS REFUNDED OR HAS HAD A RECOUPMENT FOR AN INCORRECT PAYMENT AND IS REBILLING, BUT HISTORY HAS NOT BEEN CORRECTED, OVERRIDE THE ESC, IF: INSTRUCTIONS FROM DMS TO OVERRIDE ARE ATTACHED, OR PROOF OF REFUND OR RECOUPMENT IS ATTACHED: COPY OF RA WITH CASH/FINANCE UNIT'S CASH CONTROL NUMBER ON FACE, AND ICN IN RELATED HISTORY IS THE SAME ICN ON RA.
	CLAIM TYPE 'B'
	VERIFY THAT THE MEMBER ID, PROVIDER NUMBER, DATES OF SERVICE, PROCEDURE CODES, TIME OF PICK-UP (FIELD 23 ON HCFA CLAIM FORM), DEDUCTIBLE, COINSURANCE AND FIRST MODIFIER WERE KEYED CORRECTLY. IF NOT, DATA CORRECT EACH FIELD IN ERROR
	IF RELATED HISTORY INDICATES THESE ARE DUPLICATE CHARGES, DENY THE ESC WITH EOB 482 IF CURRENT CLAIM IS A PAPER CLAIM. DENY THE ESC WITH EOB 0485 IF CURRENT CLAIM IS AN ELECTRONIC CLAIM.
	IF A PROVIDER HAS REFUNDED OR HAS HAD A RECOUPMENT FOR AN INCORRECT PAYMENT AND IS REBILLING, BUT HISTORY HAS NOT BEEN CORRECTED, OVERRIDE THE ESC, IF: INSTRUCTIONS FROM DMS TO OVERRIDE ARE ATTACHED, OR PROOF OF REFUND OR RECOUPMENT IS ATTACHED: COPY OF RA WITH CASH/FINANCE UNIT'S CASH CONTROL NUMBER ON FACE, AND ICN IN RELATED HISTORY IS THE SAME ICN ON RA.

2.2.7 5001 (FORMER LEGACY AUDIT 488)

DMS LAST APPROVED: 12/19/03		
ESC 5001 (FORMER LEGACY AUDIT 488 DUPLICATION)	**TYPE OF DOCUMENT:**	NON-PAPER CLAIMS, PAPER CLAIMS, PAPER ADJUSTMENT, ENCOUNTER (THRESHOLD)
EXACT DUPLICATE	**CLAIM FIELD LABEL:**	MEMBER ID, DOS, PROCEDURE/GENERIC REFERENCE CODE, TOOTH NUMBER
ESC TYPE: DUPLICATE	**C/T:**	M (PT 22, 31, 35)
IF A PROVIDER BILLS FOR SERVICES WHICH HAVE BEEN PREVIOUSLY PAID, THE DETAIL WILL FAIL ESC 5001.		
ESC CRITERIA:	SAME MEMBER SAME DATE OF SERVICE SAME PROCEDURE OR GENERIC REFERENCE CODE SAME PROVIDER SAME TOOTH NUMBER, IF REQUIRED	
PROCEDURES MONITORED:	**PROCEDURES REQUIRING TOOTH NUMBER**	

D2140	D2150	D2160	D2161	D2330	D2331
D2332	D2335	D2930	D2931	D2932	D3110
D3220	D3310	D3320	D3330	D3410	D5520
D5620	D5640	D5820	D5821	D7111	D7140
D7210	D7220	D7230	D7240	D7241	D7250
D7260					
02110	02160	02930	03320	07110	07240
02120	02161	02931	03330	07120	07241
02130	02330	02932	03410	07130	07250
02131	02331	03110	05520	07210	07260
02140	02332	03220	05620	07220	05820
02150	02335	03310	05640	07230	05821

ESC EOB:	0482 – CLAIM/DETAIL DENIED. DUPLICATE SERVICE BILLED.

DMS LAST APPROVED: 12/19/03	
PROCESSING INSTRUCTIONS:	VERIFY THE DATE OF SERVICE, MEMBER ID, PROCEDURE/GENERIC REFERENCE CODE, PROVIDER NUMBER, AND TOOTH NUMBER (IF REQUIRED) WERE KEYED CORRECTLY. IF NOT, DATA CORRECT EACH FIELD IN ERROR.
	IF A PROVIDER HAS REFUNDED OR HAS HAD A RECOUPMENT FOR AN INCORRECT PAYMENT AND IS REBILLING, BUT HISTORY HAS NOT BEEN CORRECTED, OVERRIDE THE ESC, IF: INSTRUCTIONS FROM DMS TO OVERRIDE ARE ATTACHED, OR PROOF OF REFUND OR RECOUPMENT IS ATTACHED. COPY OF RA WITH CASH/FINANCE UNIT'S CASH CONTROL NUMBER ON FACE, AND ICN IN RELATED HISTORY IS THE SAME ICN ON RA.
	IF THE SAME PROCEDURE CODE IS BILLED ON DIFFERENT LINES OF THE SAME CLAIM, OVERRIDE THE 1ST FAILURE AND DENY THE OTHERS.
	IF RELATED HISTORY INDICATES A PAID CLAIM FOR SAME PROVIDER, SAME PROCEDURE CODE/ GENERIC REFERENCE CODE, SAME MEMBER, SAME DATE OF SERVICE, AND SAME TOOTH NUMBER (IF REQUIRED), DENY CURRENT CLAIM.

2.2.9 5001 (FORMER LEGACY AUDIT 490)

DMS LAST APPROVED:		
ESC 5001 (FORMER LEGACY AUDIT 490 DUPLICATION)	TYPE OF DOCUMENT:	ELECTRONIC CLAIM, PAPER ADJUSTMENT, PAPER CLAIMS, ENCOUNTER (THRESHOLD)
EXACT DUPLICATE	**CLAIM FIELD LABEL:**	PROCEDURE, DOS, MEMBER ID, PROVIDER, MODIFIER
ESC TYPE: DUPLICATE	**C/T**	B (EXCL PT 31, 35, 70), H (EXCL PT 34), M (EXCL PT 22, 31, 35, 40, 55, 57), O
IF A PROVIDER BILLS FOR SERVICES WHICH HAVE BEEN PREVIOUSLY PAID THE DETAIL WILL FAIL ESC 5001.		
ESC CRITERIA:	**CLAIM TYPE "M", PROCEDURE CODES 23930 – 25999, 26010, 26011, 26025, 26030, 26055, 26060, 26070, 26075, 26080, 26100, 26105, 26110, 26180, 26185, 26210, 26215, 26235, 26236, 26255, 26260 – 26262, 26340, 26418, 26420, 26426, 26428, 26442, 26497, 26498, 26516 – 26518, 26548, 26550, 26590, 26641, 26645, 26650, 26665, 26670, 26675, 26676, 26686, 26720, 26725, 26727, 26735, 26750, 26755, 26756, 26765, 26820,** **26841 – 26844, 26910, 26951, 26952, 27301 – 27899, 8092, 28108, 28110 – 28114, 28124, 28126, 28150, 28153, 28160, 28175, 28232, 28286, 28290, 28292 – 28294, 28296 – 28299, 28310, 28312, 28313, 28315, 28340, 28341, 28344, 28345, 28490, 28495, 28496, 28505, 28510, 28515, 28525, 28750, 28755, 28760, 28810, 28820, 28825** SAME PROVIDER (RENDERING) SAME MEMBER SAME/OVERLAPPING DETAIL DATES OF SERVICE SAME PROCEDURE CODE SAME PROCEDURE CODE MODIFIER	
	CLAIM TYPE "M", PROCEDURE CODES 90700, 90701, 90702, 90707, 90712, 90713, 90718, 90720, 90724, 90731, 90732, 90737 SAME PROVIDER (RENDERING) SAME MEMBER SAME/OVERLAPPING DETAIL DATES OF SERVICE SAME PROCEDURE CODE SAME PROCEDURE CODE MODIFIER SAME TYPE OF SERVICE OR DIFFERENT TYPE OF SERVICE AND NEITHER CLAIM HAS A TYPE OF SERVICE 7, 8, OR B.	
	CLAIM TYPE "M", ALL OTHER PROCEDURE CODES	

	SAME PROVIDER (RENDERING) SAME MEMBER SAME/OVERLAPPING DETAIL DATES OF SERVICE SAME PROCEDURE CODE SAME TYPE OF SERVICE OR DIFFERENT TYPE OF SERVICE AND NEITHER CLAIM HAS A TYPE OF SERVICE OF 7, 8, OR B
	CLAIM TYPE "O" (PROV TYPE 01 - DOS After 06/30/2009) SAME BILLING PROVIDER SAME MEMBER SAME/OVERLAPPING DETAIL DATES OF SERVICE SAME REVENUE CODE SAME PROCEDURE CODE (N/A FOR REVENUE CODE 762*) SAME NDC SAME ADMIT HOUR (N/A IF CURRENT CLAIM HAS A 5010 INDICATOR/CO 17565) *PER CO 15508 PROCEDURE CODE WILL NOT BE INCLUDED IN THE DUPE CRITERIA FOR REVENUE CODE 762.
	CLAIM TYPE "O" (PROV TYPE 01 - DOS Prior To 07/01/2009) SAME BILLING PROVIDER SAME MEMBER SAME/OVERLAPPING DETAIL DATES OF SERVICE SAME REVENUE CODE SAME PROCEDURE CODE SAME ADMIT HOUR (IF JULIAN DATE ON HISTORY CLAIM IS AFTER 88183)
	CLAIM TYPE "B" (PROV TYPE 01) SAME PROVIDER (RENDERING) SAME MEMBER SAME/OVERLAPPING DETAIL DATES OF SERVICE SAME PROCEDURE/REVENUE CODE SAME ADMIT HOUR (IF JULIAN DATE ON HISTORY CLAIM IS AFTER 88183)
	CLAIM TYPE "M", PROCEDURE CODE 92499

	EFFECTIVE WITH DOS 10/16/03 AND GREATER SAME PROVIDER (RENDERING) SAME MEMBER SAME/OVERLAPPING DETAIL DATES OF SERVICE SAME PROCEDURE (92499) SAME FIRST MODIFIER
	CLAIM TYPE "B" (PROV TYPE 90) CLAIMS PROCESSED ON OR AFTER 05/10/05 FOR THE CODES LISTED BELOW PER DCR1358 SAME PROVIDER (RENDERING) SAME MEMBER SAME 'FROM' DATE OF SERVICE SAME PROCEDURE CODE A4221 A4222 A4253 A4255 A4256 A4259 A4625 A4629 B4034 B4035 B4036 B4102 B4103 B4104 B4149 B4150 B4152 B4153 B4154 B4155 B4157 B4158 B4159 B4160 B4161 B4162 B4164 B4168 B4172 B4176 B4178 B4180 B4184 B4189 B4193 B4197 B4199 B4216 B4220 B4222 B4224 B5000 B5100 B5200 E0935
	CLAIM TYPE "M"(PROV TYPE 45) PROCESS DATES AFTER 04/10/2005. DCR 01328 SAME PROVIDER (RENDERING) SAME MEMBER SAME/OVERLAPPING DETAIL DATES OF SERVICE SAME PROCEDURE/REVENUE CODE SAME MODIFIER SAME PRIOR AUTHORIZATION NUMBER
	CLAIM TYPE "M" (PROV TYPES 15, 20)

	SAME PROVIDER (RENDERING) SAME MEMBER SAME/OVERLAPPING DETAIL DATES OF SERVICE SAME PROCEDURE/REVENUE CODE
	NOTE: FOR P/T 20 IF ONE PROCEDURE CODE IS BILLED WITH MODIFIER 25 AND THE OTHER IS NOT, BYPASS ESC 490 PER CO780 **CLAIM TYPE "M" (PROV TYPE 23) PROCEDURE CODES: X0050, X0051, X0058, X0060, X0086, XH100, 90804, 90853, 90887, H2021, H2019, T1023** SAME PROVIDER SAME MEMBER SAME/OVERLAPPING DETAIL DATES OF SERVICE SAME PROCEDURE SAME FIVE DIGIT MODIFIER SAME TAX ID
	CLAIM TYPE "M" (PROV TYPE 23, IF OTHER THAN THE CODES LISTED ABOVE) SAME PROVIDER (RENDERING) SAME MEMBER SAME/OVERLAPPING DETAIL DATES OF SERVICE SAME PROCEDURE/REVENUE CODE
	CLAIM TYPE "M" (PROV TYPE 21) SAME PROVIDER SAME MEMBER SAME/OVERLAPPING DETAIL DATES OF SERVICE SAME PROCEDURE SAME MODIFIERS SAME EMPLOYEE ID SAME NUMBER OF CHILDREN IN THE GROUP
	CLAIM TYPE "M" (PROV TYPE 29) SAME PROVIDER SAME MEMBER

	SAME/OVERLAPPING DETAIL DATES OF SERVICE SAME PROCEDURE CODE SAME 5-DIGIT MODIFIER SAME TAX ID (PATIENT ACCOUNT NUMBER)
	CLAIM TYPE "M" (PROV TYPE 14) SAME PROVIDER SAME MEMBER SAME/OVERLAPPING DETAIL DATES OF SERVICE SAME PROCEDURE CODE
	CLAIM TYPE "B" (PROV TYPE 64 AND 65) – DOS AFTER 12/31/2008 (PER CO 15999) SAME BILLING AND SAME RENDERING PROVIDER SAME MEMBER SAME/OVERLAPPING DETAIL DATES OF SERVICE SAME PROCEDURE CODE SAME MODIFIERS (ALL FOUR MUST MATCH) SAME NDC (CO 13900/IMPLEMENTED 01/20/2012)
	CLAIM TYPE "B" (PROV TYPE 64 AND 65) – DOS PRIOR TO 01/01/2009 SAME BILLING PROVIDER SAME MEMBER SAME/OVERLAPPING DETAIL DATES OF SERVICE SAME PROCEDURE CODE SAME MODIFIERS (ALL FOUR MUST MATCH)
	CLAIM TYPE "B" (PROV TYPE 78) SAME BILLING PROVIDER SAME MEMBER SAME/OVERLAPPING DETAIL DATES OF SERVICE SAME PROCEDURE CODE SAME NDC (CO 13900/IMPLEMENTED 01/20/2012)
	CLAIM TYPE "B" (PROV TYPE 78) – ENCOUNTERS ONLY SAME BILLING PROVIDER

	SAME MEMBER SAME/OVERLAPPING DETAIL DATES OF SERVICE SAME PROCEDURE CODE SAME MODIFER IF ONE OR MORE CURRENT AND/OR HISTORY MODIFIERS ARE IN MODIFIER GROUP 3018 (CO 18402) SAME NDC (CO 13900/IMPLEMENTED 01/20/2012)
	CLAIM TYPE "B" (OTHER THAN PROV TYPE 21, 30, 34, 56, 64, 65, and 78) SAME PROVIDER (RENDERING) AND/OR CLINIC SAME MEMBER SAME/OVERLAPPING DETAIL DATES OF SERVICE SAME PROCEDURE CODE SAME TYPE OF SERVICE (IF OTHER THAN PROV TYPES 20, 50, 70, 72, 74) OR DIFFERENT TYPE OF SERVICE AND NEITHER CLAIM HAS A TYPE OF SERVICE OF 7, 8, OR B NOTE: DUPLICATE ANESTHESIA CROSSOVER CLAIMS WILL FAIL FOR SAME TYPE OF SERVICE OR TYPE OF SERVICE 7 AGAINST B AND VICE VERSA. SAME MODIFIER
	CLAIM TYPE "B" (PROV TYPE 21) SAME PROVIDER SAME MEMBER SAME/OVERLAPPING DETAIL DATES OF SERVICE SAME PROCEDURE SAME FIVE DIGIT MODIFIER SAME NUMBER OF CHILDREN IN THE GROUP (TYPE OF SERVICE) IF THE DATE OF SERVICE IS AFTER 10/15/03 AND THE PROCEDURE CODE IS 96153, 97530, 92508 OR 97110 THE NUMBER OF STUDENTS IN A GROUP IS THE 4TH BYTE OF THE LOCAL USE FIELD RATHER THAN THE TOS FIELD.
	CLAIM TYPE "B" (PROV TYPE 30) SAME PROVIDER (BILLING) SAME MEMBER

	SAME/OVERLAPPING DETAIL DATES OF SERVICE SAME PROCEDURE SAME MODIFIER (ANY ONE OR MORE*) *In the case of multiple modifiers only one has to match that of another claim/line to be considered as 'Same Modifier'
	CLAIM TYPE "B" (PROV TYPE 56 PAPER CLAIMS ONLY - BILLING FOR MEMBERS IN COUNTIES 015, 056, 093, 106 AND 108) SAME PROVIDER SAME MEMBER SAME/OVERLAPPING DETAIL DATES OF SERVICE SAME PROCEDURE CODE SAME TIME OF PICK UP (FIRST AND SECOND PROCEDURE MODIFIER FIELDS) **NOTE: EFFECTIVE DOS 7/1/03 AND AFTER CLAIMS WILL FAIL ESC 483 (DCR 00699)**
	CLAIM TYPE "M" (P/T 30) DOS AFTER 10/15/03 SAME PROVIDER SAME MEMBER SAME/OVERLAPPING DETAIL DATES OF SERVICE SAME PROCEDURE CODE SAME 4-DIGIT EMPLOYEE ID SAME 1ST MODIFIER-UNLESS A MODIFIER OF "UD" IS SUBMITTED AS THE 2ND, 3RD, OR 4TH MODIFIER. IN THESE CASES ALL MODIFIERS MUST MATCH OR THE SERVICE IS NOT CONSIDERED A DUPLICATE.
	CLAIM TYPE "M" (P/T 30) (DOS PRIOR TO 10/16/03) SAME PROVIDER SAME MEMBER SAME/OVERLAPPING DETAIL DATES OF SERVICE SAME PROCEDURE CODE SAME 5 DIGIT MODIFIER
	CLAIM TYPE "M" (P/T 90) SAME PROVIDER

	SAME MEMBER SAME/OVERLAPPING DETAIL DATES OF SERVICE SAME PROCEDURE CODE SAME MODIFIER (IF HISTORY OR CURRENT CLAIM HAS MODIFIER "RR") SAME PA NUMBER IF PROCEDURE CODE E1399
	CLAIM TYPE "M" (PROV TYPES 64, 65) SAME PROVIDER (RENDERING) SAME MEMBER SAME/OVERLAPPING DETAIL DATES OF SERVICE SAME PROCEDURE CODE SAME MODIFIER(ALL FOUR MUST MATCH) SAME NDC (CO 13900 IMPLEMENTED 01/20/2012)
	CLAIM TYPE "M" (PROV TYPE 78) SAME PROVIDER (RENDERING) SAME MEMBER SAME/OVERLAPPING DETAIL DATES OF SERVICE SAME PROCEDURE CODE SAME NDC (CO 13900 IMPLEMENTED 01/20/2012)
	CLAIM TYPE "M" (PROV TYPE 78) – <u>ENCOUNTERS ONLY</u> SAME PROVIDER (RENDERING) SAME MEMBER SAME/OVERLAPPING DETAIL DATES OF SERVICE SAME PROCEDURE CODE SAME MODIFER IF ONE OR MORE CURRENT AND/OR HISTORY MODIFIERS ARE IN MODIFIER GROUP 3018 (CO 18402) SAME NDC (CO 13900/IMPLEMENTED 01/20/2012)
	CLAIM TYPE "M" (PROV TYPES OTHER THAN THOSE PREVIOUSLY LISTED) SAME PROVIDER (RENDERING) SAME MEMBER SAME/OVERLAPPING DETAIL DATES OF SERVICE

	SAME PROCEDURE CODE SAME MODIFIER IF DOS IS AFTER 12/31/00 AND PROCEDURE CODE IS ONE OF THE CODES LISTED AT THE END OF THE ESC 490 SECTION SAME MODIFIER IF DOS IS AFTER 12/31/00 AND PROCEDURE CODE IS ONE OF THE CODES LISTED AT THE END OF THE ESC 490 SECTION
	CLAIM TYPE "B" (PROV TYPES OTHER THAN THOSE LISTED PREVIOUSLY) SAME PROVIDER (RENDERING) SAME MEMBER SAME/OVERLAPPING DETAIL DATES OF SERVICE SAME PROCEDURE CODE SAME MODIFIER IF DOS IS AFTER 12/31/00 AND PROCEDURE CODE IS ONE OF THE CODES LISTED AT THE END OF THE ESC 490 SECTION
ESC EOB	0482 – CLAIM/DETAIL DENIED. DUPLICATE SERVICE BILLED.
PROCESSING **INSTRUCTIONS**	**CLAIM TYPE "M"** VERIFY THE DATE OF SERVICE, MEMBER ID, PROCEDURE CODE, AND PROVIDER NUMBER HAVE BEEN KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR. VERIFY THE TYPE OF SERVICE HAS BEEN KEYED CORRECTLY. IF TYPE OF SERVICE WAS KEYED INCORRECTLY, CORRECT THE DATA. IF A PROVIDER HAS REFUNDED OR HAS HAD A RECOUPMENT FOR AN INCORRECT PAYMENT AND IS REBILLING, BUT HISTORY HAS NOT BEEN CORRECTED, OVERRIDE THE ESC. ACCEPTABLE DOCUMENTATION FOR OVERRIDE INCLUDES THE FOLLOWING: INSTRUCTIONS FROM DMS TO OVERRIDE PROOF OF REFUND OR RECOUPMENT RA COPY WITH FINANCIAL SERVICES UNIT CASH CONTROL NUMBER OF FACE, AND THE ICN IN RELATED HISTORY MATCHES THE ICN ON THE RA. FINANCIAL SERVICES UNIT CASH CONTROL NUMBER (CCN) IS DOCUMENTED ON THE FACE OF THE CLAIM AND THE ICN DOCUMENTED MATCHES THE ICN IN RELATED HISTORY. IF THE SAME PROCEDURE CODE IS BILLED ON DIFFERENT LINES OF THE SAME CLAIM OR FAILS CURRENT TO CURRENT WITH THE SAME DATE OF SERVICE, OVERRIDE THE 1ST

	FAILURE AND DENY OTHERS WITH EOB 427. ON CLAIM TYPE M, WHEN A PROVIDER BILLS FOR MULTIPLE BIRTHS ON SAME/DIFFERENT CLAIMS AND INDICATES ON EACH CLAIM/DETAIL THAT THE SERVICE IS FOR MULTIPLE BIRTHS, OVERRIDE THE ESC. IF RELATED HISTORY INDICATES A PAID CLAIM FOR SAME PROVIDER, SAME MEMBER, SAME PROCEDURE CODE, SAME T.O.S AND SAME/OVERLAPPING DATES OF SERVICE, DENY THE ESC WITH EOB 482. IF RELATED HISTORY HAS A PAID DATE AND NO DETAIL PAID AMOUNT, DENY THE ESC WITH EOB 027.
	CLAIM TYPE "O" (PROV TYPE 01) VERIFY THE PROVIDER NUMBER, MEMBER NUMBER, PROCEDURE/REVENUE CODE, ADMIT HOUR, NDC AND DATE OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR. 2. IF A PROVIDER HAS REFUNDED OR HAS HAD A RECOUPMENT FOR AN INCORRECT PAYMENT AND IS REBILLING, BUT HISTORY HAS NOT BEEN CORRECTED, OVERRIDE THE ESC. APPLICABLE DOCUMENTATION FOR OVERRIDE INCLUDES THE FOLLOWING: INSTRUCTIONS FROM DMS TO OVERRIDE PROOF OF REFUND OR RECOUPMENT RA COPY WITH FINANCIAL SERVICES UNIT CASH CONTROL NUMBER ON FACE, AND THE ICN IN RELATED HISTORY MATCHES THE ICN ON THE RA. FINANCIAL SERVICES UNIT CASH CONTROL NUMBER (CCN) IS DOCUMENTED ON THE FACE OF THE CLAIM AND THE ICN DOCUMENTED MATCHES THE ICN IN RELATED HISTORY. 3. IF THE JULIAN DATE ON THE HISTORY CLAIM IS **PRIOR** TO 88183: HISTORY CLAIM IS PULLED FROM MICROFILM AND BLOCK 16 (ADMIT HOUR) IS REVIEWED. IF THE HOUR ON THE CURRENT CLAIM IS DIFFERENT FROM THE HOUR ON THE HISTORY CLAIM (BLOCK 16), OVERRIDE ALL DETAILS OF THE ESC. IF HOURS ARE THE SAME, DENY THE ESC WITH EOB 482. IF THE ADMIT HOUR IS NOT INDICATED ON BOTH CLAIMS, DENY THE ESC WITH EOB 482. 4. IF THE JULIAN DATE ON THE HISTORY CLAIM IS **AFTER** 88183: IF THE ADMIT HOUR ON THE CURRENT CLAIM IS THE SAME AS THE ADMIT HOUR ON THE HISTORY CLAIM, DENY WITH

	EOB 482. IF THE ADMIT HOUR ON THE CURRENT CLAIM IS DIFFERENT THE ADMIT HOUR ON THE HISTORY CLAIM, OVERRIDE THE ESC. RA COPY WITH FINANCIAL SERVICES UNIT CASH CONTROL NUMBER ON FACE, AND THE ICN IN RELATED HISTORY MATCHES THE ICN ON THE RA. FINANCIAL SERVICES UNIT CASH CONTROL NUMBER (CCN) IS DOCUMENTED ON THE FACE OF THE CLAIM AND THE ICN DOCUMENTED MATCHES THE ICN IN RELATED HISTORY. **CLAIM TYPE "M" (PROV TYPE 36)** VERIFY THE DATES OF SERVICE, MEMBER ID, PROCEDURE/REVENUE CODE AND PROVIDER NUMBER WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR. IF A PROVIDER HAS REFUNDED OR HAS HAD A RECOUPMENT FOR AN INCORRECT PAYMENT AND IS REBILLING, BUT HISTORY HAS NOT BEEN CORRECTED, OVERRIDE THE ESC. APPLICABLE DOCUMENTATION FOR OVERRIDE INCLUDES THE FOLLOWING: INSTRUCTIONS FROM DMS TO OVERRIDE PROOF OF REFUND OR RECOUPMENT RA COPY WITH FINANCIAL SERVICES UNIT CASH CONTROL NUMBER ON FACE, AND THE ICN IN RELATED HISTORY MATCHES THE ICN ON THE RA. FINANCIAL SERVICES UNIT CASH CONTROL NUMBER (CCN) IS DOCUMENTED ON THE FACE OF THE CLAIM AND THE ICN DOCUMENTED MATCHES THE ICN IN RELATED HISTORY. IF THE CURRENT CLAIM HAS A MODIFIER OF "59" AND THE HISTORY CLAIM OR OTHER CURRENT CLAIM DOES NOT, OVERRIDE THE ESC. IF THE HISTORY OR OTHER CURRENT CLAIM HAS A MODIFIER OF "59" BUT THE CURRECNT CLAIM DOES NOT, OVERRIDE THE ESC. IF ITEM #3 DOES NOT APPLY AND RELATED HISTORY INDICATES A PAID CLAIM FOR THE SAME PROVIDER, SAME MEMBER, SAME PROCEDURE CODE, AND SAME / OVERLAPPING DATES OF SERVICE, DENY THE CURRENT DETAIL WITH EOB 482. **CLAIM TYPE "M"** VERIFY THE PROVIDER NUMBER, MEMBER NUMBER, PROCEDURE CODE, AND DATE OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.

	IF A PROVIDER HAS REFUNDED OR HAS HAD A RECOUPMENT FOR AN INCORRECT PAYMENT AND IS REBILLING, BUT HISTORY HAS NOT BEEN CORRECTED, OVERRIDE THE ESC. APPLICABLE DOCUMENTATION FOR OVERRIDE INCLUDES THE FOLLOWING: INSTRUCTIONS FROM DMS TO OVERRIDE PROOF OF REFUND OR RECOUPMENT. RA COPY WITH FINANCIAL SERVICES UNIT CASH CONTROL NUMBER ON FACE, AND THE ICN IN RELATED HISTORY MATCHES THE ICN ON THE RA. FINANCIAL SERVICES UNIT CASH CONTROL NUMBER (CCN) IS DOCUMENTED ON THE FACE OF THE CLAIM AND THE ICN DOCUMENTED MATCHES THE ICN IN RELATED HISTORY. FOR VISION CLAIMS (PROV TYPES 52, 77) OVERRIDE THE ESC IF THE CLAIM PASSES PA EDITS (I.E., LENSES PAID AND 2 LENSES BILLED ON DIFFERENT LINES AND 1 FRAME PAID AND 1 FRAME BILLED ON DIFFERENT LINES OF THE CURRENT CLAIM.) OVERRIDE BOTH DETAILS. (PROVIDERS ARE ALLOWED 4 LENSES PER 12 MONTHS). IF THE SAME PROCEDURE IS BILLED ON DIFFERENT LINES OF THE SAME CLAIM OR FAIL CURRENT TO CURRENT WITH SAME DATE OF SERVICE, OVERRIDE THE 1ST FAILURE AND DENY OTHERS WITH EOB 427. IF RELATED HISTORY INDICATES A PREVIOUSLY PAID CLAIM FOR THE SAME DATE OF SERVICE, SAME PROVIDER, SAME MEMBER, AND SAME PROCEDURE CODE, DENY THE CLAIM WITH EOB 482. **CLAIM TYPES “B”, “C”, “M” (PROV TYPE 45-PROCESS DATES PRIOR TO 04/11/05)** VERIFY THE DATES OF SERVICE, MEMBER ID, PROCEDURE/REVENUE CODE AND PROVIDER NUMBER WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR. FOR CLAIM TYPE “Y” OR “Z” VERIFY THE MODIFIERS ARE KEYED CORRECTLY. IF NOT, DATA CORRECT. IF A PROVIDER HAS REFUNDED OR HAS HAD A RECOUPMENT FOR AN INCORRECT PAYMENT AND IS REBILLING, BUT HISTORY HAS NOT BEEN CORRECTED, OVERRIDE THE ESC. APPLICABLE DOCUMENTATION FOR OVERRIDE INCLUDES THE FOLLOWING: INSTRUCTIONS FROM DMS TO OVERRIDE PROOF OF REFUND OR RECOUPMENT. RA COPY WITH FINANCIAL SERVICES UNIT CASH CONTROL NUMBER ON FACE, AND THE ICN IN RELATED HISTORY

	MATCHES THE ICN ON THE RA. FINANCIAL SERVICES UNIT CASH CONTROL NUMBER (CCN) IS DOCUMENTED ON THE FACE OF THE CLAIM AND THE ICN DOCUMENTED MATCHES THE ICN IN RELATED HISTORY. 4. IF THE SAME PROCEDURE IS BILLED ON DIFFERENT LINES OF THE SAME CLAIM OR FAIL CURRENT TO CURRENT WITH THE SAME/OVERLAPPING DATE OF SERVICE, OVERRIDE THE 1ST FAILURE AND DENY OTHERS WITH EOB 427. 5. IF RELATED HISTORY INDICATES A PAID CLAIM FOR THE SAME PROVIDER, SAME MEMBER, SAME PROCEDURE CODE, AND SAME/OVERLAPPING DATES OF SERVICE, DENY THE CURRENT DETAIL WITH EOB 482. **CLAIM TYPE "M" (PROV TYPES 15, 20, 23, AND 24)** VERIFY THE DATES OF SERVICE, MEMBER ID, PROCEDURE/REVENUE CODE, AND PROVIDER/CLINIC NUMBER HAVE BEEN KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR. FOR PROV TYPE 24 CLAIMS, ALSO VERIFY THE 2-DIGIT MODIFIER WAS ENTERED CORRECTLY. IF NOT, CORRECT. IF A PROVIDER HAS REFUNDED OR HAS HAD A RECOUPMENT FOR AN INCORRECT PAYMENT AND IS REBILLING, BUT HISTORY HAS NOT BEEN CORRECTED, OVERRIDE THE ESC. APPLICABLE DOCUMENTATION FOR OVERRIDE INCLUDES THE FOLLOWING: INSTRUCTIONS FROM DMS TO OVERRIDE PROOF OF REFUND OR RECOUPMENT. RA COPY WITH FINANCIAL SERVICES UNIT CASH CONTROL NUMBER ON FACE, AND THE ICN IN RELATED HISTORY MATCHES THE ICN ON THE RA. FINANCIAL SERVICES UNIT CASH CONTROL NUMBER (CCN) IS DOCUMENTED ON THE FACE OF THE CLAIM AND THE ICN DOCUMENTED MATCHES THE ICN IN RELATED HISTORY. IF ELECTRONIC (NON-INTERNET) CLAIM FAILS AGAINST ANOTHER ELECTRONIC (NON-INTERNET) CLAIM AND BOTH CLAIMS INDICATE A CLINIC NUMBER ONLY, DENY THE ESC WITH EOB 482. IF A PAPER CLAIM FAILS AGAINST A ELECTRONIC (NON-INTERNET) CLAIM, REVIEW THE CLAIM AND ANY ATTACHED DOCUMENTATION. IF THE DOCUMENTATION INDICATES THAT DIFFERENT PROVIDERS WITHIN THE SAME CLINIC PROVIDED THE SAME SERVICE ON THE SAME DAY OVERRIDE THE ESC. IF A PAPER CLAIM FAILS AGAINST ANOTHER PAPER CLAIM, VERIFY THE INDIVIDUAL PROVIDER NUMBERS ON BOTH

	CLAIMS. IF THE INDIVIDUAL PROVIDER NUMBERS ARE DIFFERENT OVERRIDE THE CLAIM. IF THE SAME PROCEDURE IS BILLED ON DIFFERENT LINES OF THE SAME CLAIM OR FAIL CURRENT TO CURRENT WITH THE SAME/OVERLAPPING DATE OF SERVICE, DENY THE ESC WITH EOB 427. IF RELATED HISTORY INDICATES A PAID CLAIM FOR THE SAME PROVIDER/CLINIC, SAME MEMBER, SAME PROCEDURE CODE, SAME/OVERLAPPING DATES OF SERVICE, DENY THE CURRENT DETAIL WITH EOB 482. **CLAIM TYPE "M" (PROV TYPE 21) AND "O" (PROV TYPE 21)** VERIFY THE DATES OF SERVICE, MEMBER ID, PROVIDER NUMBER, PROCEDURE CODE, NUMBER OF CHILDREN IN GROUP (TYPE OF SERVICE), MODIFIERS, AND SAME FIRST THREE BYTES OF LOCAL USE FIELD WERE KEYED CORRECTLY. IF NOT, CORRECT EACH FIELD IN ERROR. IF THE DATE OF SERVICE IS AFTER 10/15/03 AND THE PROCEDURE CODE IS 96153, 97530, 92508, OR 97110 THE NUMBER OF STUDENTS IN A GROUP IS THE 4TH BYTE OF THE LOCAL USE FIELD RATHER THAN THE TOS FIELD. IF A PROVIDER HAS REFUNDED OR HAS HAD A RECOUPMENT FOR AN INCORRECT PAYMENT AND IS REBILLING, BUT HISTORY HAS NOT BEEN CORRECTED, OVERRIDE THE ESC. APPLICABLE DOCUMENTATION FOR OVERRIDE INCLUDES THE FOLLOWING:: INSTRUCTIONS FROM DMS TO OVERRIDE PROOF OF REFUND OR RECOUPMENT RA COPY WITH FINANCIAL SERVICES UNIT CASH CONTROL NUMBER ON FACE, AND THE ICN IN RELATED HISTORY MATCHES THE ICN ON THE RA. FINANCIAL SERVICES UNIT CASH CONTROL NUMBER (CCN) IS DOCUMENTED ON THE FACE OF THE CLAIM AND THE ICN DOCUMENTED MATCHES THE ICN IN RELATED HISTORY. IF THE SAME PROCEDURE CODE, SAME NUMBER OF CHILDREN IN GROUP (TYPE OF SERVICE), SAME FIVE DIGIT MODIFIER ARE BILLED ON DIFFERENT LINES OF THE SAME CLAIM AND SAME FIRST THREE BYTES OF LOCAL USE FIELD OR FAILS CURRENT TO CURRECT, WITH SAME DATE OF SERVICE, DENY THE DETAIL WITH EOB 427. IF THE DATE OF SERVICE IS AFTER 10/15/03 AND THE PROCEDURE CODE IS 96153, 97530, 92508, OR 97110 THE NUMBER OF STUDENTS IN A GROUP IS THE 4TH BYTE OF THE LOCAL USE FIELD RATHER THAN THE TOS FIELD. IF RELATED HISTORY INDICATES A PAID CLAIM FOR THE SAME PROVIDER, SAME MEMBER, SAME PROCEDURE CODE, SAME NUMBER OF CHILDREN IN GROUP (TYPE OF SERVICE),

	SAME FIVE DIGIT MODIFIER, SAME/OVERLAPPING DATES OF SERVICE AND SAME FIRST THREE BYTES OF LOCAL USE FIELD, DENY THE ESC WITH EOB 482. IF THE DATE OF SERVICE IS AFTER 10/15/03 AND THE PROCEDURE CODE IS 96153, 97530, 92508, OR 97110 THE NUMBER OF STUDENTS IN A GROUP IS THE 4TH BYTE OF THE LOCAL USE FIELD RATHER THAN THE TOS FIELD. **CLAIM TYPE M (PROV TYPE 23 AND 29)** VERIFY THE PROVIDER NUMBER, PROCEDURE CODE, 5 - BYTE MODIFIER, MEMBER MEMBER ID, AND TAX ID # (PATIENT ACCOUNT NUMBER) ARE KEYED CORRECTLY. IF NOT, DATA CORRECT. IF THE CLAIM IS KEYED CORRECTLY, DENY THE DETAIL WITH EOB 482. **CLAIM TYPE "B"** VERIFY THE DATES OF SERVICE, MEMBER ID, PROCEDURE CODE, PROVIDER/CLINIC NUMBER, AND TYPE OF SERVICE (FOR PROV TYPES 64, 65 ONLY), HAVE BEEN KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR. IF A PROVIDER HAS REFUNDED OR HAS HAD A RECOUPMENT FOR AN INCORRECT PAYMENT AND IS REBILLING, BUT HISTORY HAS NOT BEEN CORRECTED, OVERRIDE THE ESC. APPLICABLE DOCUMENTATION FOR OVERRIDE INCLUDES THE FOLLOWING: INSTRUCTIONS FROM DMS TO OVERRIDE PROOF OF REFUND OR RECOUPMENT. RA COPY WITH FINANCIAL SERVICES UNIT CASH CONTROL NUMBER ON FACE, AND THE ICN IN RELATED HISTORY MATCHES THE ICN ON THE RA. FINANCIAL SERVICES UNIT CASH CONTROL NUMBER (CCN) IS DOCUMENTED ON THE FACE OF THE CLAIM AND THE ICN DOCUMENTED MATCHES THE ICN IN RELATED HISTORY. IF A ELECTRONIC (NON-INTERNET) CLAIM FAILS AGAINST ANOTHER ELECTRONIC (NON-INTERNET) CLAIM AND BOTH CLAIMS INDICATE A CLINIC NUMBER ONLY, DENY THE CLAIM WITH EOB 482. IF A PAPER CLAIM FAILS AGAINST A ELECTRONIC (NON-INTERNET) CLAIM, REVIEW THE CLAIM AND ANY ATTACHED DOCUMENTATION. IF THE DOCUMENTATION INDICATES THAT DIFFERENT PROVIDERS WITHIN THE SAME CLINIC PROVIDED THE SAME SERVICE ON THE SAME DAY OVERRIDE THE ESC. IF A PAPER CLAIM FAILS AGAINST ANOTHER ELECTRONIC (NON-INTERNET) CLAIM, VERIFY THE INDIVIDUAL PROVIDER

	NUMBERS ARE DIFFERENT OVERRIDE THE CLAIM. IF THE SAME PROCEDURE IS BILLED ON DIFFERENT LINES OF THE SAME CLAIM OR FAIL CURRENT TO CURRENT WITH THE SAME/OVERLAPPING DATE OF SERVICE, OVERRIDE THE 1ST FAILURE AND DENY OTHERS WITH EOB 427. IF RELATED HISTORY INDICATES A PAID CLAIM FOR THE SAME PROVIDER/CLINIC, SAME MEMBER, SAME PROCEDURE CODE, SAME/OVERLAPPING DATES OF SERVICE, AND DOES NOT MEET THE ABOVE CRITERIA, DENY THE CURRENT DETAIL WITH EOB 482. **CLAIM TYPE "M" (PROV TYPE 56 EMC CLAIMS)** VERIFY THE PROVIDER NUMBER, MEMBER NUMBER, PROCEDURE CODE, DATE OF SERVICE, AND VOUCHER NUMBER WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR. IF FAILING CURRENT TO CURRENT FOR THE SAME DATE OF SERVICE, SAME PROVIDER, SAME MEMBER, SAME PROCEDURE CODE, AND SAME VOUCHER NUMBER, DENY THE ESC WITH EOB 427. IF THE RELATED HISTORY INDICATES A PREVIOUSLY PAID CLAIM FOR THE SAME DATE OF SERVICE, SAME PROVIDER, SAME MEMBER, SAME PROCEDURE CODE, AND SAME VOUCHER NUMBER, DENY THE ESC WITH EOB 482. **CLAIM TYPE "M" (PROV TYPE 56 PAPER CLAIMS FOR MEMBERS IN COUNTIES 015, 056, 093, 106, AND 108)** VERIFY THE PROVIDER NUMBER, MEMBER NUMBER, PROCEDURE CODE, DATE OF SERVICE AND TIME OF PICK UP WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR. IF FAILING CURRENT TO CURRENT FOR THE SAME DATE OF SERVICE, SAME PROVIDER, SAME MEMBER, SAME PROCEDURE CODE, AND SAME TIME OF PICK UP, DENY THE ESC WITH EOB 427. IF THE RELATED HISTORY INDICATES A PREVIOUSLY PAID CLAIM FOR THE SAME DATE OF SERVICE, SAME PROVIDER, SAME MEMBER, SAME PROCEDURE CODE, AND SAME TIME OF PICK UP, DENY THE ESC WITH EOB 482. **CLAIM TYPE "M" (PROV TYPE 30)** VERIFY THE PROVIDER NUMBER, MEMBER NUMBER, DATE OF SERVICE, PROCEDURE CODE, AND 5 DIGIT MODIFIER WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR. IF A PROVIDER HAS A REFUND OR HAS HAD A RECOUPMENT FOR AN INCORRECT PAYMENT AND IS REBILLING, BUT HISTORY HAS NOT BEEN CORRECTED, OVERRIDE THE ESC. APPLICABLE DOCUMENTATION FOR OVERRIDE INCLUDES

	THE FOLLOWING: INSTRUCTIONS FROM DMS TO OVERRIDE PROOF OF REFUND OR RECOUPMENT RA COPY WITH FINANCIAL SERVICES UNIT CASH CONTROL ON FACE, AND THE ICN IN RELATED HISTORY MATCHES THE ICN ON THE RA. FINANCIAL SERVICES UNIT CASH CONTROL NUMBER (CCN) IS DOCUMENTED ON THE FACE OF THE CLAIM AND THE ICN DOCUMENTED MATCHES THE ICN IN RELATED HISTORY. IF THE SAME PROCEDURE CODE AND SAME 5 DIGIT MODIFIER ARE BILLED ON DIFFERENT LINES OF THE SAME CLAIM OR FAILS CURRENT TO CURRENT WITH THE SAME DATE OF SERVICE, DENY THE DETAIL WITH EOB 427. IF RELATED HISTORY INDICATES A PAID CLAIM FOR THE SAME PROVIDER, SAME MEMBER, SAME PROCEDURE CODE, SAME 5 DIGIT MODIFIER, AND SAME/OVERLAPPING DATES OF SERVICE, DENY THE ESC WITH EOB 482.

FOR CLAIM TYPE M AND B “SAME MODIFIER” IS INCLUDED IN THE ESC CRITERIA FOR THE FOLLOWING PROCEDURE CODES:

10060	10120	10140	10160	11000
11100	11420	11421	11422	11423
11730	11750	11900	12001	12002
16000	16010	16020	20600	20670
28024	28092	28108	28122	28124
28140	28232	28272	28285	28298
28299	28308	28410	28465	28470
28475	28476	28485	28490	28495
28496	28505	28510	28515	28520
28525	28660	28675	28750	28755
28810	28820	73660	Y1154	Y0226

2.3 5010 (FORMER LEGACY AUDIT 482)

DMS LAST APPROVED: 02/11/04		
ESC 5010 (FORMER LEGACY AUDIT 482 DUPLICATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT, ENCOUNTER
EXACT DUPLICATION TOOTH SURFACE	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, DOS, TOOTH NUMBER
ESC TYPE: DUPLICATE	**C/T:**	D (DETAIL)
IF A PROVIDER BILLS DUPLICATE DENTAL SERVICES FOR SAME MEMBER, SAME DATE OF SERVICE, SAME TOOTH NUMBER THE CLAIM WILL FAIL ESC 5010.		
ESC CRITERIA:	SAME MEMBER SAME DATE OF SERVICE SAME PROCEDURE SAME TOOTH NUMBER (IF REQUIRED) SAME TOOTH SURFACE (CLAIMS PROCESSED AFTER 12/1/95) SAME INDIVIDUAL AND/OR CLINIC PROVIDER **NOTE – THE ESC CRITERIA FOR CLAIMS PROCESSED PRIOR TO 4/7/00 WAS SAME INDIVIDUAL PROVIDER ONLY. CLINIC PROVIDER WAS NOT CONSIDERED.**	

PROCEDURES REQUIRING TOOTH NUMBERS				
D0220	D3330	01510	02951	07320
D0230	D3410	01515	03110	
D1351	D3421	01520	03220	
D1510	D3425	01525	03310	
D1515	D3426	02110	03320	
D1520	D4210	02120	03330	
D1525	D4211	02130	03410	
D2140	D4341	02131	03421	
D2150	D5520	02140	03425	
D2160	D5640	02150	03426	
D2161	D7111	02160	04210	
D2330	D7140	02161	04211	
D2331	D7210	02330	04341	
D2332	D7220	02331	05640	
D2335	D7230	02332	07110	

	D2391	D7240	02335	07120	
	D2392	D7241	02380	07130	
	D2393	D7250	02381	07210	
	D2394	D7260	02382	07220	
	D2930	D7280	02385	07230	
	D2931	D7310	02386	07240	
	D2932	D7320	02387	07241	
	D2951	00220	02930	07250	
	D3110	00230	02931	07280	
	D3320	01351	02932	07310	

PROCEDURES MONITORED:	
ESC EOB;	5010 – EXACT DUPLICATE – TOOTH SURFACE
PROCESSING INSTRUCTIONS:	VERIFY DATE OF SERVICE, MEMBER ID, PROCEDURE CODE/TOOTH NUMBER (IF REQUIRED), TOOTH SURFACE AND PROVIDER NUMBER WERE KEYED CORRECTLY. IF NOT, DATA CORRECT EACH FIELD IN ERROR.
	IF RELATED HISTORY INDICATES THE SAME PROCEDURE/TOOTH NUMBER (IF REQUIRED) HAS BEEN PREVIOUSLY PAID FOR SAME DATE OF SERVICE THEN DENY CURRENT DETAIL.
	IF RELATED HISTORY DOES NOT INDICATE THE SAME PROCEDURE/TOOTH NUMBER (IF REQUIRED) HAS NOT BEEN PAID FOR SAME DATE OF SERVICE OVERRIDE THE ESC.
	IF A PROVIDER HAS REFUNDED OR HAS HAD A RECOUPMENT FOR AN INCORRECT PAYMENT AND IS REBILLING, BUT HISTORY HAS NOT BEEN CORRECTED, OVERRIDE THE ESC, IF: INSTRUCTIONS FROM DMS TO OVERRIDE ARE ATTACH, OR PROOF OF REFUND OR RECOUPMENT IS ATTACHED. COPY OF RA WITH CASH/FINANCE UNIT'S CASH CONTROL NUMBER ON FACE, AND ICN IN RELATED HISTORY IS THE SAME ICN ON RA.

2.4 5014 (FORMER LEGACY AUDIT 487)

DMS LAST APPROVED: 04/01/96		
ESC 5014 (FORMER LEGACY AUDIT 487 DUPLICATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT, ENCOUNTER
EXACT DUPLICATE – PHYSICIAN AND NURSE ANESTHTIST **ESC TYPE:** DUPLICATE	**CLAIM FIELD LABEL:**	MEMBER ID, DOS, PROCEDURE
	C/T:	H (PT 34, 42), M (PT 13, 17, 30, 32, 33, 37, 43, 64, 65, 71, 72, 74, 78, 85, 86, 90), O (PT 41, 46, 47)
IF A CLAIM IS RESUBMITTED FOR DUPLICATE ANESTHESIA FOR SAME PROCEDURE/SAME DATE OF SERVICE/SAME MEMBER, THE CLAIM WILL FAIL ESC 5014.		
ESC CRITERIA:	SAME MEMBER SAME PROCEDURE SAME DATE OF SERVICE SAME OR DIFFERENT PROVIDER M CLAIM – CHECK SPECIAL PRICING ACTION B OR 7 – CMS-1500 M CMS-1500 – NURSE ANESTHETIST – COS 54	
PROCEDURES MONITORED:	PHYSICIAN CODES 10000-69979 00100-01999	
ESC EOB:	0483 – DUPLICATE ANESTHESIA SERVICE BILLED BY PHYSICIAN AND NURSE ANESTHETIST. 0484 – ONLY ONE ANESTHESIA ALLOWED PER DOS PER MEMBER.	
	VERIFY DATE OF SERVICE, MEMBER ID, AND PROVIDER NUMBER WERE KEYED CORRECTLY. IF NOT, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY INDICATES A PAID ANESTHESIA CLAIM FOR SAME MEMBER, SAME PROCEDURE, SAME DATE OF SERVICE AND SAME PROVIDER TYPE, DENY THE CLAIM WITH EOB 0484. IF RELATED HISTORY INDICATES A PAID ANESTHESIA CLAIM FOR DIFFERENT PROVIDER TYPE, DENY THE CLAIM WITH EOB 0483.	
	IF HISTORY DOES NOT INDICATE A PAID CLAIM FOR SAME PROCEDURE, SAME MEMBER, SAME DATE OF SERVICE, OVERRIDE THE CLAIM.	
	IF CURRENT CLAIM INDICATES DIFFERENT TIME OF DAY THAN HISTORY CLAIM FOR SAME MEMBER, SAME DATE OF SERVICE, SAME PROCEDURE, OVERRIDE THE CLAIM.	

DMS LAST APPROVED: 04/01/96	
	IF A PROVIDER HAS REFUNDED OR HAS HAD A RECOUPMENT FOR AN INCORRECT PAYMENT AND IS REBILLING, BUT HISTORY HAS NOT BEEN CORRECTED, OVERRIDE THE ESC, IF: INSTRUCTIONS FROM DMS TO OVERRIDE ARE ATTACHED, OR PROOF OF REFUND OR RECOUPMENT IS ATTACHED:
	COPY OF RA WITH CASH/FINANCE UNIT'S CASH CONTROL NUMBER ON FACE, AND ICN IN RELATED HISTORY IS THE SAME ICN ON RA.

2.5 5017 (FORMER LEGACY AUDIT 498)

DMS LAST APPROVED: 05/12/2008		
AUDIT 498 DUPLICATION	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
EXACT DUPLICATION-PRIMARY CARE PAYMENTS	**FIELD NAME:**	MAID, DOS
	FIELD SIZE:	10, 8
	C/T:	D, M (PTs 31 and 35)
FAILS PRIMARY CARE AND RURAL HEALTH CLAIMS AT THE HEADER IF A CLAIM HAS BEEN PAID TO THE SAME PROVIDER FOR THE SAME MEMBER, FOR THE SAME DATE OF SERVICE.		
AUDIT CRITERIA:	SAME MEMBER	
	SAME PROVIDER	
	SAME HEADER DATE OF SERVICE	
	EXCLUSIONS: **PROVIDER TYPE 31-DOS PRIOR TO 4/1/2003**	
	CLAIMS WHICH PAY ZERO ARE EXCLUDED FROM AUDIT 498	
	CLAIMS FOR QMB-ONLY (PROGRAM CODE OF “Z”) MEMBERS ARE EXCLUDED FROM AUDIT 498 **PROVIDER TYPES 31 AND 35** CLAIMS WITH DOS ON OR AFTER 4/1/2003 PAY ZERO AND SET EOB 473 IF A MATCHING CLAIM WITH THE SAME HEADER DATE OF SERVICE, MEMBER AND PROVIDER IS FOUND. CLAIMS SUBMITTED BY PROVIDERS LISTED IN THE T_EDIT_PARMS TABLE (IF ANY) BYPASS THIS AUDIT (CO 16017).	
PROCEDURES MONITORED:	N/A	
AUDIT EOB:	498 – CLAIM DENIED. MEDICAID REIMBURSEMENT FOR THIS DATE OF SERVICE HAS ALREADY BEEN MADE.	
	473 – MEDICAID REIMBURSEMENT FOR THIS DATE OF SERVICE HAS ALREADY BEEN MADE. CLAIM PAYMENT SET TO ZERO.	
PROCESSING INSTRUCTIONS:	VERIFY IF DATE OF SERVICE, MAID, AND PROVIDER NUMBER WERE KEYED CORRECTLY. IF NOT, DATA CORRECT EACH FIELD IN ERROR.	
	IF A PROVIDER HAS REFUNDED OR HAS HAD A RECOUPMENT FOR AN INCORRECT PAYMENT AND IS REBILLING, BUT HISTORY HAS NOT BEEN CORRECTED, OVERRIDE THE AUDIT, IF: INSTRUCTIONS FROM DMS TO OVERRIDE ARE ATTACHED, OR PROOF OF REFUND OR RECOUPMENT IS ATTACHED:	

DMS LAST APPROVED: 05/12/2008	
	COPY OF RA WITH CASH/FINANCE UNIT'S CASH CONTROL NUMBER ON FACE, AND ICN IN RELATED HISTORY IS THE SAME ICN ON RA.
	IF RELATED HISTORY INDICATES A CLAIM WITH A PAID AMOUNT FOR SAME MEMBER, SAME DATE OF SERVICE AND SAME PROVIDER, DENY THE CLAIM WITH EOB 498.

2.6 5101 (FORMER LEGACY AUDIT 646)

DMS LAST APPROVED: 6/9/2008		
ESC 5101 (FORMER LEGACY AUDIT 646 LIMITATION)	TYPE OF DOCUMENT:	ALL EXCEPT MASS ADJUSTMENT
LIMITATION	CLAIM FIELD LABEL:	PROC, DOS, PROVIDER IS
ESC TYPE: LIMIT	C/T:	CT M (PT 64, 65)
If a provider bills for established patient medical services more than once in a 12 month period, the claims will fail ESC 5101. NOTE - FOR CLAIMS WITH DOS AFTER 5/18/99 ESC 5101 IS NOT SET IF ONE OF THE CHEMOTHERAPY CODES BELOW IS BILLED FOR THE SAME DATE OF SERVICE AND THE DATE OF SERVICE IS NOT BEYOND THE MONTH OF THE MEMBER'S 19TH BIRTHDAY. CHEMOTHERAPY CODES: 96400 - 96450, 96542 *WITH DCR01126 THE AGE CRITERIA CHANGED FROM 'THRU THE MEMBER'S 18TH BIRTH MONTH' TO 'THRU THE MEMBER'S 19TH BIRTH MONTH'.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME 1ST THREE DIGITS OF DIAGNOSIS CODE (FOR DOS AFTER 05/18/99) – BASED ON DIAGNOSIS INDICATOR Note – THIS AUDIT WAS END-DATED EFFECTIVE 12/31/2007 AND REPLACED BY AUDIT 6753 PER CO# 9744 AND 10200	
	Note: When procedure codes 99214 and 99215 are billed BY PT 64/65, allow one per year AT RATE ON PROCEDURE RATE FILE, REDUCE OTHERS BILLED IN A 12-MONTH PERIOD TO $27.06. (PHYSICIAN ASSISTANT CLAIMS WILL BE REDUCED BY 75%) - DCR 00951	
PROCEDURES MONITORED:	99214 99215	NOTE: EFFECTIVE 01/02/04 PROCEDURE CODES 99204 AND 99205 ARE NO LONGER MONITORED PROCEDURES. (DCR 00951)
ESC EOB:	0646 – ESTABLISHED PATIENT MEDICAL SERVICES LIMITED TO ONE PER MEMBER, PER PROVIDER, PER 12 MONTHS.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 5101, VERIFY THE DATE OF SERVICE, PROCEDURE, MAID AND PROVIDER NUMBER WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY INDICATES A PAID CLAIM FOR WHICH THE DATE OF SERVICE FOR THE CURRENT CLAIM IS PRIOR TO THE BEGINNING OF THE CALENDAR MONTH IN WHICH THE 365TH DAY FALLS (I.E., HISTORY 02/15/90, CURRENT 01/31/91), DENY THE AUDIT.	

DMS LAST APPROVED: 6/9/2008	
	IF RELATED HISTORY INDICATES A PAID CLAIM FOR WHICH THE DATE OF SERVICE FOR THE CURRENT CLAIM IS AFTER THE BEGINNING OF THE CALENDAR MONTH IN WHICH THE 365TH DAY FALLS (I.E., HISTORY 2/15/90, CURRENT 2/1/91), OVERRIDE THE AUDIT.
	IF TWO OR MORE OF THE ABOVE MONITORED PROCEDURES ARE BILLED ON THE SAME CLAIM, OVERRIDE THE DETAIL WITH THE EARLIER DATE OF SERVICE AND DENY REMAINING DETAILS
	IF THERE IS NO PAID DATE AMOUNT FOR THE RELATED HISTORY CLAIM, CHECK THE CURRENT CLAIM DATE OF SERVICE. IF THE CURRENT CLAIM HAS AN EARLIER DATE OF SERVICE THAN THE HISTORY CLAIM, OVERRIDE THE AUDIT. IF THE RELATED HISTORY CLAIM HAS THE EARLIER DATE OF SERVICE, DENY THE CURRENT CLAIM.
	FOR CLAIM TYPE M, PROVIDER TYPE 22, IF RELATED HISTORY HAS PAID ONE OF THE MONITORED PROCEDURES, REVIEW THE CURRENT CLAIM FOR DOCUMENTATION. IF DOCUMENTATION INDICATES THE PROCEDURE WAS PROVIDED FOR A DIFFERENT PURPOSE (NOT PROCEDURE) I.E., ONE CLAIM INDICATES CARDIOLOGY EXAM AND THE OTHER INDICATES ORTHOPEDIC EXAM, OVERRIDE THE AUDIT.
	IF NO DOCUMENTATION IS ATTACHED, DENY THE AUDIT. (IF NO DOCUMENTATION, AND CLAIM IS FAILING CURRENT TO CURRENT FOLLOW PROCEDURE OUTLINED IN STEP 4.)

2.7 5102 (FORMER LEGACY AUDIT 646)

DMS LAST APPROVED: 6/9/2008		
ESC 5102 (FORMER LEGACY AUDIT 646)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
LIMITATION	**CLAIM FIELD LABEL:**	PROC, DOS, PROVIDER ID
ESC TYPE: LIMIT	**C/T:**	CT M (PT 64, 65)

If a provider bills for established patient medical services more than once in a 12 month period, the claims will fail ESC 5102.

NOTE **- FOR CLAIMS WITH DOS AFTER 5/18/99 ESC 5102 IS NOT SET IF ONE OF THE CHEMOTHERAPY CODES BELOW IS BILLED FOR THE SAME DATE OF SERVICE AND THE DATE OF SERVICE IS NOT BEYOND THE MONTH OF THE MEMBER'S 19TH BIRTHDAY. CHEMOTHERAPY CODES: 96400 - 96450, 96542**

***WITH DCR01126 THE AGE CRITERIA CHANGED FROM 'THRU THE MEMBER'S 18TH BIRTH MONTH' TO 'THRU THE MEMBER'S 19TH BIRTH MONTH'.**

ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME 1ST THREE DIGITS OF DIAGNOSIS CODE (FOR DOS AFTER 05/18/99) – BASED ON DIAGNOSIS INDICATOR **Note** – THIS AUDIT WAS END-DATED EFFECTIVE 12/31/2007 AND REPLACED BY AUDIT 6210 PER CO# 9744 AND 10200	
	Note: WHEN PROCEDURE CODES 99349 AND 00350 ARE BILLED BY PT 64/65, ALLOW ONE PER YEAR AT RATE ON PROCEDURE RATE FILE, REDUCE OTHERS BILLED IN A 12-MONTH PERIOD TO $50.90. (PHYSICIAN ASSISTANT CLAIMS WILL BE REDUCED BY 75%) -DCR 00951	
PROCEDURES MONITORED:	99349 99350	
ESC EOB:	0646 – ESTABLISHED PATIENT MEDICAL SERVICES LIMITED TO ONE PER MEMBER, PER PROVIDER, PER 12 MONTHS.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 5102, VERIFY THAT THE DATE OF SERVICE, PROCEDURE, MAID AND PROVIDER NUMBER WERE ENTERED CORRECTLY. IF DATA WAS ENTERED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	

DMS LAST APPROVED: 6/9/2008	
	IF RELATED HISTORY INDICATES A PAID CLAIM FOR WHICH THE DATE OF SERVICE FOR THE CURRENT CLAIM IS PRIOR TO THE BEGINNING OF THE CALENDAR MONTH IN WHICH THE 365TH DAY FALLS (I.E., HISTORY 02/15/90, CURRENT 01/31/91), DENY THE AUDIT.
	IF RELATED HISTORY INDICATES A PAID CLAIM FOR WHICH THE DATE OF SERVICE FOR THE CURRENT CLAIM IS AFTER THE BEGINNING OF THE CALENDAR MONTH IN WHICH THE 365TH DAY FALLS (I.E., HISTORY 2/15/90, CURRENT 2/1/91), OVERRIDE THE AUDIT.
	IF TWO OR MORE OF THE ABOVE MONITORED PROCEDURES ARE BILLED ON THE SAME CLAIM, OVERRIDE THE DETAIL WITH THE EARLIER DATE OF SERVICE AND DENY REMAINING DETAILS
	IF THERE IS NO PAID DATE AMOUNT FOR THE RELATED HISTORY CLAIM, CHECK THE CURRENT CLAIM DATE OF SERVICE. IF THE CURRENT CLAIM HAS AN EARLIER DATE OF SERVICE THAN THE HISTORY CLAIM, OVERRIDE THE AUDIT. IF THE RELATED HISTORY CLAIM HAS THE EARLIER DATE OF SERVICE, DENY THE CURRENT CLAIM.
	FOR CLAIM TYPE M, PROVIDER TYPE 22, IF RELATED HISTORY HAS PAID ONE OF THE MONITORED PROCEDURES, REVIEW THE CURRENT CLAIM FOR DOCUMENTATION. IF DOCUMENTATION INDICATES THE PROCEDURE WAS PROVIDED FOR A DIFFERENT PURPOSE (NOT PROCEDURE) I.E., ONE CLAIM INDICATES CARDIOLOGY EXAM AND THE OTHER INDICATES ORTHOPEDIC EXAM, OVERRIDE THE AUDIT.
	IF NO DOCUMENTATION IS ATTACHED, DENY THE AUDIT. (IF NO DOCUMENTATION, AND CLAIM IS FAILING CURRENT TO CURRENT FOLLOW PROCEDURE OUTLINED IN STEP 4.)

2.8 5103 (FORMER LEGACY AUDIT 699)

DMS LAST APPROVED: 04/27/2012		
ESC 5103 (FORMER LEGACY AUDIT 699 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT, CAPITATION, AND ENCOUNTER
CDO ADC AMOUNT EXCEEDS CALENDAR MONTH LIMIT	**CLAIM FIELD LABEL:**	
ESC TYPE: LIMIT	**C/T:**	M (PT 43)
FAILS IF TOTAL REIMBURSEMENT FOR PROCEDURE CODE T2022 EXCEEDS $260.00 IN A CALENDAR MONTH.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER **NOTE:** IF THE MONTHLY DOLLAR LIMIT HAS NOT BEEN MET, BUT DETAIL EXCEEDS THE LIMIT, THE DETAIL ALLOWED AMOUNT WILL BE USED TO OFFSET REMAINING BALANCE.	
PROCEDURES MONITORED:	T2022	
ESC EOB:	0699 – CLAIM/DETAIL DENIED. PROCEDURE CODE T2022 IS LIMITED TO $260.00 PER CALENDAR MONTH PER MEMBER, PER PROVIDER.	
PROCESSING INSTRUCTIONS:	1. VERIFY THE MEMBER NUMBER, PROCEDURE CODE, DATES OF SERVICE, AND BILLED AMOUNT ARE KEYED CORRECTLY. 2. IF KEYED INCORRECTLY DATA CORRECT EACH FIELD IN ERROR. 3. IF KEYED CORRECTLY DENY WITH EOB 0699.	
	NOTE: THIS AUDIT WAS END DATED 7/31/2007 PER CO 9255. PLEASE REFER TO AUDIT 5106.	

2.9 5104 (FORMER LEGACY AUDIT 699)

DMS LAST APPROVED: 04/27/2012		
ESC 5104 (FORMER LEGACY AUDIT 699 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT, CAPITATION, AND ENCOUNTER
CDO SCL AMOUNT EXCEEDS CALENDAR MONTH LIMIT	**CLAIM FIELD LABEL:**	
ESC TYPE: LIMIT	**C/T:**	M (PT 33)
FAILS IF TOTAL REIMBURSEMENT FOR PROCEDURE CODE T2022 EXCEEDS $260.00 IN A CALENDAR MONTH.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER **NOTE:** IF THE MONTHLY DOLLAR LIMIT HAS NOT BEEN MET, BUT DETAIL EXCEEDS THE LIMIT, THE DETAIL ALLOWED AMOUNT WILL BE USED TO OFFSET REMAINING BALANCE.	
PROCEDURES MONITORED:	T2022 NOTE, FOR PT 33 T2022 MUST BE BILLED WITH HI MODIFIER.	
ESC EOB:	0699 – CLAIM/DETAIL DENIED. PROCEDURE CODE T2022 IS LIMITED TO $260.00 PER CALENDAR MONTH PER MEMBER, PER PROVIDER.	
PROCESSING INSTRUCTIONS:	1. VERIFY THE MEMBER NUMBER, PROCEDURE CODE, DATES OF SERVICE, AND BILLED AMOUNT ARE KEYED CORRECTLY. 2. IF KEYED INCORRECTLY DATA CORRECT EACH FIELD IN ERROR. 3. IF KEYED CORRECTLY DENY WITH EOB 0699	
	NOTE: THIS AUDIT WAS END DATED 7/31/2007 PER CO 9255. PLEASE REFER TO AUDIT 5107.	

2.10 5105 (FORMER LEGACY AUDIT 699)

DMS LAST APPROVED: 04/27/2012		
ESC 5105 (FORMER LEGACY AUDIT 699 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT, CAPITATION, AND ENCOUNTER
CDO ABI AMOUNT EXCEEDS CALENDAR MONTH LIMIT	**CLAIM FIELD LABEL:**	
ESC TYPE: LIMIT	**C/T:**	M (PT 17)
FAILS IF TOTAL REIMBURSEMENT FOR PROCEDURE CODE T2022 EXCEEDS $260.00 IN A CALENDAR MONTH.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER **NOTE:** IF THE MONTHLY DOLLAR LIMIT HAS NOT BEEN MET, BUT DETAIL EXCEEDS THE LIMIT, THE DETAIL ALLOWED AMOUNT WILL BE USED TO OFFSET REMAINING BALANCE.	
PROCEDURES MONITORED:	T2022 NOTE, FOR PT 17 T2022 MUST BE BILLED WITH HI MODIFIER.	
ESC EOB:	0699 – CLAIM/DETAIL DENIED. PROCEDURE CODE T2022 IS LIMITED TO $260.00 PER CALENDAR MONTH PER MEMBER, PER PROVIDER.	
PROCESSING INSTRUCTIONS:	1. VERIFY THE MEMBER NUMBER, PROCEDURE CODE, DATES OF SERVICE, AND BILLED AMOUNT ARE KEYED CORRECTLY. 2. IF KEYED INCORRECTLY DATA CORRECT EACH FIELD IN ERROR. 3. IF KEYED CORRECTLY DENY WITH EOB 0699	
	NOTE: THIS AUDIT WAS END DATED 7/31/2007 PER CO 9255. PLEASE REFER TO AUDIT 5108.	

2.11 5106

DMS LAST APPROVED: 04/27/2012		
ESC 5106 AUDIT END DATED 6/30/2008	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT, CAPITATION, AND ENCOUNTER
CDO ADC AMOUNT EXCEEDS CALENDAR MONTH LIMIT	**CLAIM FIELD LABEL:**	
ESC TYPE: LIMIT	**C/T:**	M (PT 43)
EFFECTIVE WITH DOS 08/01/07 AND AFTER, FAILS IF TOTAL REIMBURSEMENT FOR PROCEDURE CODE T2022 EXCEEDS $265.00 IN A CALENDAR MONTH PER CO 9255.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER **NOTE:** IF THE MONTHLY DOLLAR LIMIT HAS NOT BEEN MET, BUT DETAIL EXCEEDS THE LIMIT, THE DETAIL ALLOWED AMOUNT WILL BE USED TO OFFSET REMAINING BALANCE.	
PROCEDURES MONITORED:	T2022	
ESC EOB:	0712 – CLAIM/DETAIL DENIED. PROCEDURE CODE T2022 IS LIMITED TO $265.00 PER CALENDAR MONTH PER MEMBER, PER PROVIDER.	
PROCESSING INSTRUCTIONS:	1. VERIFY THE MEMBER NUMBER, PROCEDURE CODE, DATES OF SERVICE, AND BILLED AMOUNT ARE KEYED CORRECTLY. 2. IF KEYED INCORRECTLY DATA CORRECT EACH FIELD IN ERROR. 3. IF KEYED CORRECTLY DENY WITH EOB 0712.	

2.12 5107

DMS LAST APPROVED: 04/27/2012		
ESC 5107 AUDIT END DATED 6/30/2008	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT, CAPITATION, AND ENCOUNTER
CDO SCL AMOUNT EXCEEDS CALENDAR MONTH LIMIT	**CLAIM FIELD LABEL:**	
ESC TYPE: LIMIT	**C/T:**	M (PT 33)
EFFECTIVE WITH DOS 08/01/07 AND AFTER, FAILS IF TOTAL REIMBURSEMENT FOR PROCEDURE CODE T2022 EXCEEDS $265.00 IN A CALENDAR MONTH PER CO 9255.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER **NOTE:** IF THE MONTHLY DOLLAR LIMIT HAS NOT BEEN MET, BUT DETAIL EXCEEDS THE LIMIT, THE DETAIL ALLOWED AMOUNT WILL BE USED TO OFFSET REMAINING BALANCE.	
PROCEDURES MONITORED:	T2022 NOTE, FOR PT 33 T2022 MUST BE BILLED WITH HI MODIFIER.	
ESC EOB:	0712 – CLAIM/DETAIL DENIED. PROCEDURE CODE T2022 IS LIMITED TO $265.00 PER CALENDAR MONTH PER MEMBER, PER PROVIDER.	
PROCESSING INSTRUCTIONS:	1. VERIFY THE MEMBER NUMBER, PROCEDURE CODE, DATES OF SERVICE, AND BILLED AMOUNT ARE KEYED CORRECTLY. 2. IF KEYED INCORRECTLY DATA CORRECT EACH FIELD IN ERROR. 3. IF KEYED CORRECTLY DENY WITH EOB 0712.	

2.13 5108

DMS LAST APPROVED: 04/27/2012		
ESC 5108 AUDIT END DATED 6/30/2008	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT, CAPITATION, AND ENCOUNTER
CDO ABI AMOUNT EXCEEDS CALENDAR MONTH LIMIT	**CLAIM FIELD LABEL:**	
ESC TYPE: LIMIT	**C/T:**	M (PT 17)
EFFECTIVE WITH DOS 08/01/07 AND AFTER, FAILS IF TOTAL REIMBURSEMENT FOR PROCEDURE CODE T2022 EXCEEDS $265.00 IN A CALENDAR MONTH PER CO 9255.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER **NOTE:** IF THE MONTHLY DOLLAR LIMIT HAS NOT BEEN MET, BUT DETAIL EXCEEDS THE LIMIT, THE DETAIL ALLOWED AMOUNT WILL BE USED TO OFFSET REMAINING BALANCE.	
PROCEDURES MONITORED:	T2022 NOTE, FOR PT 17 T2022 MUST BE BILLED WITH HI MODIFIER.	
ESC EOB:	0712 – CLAIM/DETAIL DENIED. PROCEDURE CODE T2022 IS LIMITED TO $265.00 PER CALENDAR MONTH PER MEMBER, PER PROVIDER.	
PROCESSING INSTRUCTIONS:	1. VERIFY THE MEMBER NUMBER, PROCEDURE CODE, DATES OF SERVICE, AND BILLED AMOUNT ARE KEYED CORRECTLY. 2. IF KEYED INCORRECTLY DATA CORRECT EACH FIELD IN ERROR. 3. IF KEYED CORRECTLY DENY WITH EOB 0712.	

2.14 5200

2.14.1 5200 (FORMER LEGACY AUDIT 925)

DMS APPROVED 7/22/2004		
ESC 5200 (FORMER LEGACY AUDIT 925 RELATIONSHIP) END DATED 07/31/2008	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
VENI/ARTERIAL PUNCTURE SAME DATE OF SERVICE AS MONITORED PROCEDURE CODES	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	M (P/T 13, 20, 64, 65, 74, 78, 85)
IF A PROVIDER BILLS A MONITORED PROCEDURE CODE ON THE SAME DATE OF SERVICE AS A VENIPUNCTURE OR ARTERIAL PUNCTURE CODE THE VENIPUNCTURE/ARTERIAL PUNCTURE PROCEDURE CODES WILL FAIL ESC 5200. AUDIT 5200 END DATED 07/31/2008 UNDER CO 12973. SEE AUDIT 5204 FOR DOS OF SERVICE ON AND AFTER 08/01/2008.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	MONITORED PROCEDURE CODES	VENIPUNCTURE/ARTERIAL PUNCTURE PROCEDURE CODES
	80048-80440 82000-85999 99217-99239 99295-99298 99251-99263 99281-99285 99291-99292 99356-99357 99433-99436 99360 99431	36400 36405 36406 36410 36415 36600 36620
ESC EOB:	5200 – VENI/ARTERIAL PUNCTURE SAME DA TE OF SERVICE AS MONITORED PROCEDURE.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, DATE OF SERVICE, AND PROCEDURE CODE ARE KEYED CORRECTLY. IF NOT CORRECT THE FIELD IN ERROR.	

	IF KEYED CORRECTLY DENY THE ESC WITH EOB 5200.

2.14.2 5200 (FORMER LEGACY AUDIT 926)

DMS LAST APPROVED: 02/06/03		
ESC 5200 (FORMER LEGACY AUDIT 926 RELATIONSHIP) END DATED 07/31/2008	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
VENI/ARTERIAL PUNCTURE SAME DATE OF SERVICE AS MONITORED PROCEDURE CODES	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	M (P/T 13, 20, 64, 65, 74, 78, 85)

IF A PROVIDER BILLS A MONITORED CODE ON THE SAME DATE OF SERVICE AND THERE IS A PAID VENIPUNCTURE/ARTERIAL IN HISTORY, THE MONITORED CODE WILL FAIL ESC 5200.

NOTE – THIS ESC ONLY FAILS CURRENT TO HISTORY. THE MONITORED PROCEDURE CODES WILL NOT FAIL AGAINST VENIPUNCTURE AND ARTERIAL PUNCTURE CODES ON THE SAME CLAIM OR AGAINST OTHER CLAIMS IN THE SAME CYCLE.

AUDIT 5200 END DATED 07/31/2008 UNDER CO 12973. SEE AUDIT 5204 FOR DOS OF SERVICE ON AND AFTER 08/01/2008.

ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE		
PROCEDURES MONITORED:	VENIPUNCTURE/ARTERIAL PUNCTURE PROCEDURE CODES	MONITORED PROCEDURE CODES	
	36400 36405 36406 36410 36415 36600 36620	80048-80440 82000-85999 99217-99239 99295-99298 99251-99263 99281-99285 99291-99292	99356-99357 99433-99436 99360 99431
ESC EOB:	5200 – VENI/ARTERIAL PUNCTURE SAME DATE OF SERVICE AS MONITORED PROCEDURE.		

DMS LAST APPROVED: 02/06/03	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, DATE OF SERVICE, AND PROCEDURE CODE ARE KEYED CORRECTLY. IF NOT, CORRECT THE FIELD IN ERROR.
	IF KEYED CORRECTLY, DENY THE ESC WITH EOB 5200.

2.15 5202 – FORMER LEGACY EDIT 978

LAST APPROVED BY DMS PRIOR TO 12/01/2005			
ERROR STATUS CODE: **CONTRA AUDIT**	5202 (FORMER LEGACY EDIT 978)	**CLAIM TYPE:**	M
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	55
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ELECTRONIC CLAIM
DATA CORRECTABLE	NO	**FIELD NAME:**	PROV

ESC NAME:	ONLY ONE BASE RATE PROCEDURE CODE ALLOWED PER CLAIM.	
ESC CRITERIA	FOR PROVIDER TYPE 55, FOR DATES OF SERVICE ON OR AFTER 10/16/03 FAILS IF MORE THAN ONE OF THE FOLLOWING PROCEDURE CODES ARE BILLED ON THE SAME CLAIM	
	A0427	A0429 UC
	A0427 GM	A0430
	A0429	A0431
	A0429 GM	
EOB CODES:	0978 – CLAIM DENIED. ONLY ONE BASE RATE PROCEDURE CODE ALLOWED PER CLAIM.	
METHOD OF CORRECTION:	1. VERIFY ALL PROCEDURE CODES ON THE CLAIM HAVE BEEN ENTERED CORRECTLY. IF NOT, CORRECT.	
	2. IF THE PROCEDURE CODES HAVE BEEN ENTERED CORRECTLY, DENY THE CLAIM.	

2.16 5203

2.16.1 5203 (FORMER LEGACY AUDIT 306)

DMS LAST APPROVED: 04/01/96			
ESC 5203 (FORMER LEGACY AUDIT 306 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT	
CBC MAY NOT BE PAID ON THE SAME DAY AS CBC COMPONENT. **ESC TYPE: CONTRA**	**CLAIM FIELD LABEL:**	MEMBER ID, DOS, PROCEDURE CODE	
	C/T:	H (PT 34, 42), ALL OF M EXCEPT 27, 28, 36, 40, 45, 50, 52, 55, 56, 57, 70, 77, 80), 0 (PT 41, 46, 47)	
IF A PROVIDER BILLS FOR A CBC FOR THE SAME DATE OF SERVICE AS THE PROCEDURES WHICH COMPRISE THE CBC, THE CLAIM BILLING THE CBC WILL FAIL ESC 5203.			
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE		
PROCEDURES MONITORED:	**SUBJECT PROCEDURES (COMPONENT)**		**RELATED PROCEDURES (CBC)**
	85007-85009 85014	85018 85041 85048	85021–85025 85028 85031
ESC EOB:	5203 – CBC MAY NOT BE PAID ON SAME DAY AS CBC COMPONENTS.		
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 5203, VERIFY MEMBER ID, PROVIDER NUMBER, PROCEDURE CODE, AND DATE OF SERVICE HAVE BEEN KEYED CORRECTLY. IF DATA HAS BEEN KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.		
	IF RELATED HISTORY INDICATES ONE OF THE ABOVE MONITORED COMPONENT PROCEDURES HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING FOR A CBC, DENY THE CURRENT CLAIM/DETAIL WITH EOB 5203.		
	IF RELATED HISTORY DOES NOT INDICATE ONE OF THE COMPONENT PROCEDURES HAS BEEN PAID FOR THE SAME DATE OF SERVICE, AS THE CURRENT CLAIM/DETAIL, OVERRIDE THE ESC.		
	IF A PROVIDER BILLS FOR COMPONENT PROCEDURES AND A CBC ON THE SAME CLAIM, OVERRIDE THE DETAIL BILLING THE CBC AND DENY THE OTHER DETAIL(S) WITH EOB 5203.		

2.16.2 5203 (FORMER LEGACY AUDIT 308)

DMS LAST APPROVED: 04/01/96		
ESC 5203 (FORMER LEGACY AUDIT 308 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
CBC MAY NOT BE PAID ON THE SAME DAY AS CBC COMPONENT.	**CLAIM FIELD LABEL:**	MEMBER ID, DOS, PROCEDURE
ESC TYPE: CONTRA	**C/T:**	H (PT 34, 42), ALL OF M EXCEPT 27, 28, 36, 40, 45, 50, 52, 55, 56, 57, 70, 77, 80), 0 (PT 41, 46, 47)
IF A PROVIDER BILLS FOR A COMPONENT PROCEDURE OF A CBC FOR THE SAME DATE OF SERVICE AS A CBC, THE CLAIM BILLING THE COMPONENT PROCEDURE WILL FAIL ESC 5203.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	**SUBJECT PROCEDURES (CBC)**	**RELATED PROCEDURES (COMPONENTS)**
	85021–85025 85028 85031	85007–85009 85041 85014 85048 85018
ESC EOB:	5203 – CBC MAY NOT BE PAID ON SAME DAY AS CBC COMPONENTS.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 5203, VERIFY MEMBER ID, PROVIDER NUMBER, PROCEDURE CODE, AND DATE OF SERVICE HAVE BEEN KEYED CORRECTLY. IF DATA HAS BEEN KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY INDICATES ONE OF THE CBC PROCEDURES HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING A COMPONENT PROCEDURE, DENY THE CURRENT CLAIM WITH EOB 5203.	
	IF RELATED HISTORY DOES NOT INDICATE A CBC PROCEDURE CODE HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING A COMPONENT PROCEDURE, OVERRIDE THE ESC.	
	IF A PROVIDER BILLS FOR A CBC AND COMPONENT PROCEDURES ON THE SAME CLAIM FOR THE SAME DATE OF SERVICE, OVERRIDE THE DETAIL BILLING THE CBC AND DENY THE OTHER DETAIL(S) WITH EOB 5203.	

5204 (FORMER LEGACY AUDITS 925 AND 926)

DMS APPROVED		
ESC 5204 (FORMER LEGACY RELATIONSHIP AUDITS 925 AND 926) (EFFECTIVE 08/01/2008)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
ARTERIAL/VENI PUNCTURE SAME DATE OF SERVICE AS MONITORED PROCEDURE CODES	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	M (P/T 20, 64, 65, 74, 78, 80)
IF A PROVIDER BILLS A MONITORED PROCEDURE CODE ON THE SAME DATE OF SERVICE AS A VENIPUNCTURE OR ARTERIAL PUNCTURE CODE ESC 5204 WILL FAIL.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE	

PROCEDURES MONITORED:	MONITORED PROCEDURE CODES		ARTERIAL AND VENIPUNCTURE PUNCTURE PROCEDURE CODES
	80048 – 80440	99347 – 99350	36400
	82000 – 85999	99356 – 99357	36405
	99201 – 99205	99360	36406
	99211 – 99215	99381 – 99387	36410
	99217 – 99239	99391 – 99397	36415
	99241 – 99245	99429	36600
	99251 – 99263	99431	36620
	99281 – 99285	99433 – 99436	
	99291 – 99292	99460 – 99463	
	99295 – 99298	99464 – 99465	
	99304 – 99306	99466 – 99467	
	99307 – 99310	99468 – 99476	
	99315 – 99316	99477 – 99480	
	99318		
	99324 – 99328		
	99334 – 99337		
	99341 – 99345		

ESC EOB:	5200 – VENI/ARTERIAL PUNCTURE SAME DATE OF SERVICE AS MONITORED PROCEDURE.
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, DATE OF SERVICE, AND PROCEDURE CODE ARE KEYED CORRECTLY. IF NOT, DATA CORRECT THE FIELD(S) IN ERROR.
	IF RELATED HISTORY INDICATES ONE OF THE MONITORED PROCEDURES HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING THE ARTERIAL/VENIPUNCTURE PROCEDURE, DENY THE CURRENT CLAIM WITH EOB 5200.
	IF RELATED HISTORY DOES NOT INDICATE ONE OF THE MONITORED PROCEDURES HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING THE ARTERIAL/VENIPUNCTURE PROCEDURE, OVERRIDE THE ESC.
	IF RELATED HISTORY INDICATES ONE OF THE ARTERIAL/VENIPUNCTURE PROCEDURES HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING THE MONITORED PROCEDURE, DENY THE CURRENT CLAIM WITH EOB 5200.
	IF RELATED HISTORY DOES NOT INDICATE ONE OF THE ARTERIAL/VENIPUNCTURE PROCEDURES HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING THE MONITORED PROCEDURE, OVERRIDE THE ESC.
	IF A PROVIDER BILLS FOR A ARTERIAL/VENIPUNCTURE AND A MONITORED PROCEDURE ON THE SAME CLAIM FOR THE SAME DATE OF SERVICE, OVERRIDE THE DETAIL BILLING THE MONITORED PROCEDURE AND DENY THE OTHER DETAIL(S) WITH EOB 5200.

2.17 5205

2.17.1 5205 (FORMER LEGACY AUDIT 311)

DMS LAST APPROVED: 04/01/96		
ESC 5205 (FORMER LEGACY AUDIT 311 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
SHUNT REVISION WITHIN 21 DAYS OF INITIAL INSERTION INCLUDED IN ORIGINAL FEE	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS, PROCEDURE
ESC TYPE: CONTRA	**C/T:**	M (PT 13, 22, 64, 65. 78. 85)
IF A PROVIDER BILLS FOR REVISION OF AN ARTERIOVENOUS SHUNT WITHIN 21 DAYS OF THE ORIGINAL INSERTION, THE CLAIM BILLING THE REVISION WILL FAIL ESC 5205.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER DATE OF SERVICE FOR 36815 WITHIN 21 DAYS OF 36810/36820 **NOTE: THE DATE OF SERVICE FOR 36810/36820 IS THE START DATE OF THE 21 DAY LIMITATION OF 36815 AS A SEPARATE PROCEDURE.**	
PROCEDURES MONITORED:	**ORIGINAL PROCEDURE**	**REVISION PROCEDURE**
	36820 36810	36815
ESC EOB:	0511 – PAYMENT FOR REVISION OF ARTERIOVENOUS SHUNT IS INCLUDED IN FEE FOR INITIAL INSERTION WHEN REVISION IS PERFORMED WITHIN 21 DAYS OF ORIGINAL PROCEDURE.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 5205, VERIFY MEMBER ID, PROVIDER NUMBER, PROCEDURE CODE, AND DATE OF SERVICE HAVE BEEN KEYED CORRECTLY. IF DATA HAS BEEN KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY INDICATES SUBJECT PROCEDURE 36810/36820 HAS BEEN PAID WITHIN 21 DAYS OF THE DATE OF SERVICE FOR THE CURRENT CLAIM BILLING THE RELATED REVISION PROCEDURE, DENY THE CURRENT CLAIM/DETAIL WITH EOB 0511.	
	IF RELATED HISTORY INDICATES THE CURRENT CLAIM/DETAIL BILLING 36815 IS NOT WITHIN 21 DAYS OF PROCEDURE 36810/36820, OVERRIDE THE ESC.	

DMS LAST APPROVED: 04/01/96	
	IF BOTH THE SUBJECT 36810/36820 AND THE RELATED 36815 PROCEDURES ARE BILLED ON THE SAME CLAIM FOR DATES OF SERVICE WITHIN 21 DAYS, DENY THE RELATED PROCEDURE 36815 AND OVERRIDE THE DETAIL BILLING 36810/36820.

2.17.2 5205 (FORMER LEGACY AUDIT 401)

DMS LAST APPROVED: 04/01/96		
ESC 5205 (FORMER LEGACY AUDIT 401 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
SHUNT REVISION WITHIN 21 DAYS OF INITIAL INSERTION INCLUDED IN ORIGINAL FEE	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS, PROCEDURE
ESC TYPE: CONTRA	**C/T:**	M (PT 13, 22, 64, 65. 78. 85)
IF A PROVIDER BILLS FOR REVISION OF AN ARTERIOVENOUS SHUNT WITHIN 21 DAYS OF THE INITIAL INSERTION, AND THE CLAIM BILLING THE REVISION PAYS BEFORE THE INITIAL INSERTION PROCEDURE, THE CLAIM BILLING THE INITIAL INSERTION PROCEDURE WILL FAIL ESC 5205.		
ESC CRITERIA:	SAME PROVIDER SAME MEMBER DATE OF SERVICE FOR 36810/36820 IS THE START DATE OF 21 PERIOD BEFORE 36815 IS PAYABLE AS A SEPARATE PROCEDURE.	
PROCEDURES MONITORED:	**REVISION PROCEDURE**	**ORIGINAL PROCEDURE**
	36815	36810 36820
ESC EOB:	0511 – PAYMENT FOR REVISION OF ARTERIOVENOUS SHUNT IS INCLUDED IN FEE FOR INITIAL INSERTION WHEN REVISION IS PERFORMED WITHIN 21 DAYS OR ORIGINAL PROCEDURE.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 5205, VERIFY PROCEDURE CODE, DATE OF SERVICE PROVIDER NUMBER AND MEMBER ID HAVE BEEN KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY INDICATES 36815 HAS BEEN PAID FOR A DATE OF SERVICE WITHIN 21 DAYS OF THE DATE OF SERVICE OF THE CURRENT CLAIM BILLING 36810/36820, DENY THE CURRENT CLAIM WITH EOB 0511.	
	IF RELATED HISTORY INDICATES THE REVISION PROCEDURE 36815 WAS NOT PAID FOR DATE OF SERVICE WITHIN 21 DAYS OF THE CURRENT CLAIM, OVERRIDE THE ESC.	

2.18 5206 (FORMER LEGACY AUDIT 312)

DMS LAST APPROVED: 04/01/96		
ESC 5206 (FORMER LEGACY AUDIT 312 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
FOLLOW UP VISIT INCLUDED IN PAYMENT FOR DELIVERY	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, ADMIT DATE, PROCEDURE
ESC TYPE: CONTRA	**C/T:**	M (PT 13, 15, 20, 21, 22, 23, 24, 29, 64, 65, 78, 85)
IF A PROVIDER BILLS FOR A DELIVERY AND A FOLLOW UP VISIT WITHIN 14 DAYS, THE CLAIM/DETAIL BILLING THE FOLLOW UP WILL FAIL ESC 5206.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME ADMISSION (14 DAYS)	
PROCEDURES MONITORED:	**DELIVERY PROCEDURE**	**FOLLOW UP PROCEDURES**
	59410 59409	90240-90280 90640-90643 99231-99233 99261-99263
ESC EOB:	0512 – CLAIM DENIED. FOLLOW UP VISIT INCLUDED IN REIMBURSEMENT FOR DELIVERY.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 5206, VERIFY THE MEMBER ID, PROVIDER NUMBER, PROCEDURE CODE, ADMIT DATE AND DATES OF SERVICE HAVE BEEN KEYED CORRECTLY. IF DATA HAS BEEN KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY INDICATES DELIVERY PROCEDURE HAS BEEN PAID FOR DATE OF SERVICE WITHIN 14 DAYS OF THE CURRENT CLAIM BILLING A FOLLOW UP VISIT, DENY THE CURRENT CLAIM/DETAIL WITH EOB 0512.	
	IF RELATED HISTORY DOES NOT INDICATE THE DELIVERY PROCEDURE HAS BEEN PAID WITHIN 14 DAYS OF THE CURRENT CLAIM/DETAIL DATE OF SERVICE, OVERRIDE THE ESC.	
	IF A PROVIDER BILLS FOR THE DELIVERY PROCEDURE AND ONE OF THE ABOVE MONITORED FOLLOW UP PROCEDURES ON THE SAME CLAIM FOR DATE OF SERVICE WITHIN 14 DAYS, OVERRIDE THE DETAIL BILLING THIS DELIVERY AND DENY THE FOLLOW UP PROCEDURE DETAIL(S) WITH EOB 0512.	

DMS LAST APPROVED: 04/01/96	
	IF THE FOLLOW UP VISIT IS FOR A DIFFERENT DIAGNOSIS NOT RELATED TO PREGNANCY, OVERRIDE THE ESC.

2.19 5207

2.19.1 5207 (FORMER LEGACY AUDIT 315)

DMS LAST APPROVED: 04/01/96		
ESC 5207 (FORMER LEGACY AUDIT 315 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
SMEARS ARE NOT ALLOWED WITH CULTURES ON THE SAME DATE OF SERVICE FOR THE SAME DIAGNOSIS. **ESC TYPE:** CONTRA	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DIAGNOSIS, DOS
	C/T:	H (PT 34, 42), ALL OF M EXCEPT 27, 28, 36, 40, 45, 50, 52, 55, 56, 57, 70, 77, 80), 0 (PT 41, 46, 47)
IF A PROVIDER BILLS FOR CULTURES AND SMEARS ON THE SAME DATE OF SERVICE, THE CLAIM BILLING SMEARS WILL FAIL ESC 5207.		
ESC CRITERIA:	SAME DIAGNOSIS SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	**CULTURE PROCEDURES**	**SMEAR PROCEDURES**
	87081-87085	87205
ESC EOB:	0515 – CLAIM DENIED. CULTURES/SMEARS NOT ALLOWED SAME DOS FOR SAME CONDITION.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 5207, VERIFY THE MEMBER ID, PROVIDER NUMBER, PROCEDURE CODE, DIAGNOSIS CODE, AND DATE OF SERVICE HAVE BEEN KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY INDICATES ONE OF THE ABOVE MONITORED CULTURE PROCEDURES HAS BEEN PAID FOR THE SAME DATE OF SERVICE, SAME DIAGNOSIS AS THE CURRENT CLAIM BILLING FOR SMEARS, DENY THE CURRENT CLAIM WITH EOB 0515.	
	IF RELATED HISTORY DOES NOT INDICATE ONE OF THE MONITORED CULTURE PROCEDURES HAS BEEN PAID FOR THE SAME DATE OF SERVICE, SAME DX AS THE CURRENT CLAIM BILLING SMEARS, OVERRIDE THE ESC.	
	IF SMEARS AND CULTURES ARE BILLED ON THE SAME CLAIM FOR THE SAME DX, OVERRIDE THE DETAIL WITH THE HIGHEST ALLOWABLE AMOUNT AND DENY THE OTHER DETAIL(S) WITH EOB 0515.	

DMS LAST APPROVED: 04/01/96	
	IF CULTURES AND SMEARS ARE BILLED FOR THE SAME DATE OF SERVICE FOR DIFFERENT DIAGNOSIS, OVERRIDE THE ESC.

2.19.2 5207 (FORMER LEGACY AUDIT 335)

DMS LAST APPROVED: 04/01/96		
ESC 5207 (FORMER LEGACY AUDIT 335 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
SMEARS ARE NOT ALLOWED WITH CULTURES ON THE SAME DATE OF SERVICE FOR THE SAME DIAGNOSIS.	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DIAGNOSIS, PROCEDURES, DOS
ESC TYPE: CONTRA	**C/T:**	H (PT 34, 42), ALL OF M EXCEPT 27, 28, 36, 40, 45, 50, 52, 55, 56, 57, 70, 77, 80), 0 (PT 41, 46, 47)
IF A PROVIDER BILLS FOR CULTURES AND SMEARS FOR THE SAME DIAGNOSIS ON SAME DATE OF SERVICE, THE CLAIM BILLING THE CULTURES WILL FAIL ESC 5207.		
ESC CRITERIA:	SAME DIAGNOSIS SAME MEMBER SAME DATE OF SERVICE SAME PROVIDER	
PROCEDURES MONITORED:	**SMEAR PROCEDURE**	**CULTURE PROCEDURES**
	87205	87081-87085
ESC EOB:	0515 – CULTURES/SMEARS NOT ALLOWED SAME DATE OF SERVICE FOR SAME CONDITION.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 5207, VERIFY PROCEDURE CODE, MEMBER ID, PROVIDER NUMBER, DATE OF SERVICE, AND DIAGNOSIS CODE HAVE BEEN KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY INDICATES SMEAR PROCEDURE 87205 HAS BEEN PAID FOR THE SAME DATE OF SERVICE, SAME DX AS THE CURRENT CLAIM BILLING A CULTURE, DENY THE CURRENT CLAIM/DETAIL WITH EOB 0515.	
	IF RELATED HISTORY DOES NOT INDICATE SMEAR PROCEDURE HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM/DETAIL BILLING A CULTURE, OVERRIDE THE ESC.	
	IF A PROVIDER BILLS FOR BOTH CULTURES AND SMEAR FOR THE SAME DATE OF SERVICE, SAME DX ON THE SAME CLAIM, OVERRIDE THE DETAIL WITH THE HIGHEST ALLOWED AMOUNT AND DENY THE OTHER DETAIL(S) WITH EOB 0515.	

2.20 5208

2.20.1 5208 (FORMER LEGACY AUDIT 331)

DMS LAST APPROVED: 10/16/09		
ESC 5208 (FORMER LEGACY AUDIT 331 RELATIONSHIP) END DATED 12/31/2008	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
DRUG MANAGEMENT MAY NOT BE BILLED WITH INDIVIDUAL OR GROUP MEDICAL PSYCHOTHERAPY	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS, PROCEDURE
ESC TYPE: CONTRA	**C/T:**	M (PT 13, 22, 31, 35, 64, 65, 78, 85)
IF A PROVIDER BILLS FOR DRUG MANAGEMENT FOR THE SAME DATE OF SERVICE AS GROUP OR INDIVIDUAL MEDICAL PSYCHOTHERAPY, THE CLAIM BILLING THE DRUG MANAGEMENT PROCEDURE WILL FAIL ESC 5208.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	**PSYCHOTHERAPY PROCEDURES**	**DRUG MANAGEMENT PROCEDURES**
	90841-90844 90847-90853	90862
	PROCEDURE CODE 90847 REMOVED EFFECTIVE WITH DOS 01/01/2009 PER CO 12964. AUDIT 5208 END DATED EFFECTIVE 12/31/2008. SEE AUDIT 5212 FOR DATES AFTER 12/31/2008.	
ESC EOB:	0041 - DRUG MANAGEMENT AND MEDICAL PSYCHOTHERPAY NOT ALLOWED FOR SAME DATES OF SERVICE, PROVIDER, AND MEMBER.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 5208, VERIFY THE MEMBER ID, PROVIDER NUMBER, PROCEDURE CODES AND DATE OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY INDICATES ONE OF THE PSYCHOTHERAPY PROCEDURES HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING THE DRUG MANAGEMENT PROCEDURE, DENY THE CURRENT CLAIM WITH EOB 0041.	
	IF RELATED HISTORY DOES NOT INDICATE ONE OF THE PSYCHOTHERAPY PROCEDURES HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING THE DRUG MANAGEMENT PROCEDURE, OVERRIDE THE ESC.	

DMS LAST APPROVED: 10/16/09	
	IF A PROVIDER BILLS FOR A PSYCHOTHERAPY PROCEDURE AND A DRUG MANAGEMENT PROCEDURE ON THE SAME CLAIM FOR THE SAME DATE OF SERVICE, OVERRIDE THE DETAIL BILLING THE PSYCHOTHERAPY PROCEDURE AND DENY THE OTHER DETAIL(S) WITH EOB 0041.

2.20.2 5208 (FORMER LEGACY AUDIT 403)

DMS LAST APPROVED: 10/16/09		
ESC 5208 (FORMER LEGACY AUDIT 331 RELATIONSHIP) END DATED 12/31/2008	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
DRUG MANAGEMENT MAY NOT BE BILLED WITH INDIVIDUAL OR GROUP MEDICAL PSYCHOTHERAPY	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS, PROCEDURE
ESC TYPE: CONTRA	**C/T:**	M (PT 13, 22, 31, 35, 64, 65, 78, 85)
IF A PROVIDER BILLS FOR DRUG MANAGEMENT FOR THE SAME DATE OF SERVICE AS GROUP OR INDIVIDUAL MEDICAL PSYCHOTHERAPY, THE CLAIM BILLING THE DRUG MANAGEMENT PROCEDURE WILL FAIL ESC 5208.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	**PSYCHOTHERAPY PROCEDURES**	**DRUG MANAGEMENT PROCEDURES**
	90841-90844 90847-90853	90862
	PROCEDURE CODE 90847 REMOVED EFFECTIVE WITH DOS 01/01/2009 PER CO 12964. AUDIT 5208 END DATED EFFECTIVE 12/31/2008. SEE AUDIT 5212 FOR DATES AFTER 12/31/2008.	
ESC EOB:	0041 - DRUG MANAGEMENT AND MEDICAL PSYCHOTHERPAY NOT ALLOWED FOR SAME DATES OF SERVICE, PROVIDER, AND MEMBER.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 5208, VERIFY THE MEMBER ID, PROVIDER NUMBER, PROCEDURE CODES AND DATE OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY INDICATES ONE OF THE PSYCHOTHERAPY PROCEDURES HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING THE DRUG MANAGEMENT PROCEDURE, DENY THE CURRENT CLAIM WITH EOB 0041.	
	IF RELATED HISTORY DOES NOT INDICATE ONE OF THE PSYCHOTHERAPY PROCEDURES HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING THE DRUG MANAGEMENT PROCEDURE, OVERRIDE THE ESC.	
	IF A PROVIDER BILLS FOR A PSYCHOTHERAPY PROCEDURE AND A DRUG MANAGEMENT PROCEDURE ON THE SAME CLAIM FOR THE SAME DATE OF SERVICE, OVERRIDE THE DETAIL	

DMS LAST APPROVED: 10/16/09	
	BILLING THE PSYCHOTHERAPY PROCEDURE AND DENY THE OTHER DETAIL(S) WITH EOB 0041.

2.21 5209

2.21.1 5209 (FORMER LEGACY AUDIT 334)

DMS LAST APPROVED: 08/16/06		
ESC 5209 (FORMER LEGACY AUDIT 334 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
RENTAL CODES ARE NOT ALLOWED WITH SUPPLY CODES FOR SAME OR DIFFERENT PROVIDERS IN A CALENDAR MONTH	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE
ESC TYPE: CONTRA	**C/T:**	M (PT 17, 30, 32, 33, 37, 43, 71, 72, 74, 78, 86, 90)
IF A PROVIDER BILLS FOR A MONITORED EQUIPMENT CODE WITH A MONITORED SUPPLY CODE WITHIN A CALENDAR MONTH, THE CLAIM BILLING THE EQUIPMENT CODE WILL FAIL FOR ESC 5209.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER	
	NOTE – THIS ESC WAS END-DATED EFFECTIVE 08/11/06 PER CHANGE ORDER 1001.	
PROCEDURES MONITORED:	**SUPPLY CODES**	**EQUIPMENT**
	A4556 A4557 A7002 XZ868	E0740 E0744 E0745 E0600 XZ859
	NOTE: PROCEDURE CODES XZ859 AND XZ868 ARE NO LONGER VALID CODES. THESE HAVE BEEN END DATED ON THE PDD FILE.	
ESC EOB:	0334 – SUPPLY NOT COVERED ON RENTAL ITEM	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 334, VERIFY THE MEMBER ID AND PROCEDURE CODES WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY INDICATES THAT ONE OF THE SUPPLY CODES A4556 OR A4557 HAS BEEN PAID WITHIN THE SAME MONTH PERIOD, AND THE CURRENT CLAIM BILLING ONE OF THE EQUIPMENT CODES E0744–E0745 THAT HAS AN RR MODIFIER, THEN DENY THE CURRENT CLAIM.	

DMS LAST APPROVED: 08/16/06	
	IF RELATED HISTORY INDICATES THAT ONE OF THE SUPPLY CODES HAS NOT BEEN PAID WITHIN THE SAME MONTH PERIOD, AND THE CURRENT CLAIM IS BILLING FOR A RENTAL, THEN OVERRIDE THE CLAIM.
	IF AN EQUIPMENT CODE E0744-E0745 WITHOUT THE RR MODIFIER IS BILLED WITH SUPPLY CODE A4556-A4557, OVERRIDE THE SUPPLY CODE.
	IF EQUIPMENT CODE E0600RR IS BILLED WITH A SUPPLY CODE OTHER THAN A7002, OVERRIDE. IF E0600RR IS BILLED WITH A7002, DENY THE CLAIM WITH EOB 0334.
	IF EQUIPMENT CODE E0600 WITHOUT THE RR MODIFIER IS BILLED WITH SUPPLY CODE A7002, OVERRIDE THE CLAIM.

2.21.2 5209 (FORMER LEGACY AUDIT 404)

DMS LAST APPROVED: 08/16/06		
ESC 5209 (FORMER LEGACY AUDIT 404 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
RENTAL CODES ARE NOT ALLOWED WITH SUPPLY CODES FOR SAME OR DIFFERENT PROVIDERS IN A CALENDAR MONTH	**CLAIM FIELD LABEL:**	MEMBER ID, DOS, PROCEDURE
ESC TYPE: CONTRA	**C/T:**	H (PT 34, 42), M (PT 17, 22, 30, 32, 33, 37, 43, 71, 72, 74, 78, 86, 90), O (PT 41, 46, 47)
IF A PROVIDER BILLS FOR A MONITORED SUPPLY CODE WITH A MONITORED EQUIPMENT CODE WITHIN A CALENDAR MONTH, THE CLAIM BILLING THE SUPPLY CODE WILL FAIL FOR ESC 5209.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER	
	NOTE – THIS ESC WAS END-DATED EFFECTIVE 08/11/06 PER CHANGE ORDER 1001.	
PROCEDURES MONITORED:	**EQUIPMENT**	**SUPPLY CODES**
	E0744	A4556
	E0745	A4557
	E0600	A7002
	E0740	XZ868
	XZ859	
	NOTE: PROCEDURE CODES XZ859 AND XZ868 ARE NO LONGER VALID CODES. THESE HAVE BEEN END DATED ON THE PDD FILE.	
ESC EOB:	0334 – SUPPLY NOT COVERED ON RENTAL ITEM	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 404, VERIFY THE MEMBER ID, DATE OF SERVICE AND PROCEDURE CODES WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY INDICATES THAT ONE OF THE EQUIPMENT CODES EO744–EO745 WITH AN RR MODIFIER HAS BEEN PAID AND THE CURRENT CLAIM IS BILLING FOR A SUPPLY CODE A4556 OR A4557 WITHIN THE SAME MONTH PERIOD, THEN DENY THE CURRENT CLAIM.	

DMS LAST APPROVED: 08/16/06	
	IF RELATED HISTORY INDICATES THAT ONE OF THE PROCEDURE CODES EO744–EO745 WITH AN RR MODIFIER HAS NOT BEEN PAID AND THE CURRENT CLAIM IS BILLING FOR A SUPPLY CODE WITHIN THE SAME MONTH PERIOD, OVERRIDE THE ESC.
	IF A SUPPLY CODE A4556–A4557 IS BILLED WITH A EQUIPMENT CODE E0744–E0745 WITHOUT THE RR MODIFIER, OVERRIDE THE SUPPLY CODE.
	IF SUPPLY CODE A7002 IS BILLED WITH AN EQUIPMENT CODE OTHER THAN E0600RR, OVERRIDE THE CLAIM. IF A7002 IS BILLED WITH E0600RR, DENY CLAIM WITH EOB 0334.
	IF SUPPLY CODE A7002 IS BILLED WITH EQUIPMENT CODE E0600 WITHOUT THE RR MODIFIER, OVERRIDE THE CLAIM.

2.22 5211

2.22.1 5211 (FORMER LEGACY AUDIT 337)

DMS LAST APPROVED: 04/01/96		
ESC 5211 (FORMERLY 337 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
80021, 80023, and 80024 NOT ALLOWED ON SAME DATE OF SERVICE.	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	M (PT 36), O (PT 01,39)
IF A PROVIDER BILLS FOR PROCEDURE CODE 80021 AND PROCEDURE CODE 80023 OR 80024 FOR THE SAME DATE OF SERVICE, THE CLAIM BILLING PROCEDURE CODE 80021 WILL FAIL ESC 5211.		
ESC CRITERIA:	SAME PROVIDER SAME MEMBER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	80021 – URINE COLLECTION CATHETERIZATION. 80023 – CATHETERIZATION FOR COLLECTION SINGLE HOMEBOUND NURSING HOME OR SKILLED NURSING FACILITY. 80024 – CATHETERIZATION FOR COLLECTION HOMEBOUND NURSING HOME OR SNF.	
ESC EOB:	0337 – CATHETERIZATION PROCEDURES 80021, 80023, AND 80024 NOT ALLOWED SAME DATE OF SERVICE/MEMBER/PROVIDER.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 5211 VERIFY THAT THE PROCEDURE CODE, MEMBER ID, DATE OF SERVICE, AND PROVIDER NUMBER WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT THE FIELDS IN ERROR BY CHANGING THE APPROPRIATE FIELDS.	
	IF RELATED HISTORY INDICATES A CLAIM FOR EITHER PROCEDURE CODE 80023 OR 80024 HAS BEEN PAID FOR SAME DATE OF SERVICE, SAME MEMBER, SAME PROVIDER, DENY THE CURRENT DETAIL BILLING 80021. IF RELATED HISTORY INDICATES PROCEDURE CODE 80023 OR 80024 HAS NOT BEEN PAID FOR THE SAME DATE OF SERVICE, OVERRIDE THE ESC.	
	IF PROCEDURE CODE 80021 AND PROCEDURE CODE 80023 OR 80024 ARE BILLED ON THE SAME CLAIM: - OVERRIDE THE ESC FOR PROCEDURE CODE 80021. - DENY THE ESC FOR PROCEDURE CODE 80023 OR 80024.	

2.22.2 5211 (FORMER LEGACY AUDIT 338)

DMS LAST APPROVED: 04/01/96		
ESC 5211 (FORMER LEGACY AUDIT 338 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
80021, 80023, and 80024 NOT ALLOWED ON SAME DATE OF SERVICE.	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	M (PT 36), O (PT 01, 39)
IF A PROVIDER BILLS FOR PROCEDURE CODES 80023 OR 80024 ON THE SAME DATE OF SERVICE AS 80021, THE CLAIM BILLING PROCEDURE CODE 80023 OR 80024 WILL FAIL ESC 5211.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	80021 – URINE COLLECTION CATHETERIZATION. 80023 – CATHETERIZATION FOR COLLECTION SINGLE HOMEBOUND NURSING HOME OR SKILLED NURSING FACILITY. 80024 – CATHETERIZATION FOR COLLECTION HOMEBOUND NURSING HOME OR SNF.	
ESC EOB:	0337 – CATHETERIZATION PROCEDURES 80021, 80023, AND 80024 NOT ALLOWED SAME DATE OF SERVICE/MEMBER/PROVIDER.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 5211 VERIFY THAT THE PROCEDURE CODE, MEMBER ID, DATE OF SERVICE, AND PROVIDER NUMBER WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT THE FIELDS IN ERROR BY CHANGING THE APPROPRIATE FIELDS.	
	IF RELATED HISTORY INDICATES A CLAIM FOR PROCEDURE CODE 80021 HAS BEEN PAID FOR SAME DATE OF SERVICE, SAME PROVIDER, AND SAME MEMBER, DENY THE CURRENT DETAIL BILLING PROCEDURE 80023 OR 80024.	
	IF RELATED HISTORY INDICATES PROCEDURE CODE 80021 HAS NOT BEEN PAID FOR THE SAME DATE OF SERVICE, OVERRIDE THE ESC.	
	IF A PROCEDURE CODE 80023 OR 80024 AND PROCEDURE CODE 80021 ARE BILLED ON THE SAME CLAIM: - OVERRIDE THE ESC FOR PROCEDURE CODE 80021. - DENY THE ESC FOR PROCEDURE CODE 80023 OR 80024.	

2.22.3 5212 (FORMER LEGACY AUDITS 331 AND 403

DMS APPROVED 10/16/09		
ESC 5212 (FORMER LEGACY RELATIONSHIP AUDITS 331 AND 403) EFFECTIVE 01/01/2009 PER CO 12964	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
DRUG MANAGEMENT MAY NOT BE BILLED WITH INDIVIDUAL OR GROUP MEDICAL PSYCHOTHERAPY	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS, PROCEDURE
ESC TYPE: CONTRA	**C/T:**	M (PT 13, 22, 31, 35, 64, 65, 78, 85)
IF A PROVIDER BILLS FOR DRUG MANAGEMENT AND GROUP OR INDIVIDUAL MEDICAL PSYCHOTHERAPY FOR THE SAME DATE OF SERVICE, ESC 5212 WILL FAIL.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	**PSYCHOTHERAPY PROCEDURES**	**DRUG MANAGEMENT PROCEDURES**
	90841-90844 90849-90853	90862
ESC EOB:	0041 - DRUG MANAGEMENT AND MEDICAL PSYCHOTHERPAY NOT ALLOWED FOR SAME DATES OF SERVICE, PROVIDER, AND MEMBER.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 5212, VERIFY THE MEMBER ID, PROVIDER NUMBER, PROCEDURE CODES AND DATE OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY INDICATES ONE OF THE PSYCHOTHERAPY PROCEDURES HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING THE DRUG MANAGEMENT PROCEDURE, DENY THE CURRENT CLAIM WITH EOB 0041.	
	IF RELATED HISTORY DOES NOT INDICATE ONE OF THE PSYCHOTHERAPY PROCEDURES HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING THE DRUG MANAGEMENT PROCEDURE, OVERRIDE THE ESC.	
	IF RELATED HISTORY INDICATES ONE OF THE DRUG MANAGEMENT PROCEDURES HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING THE PSYCHOTHERAPY PROCEDURE, DENY THE CURRENT CLAIM WITH EOB 0041.	

DMS APPROVED 10/16/09	
	IF RELATED HISTORY DOES NOT INDICATE ONE OF THE DRUG MANAGEMENT PROCEDURES HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING THE PSYCHOTHERAPY PROCEDURE, OVERRIDE THE ESC.
	IF A PROVIDER BILLS FOR A PSYCHOTHERAPY PROCEDURE AND A DRUG MANAGEMENT PROCEDURE ON THE SAME CLAIM FOR THE SAME DATE OF SERVICE, OVERRIDE THE DETAIL BILLING THE PSYCHOTHERAPY PROCEDURE AND DENY THE OTHER DETAIL(S) WITH EOB 0041.

2.23 5213

2.23.1 5213 (FORMER LEGACY AUDIT 351)

DMS APPROVED 07/28/2010		
ESC 5213 (FORMER LEGACY AUDIT 351 RELATIONSHIP) EMERGENCY SERVICES NOT PAYABLE ON THE SAME DATE SERVICE AS FILLINGS.	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
	CLAIM FIELD LABEL:	PROCEDURE, MEMBER ID, PROVIDER, TOOTH NUMBER, DOS
ESC TYPE: CONTRA	**C/T:**	D, M (PT 22, 31, 35)
IF A PROVIDER BILLS PROCEDURE CODE 09110/D9110 OR 01351/D1351 FOR THE SAME DATE OF SERVICE, SAME TOOTH AS FILLINGS, THE CLAIM BILLING 09110 OR 01351 WILL FAIL ESC 5213.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE SAME TOOTH NUMBER	
PROCEDURES MONITORED:	**FILLING PROCEDURES**	**EMERGENCY PROCEDURE**
	D2140 – D2394 02110 – 02335	D1351 D9110 01351 09110
ESC EOB:	0350 - DETAIL DENIED. FILLINGS ARE NOT PAYABLE FOR THE SAME TOOTH AND SAME DATE OF SERVICE AS EMERGENCY SERVICES OR SEALANTS.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 5213, VERIFY THE MEMBER ID, PROCEDURE CODE, PROVIDER NUMBER, DATE OF SERVICE, AND TOOTH NUMBER HAVE BEEN KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR. IF RELATED HISTORY INDICATES PROCEDURE CODE 09110/D9110 OR 01351/D1351 HAS BEEN BILLED FOR THE SAME DATE OF SERVICE, SAME TOOTH FOR WHICH AN ABOVE INDICATED FILLING PROCEDURE HAS BEEN PAID, DENY THE DETAIL WITH EOB 0350. IF RELATED HISTORY DOES NOT INDICATE ONE OF THE SUBJECT (FILLING) PROCEDURES HAS BEEN PAID FOR THE SAME TOOTH, SAME DATE OF SERVICE AS CURRENT CLAIM FOR PROCEDURE 09110/ D9110 OR 01351/D1351, OVERRIDE THE ESC.	

	IF A FILLING PROCEDURE AND 09110/ D9110 OR 01351/D1351 PROCEDURE ARE BILLED ON THE SAME CLAIM FOR THE SAME TOOTH, SAME DATE OF SERVICE, OVERRIDE THE DETAIL WITH THE HIGHEST ALLOWED AMOUNT AND DENY THE OTHER DETAIL(S) WITH EOB 0350.

2.23.2 5213 (FORMER LEGACY AUDIT 352)

DMS APPROVED 07/28/2010		
ESC 5213 (FORMER LEGACY AUDIT 352 RELATIONSHIP) EMERGENCY SERVICES NOT PAYABLE ON THE SAME DATE SERVICE AS FILLINGS.	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
	CLAIM FIELD LABEL:	MEMBER ID, PROVIDER, DOS, TOOTH NUMBER
ESC TYPE: CONTRA	**C/T:**	D, M (PT 22, 31, 35)
IF A PROVIDER BILLS FOR FILLINGS FOR THE SAME TOOTH NUMBER, SAME DATE OF SERVICE AS PROCEDURE CODE 01351/D1351 OR 09110/D9110, THE CLAIM BILLING THE FILLINGS WILL FAIL ESC 5213.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE SAME TOOTH NUMBER	
PROCEDURES MONITORED:	**EMERGENCY PROCEDURE**	**FILLING PROCEDURES**
	D1351 D9110 01351 09110	D2140 – D2394 02110 – 02335
ESC EOB:	0350 - DETAIL DENIED. FILLINGS ARE NOT PAYABLE FOR THE SAME TOOTH AND SAME DATE OF SERVICE AS EMERGENCY SERVICES OR SEALANTS.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 5213, VERIFY THE MEMBER ID, PROVIDER NUMBER, TOOTH NUMBER, DATE OF SERVICE, AND PROCEDURE CODE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY INDICATES ER PROCEDURE 09110/ D9110 OR 01351/D1351 HAS BEEN PAID FOR SAME DATE OF SERVICE, SAME TOOTH AS RELATED FILLING PROCEDURE BILLED ON THE CURRENT CLAIM/DETAIL, DENY THE CURRENT CLAIM/DETAIL WITH EOB 0350.	
	IF RELATED HISTORY DOES NOT INDICATE PROCEDURE 09110/09110 OR 01351/D1351 HAS BEEN PAID FOR SAME DATE OF SERVICE, SAME TOOTH AS THE CURRENT CLAIM RELATED PROCEDURE (FILLINGS), OVERRIDE THE ESC.	
	IF PROCEDURE 09110/ D9110 OR 01351/D1351 AND FILLING PROCEDURE ARE BILLED ON THE SAME CLAIM FOR THE SAME TOOTH, SAME DATE OF SERVICE, OVERRIDE THE DETAIL WITH THE HIGHEST ALLOWED AMOUNT AND DENY THE OTHER DETAIL(S) WITH EOB 0350.	

2.24 5214 (FORMER LEGACY AUDIT NA)

DMS APPROVED 01/21/2010		
ESC 5214 (FORMER LEGACY AUDITS NA) (EFFECTIVE 01/01/2009)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE CODES 93297 AND 93298 NOT ALLOWED ON THE SAME DATE OF SERVICE	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	O (P/T 01)
IF A PROVIDER BILLS PROCEDURE CODES 93297 AND 93298 FOR THE SAME MEMBER AND SAME DATE OF SERVICE, AUDIT 5214 WILL FAIL (CO 12987).		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	93297, 93298	
ESC EOB:	5214 – PROCEDURE CODES 93297 AND 93298 NOT ALLOWED SAME DOS.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, DATE OF SERVICE, AND PROCEDURE CODE ARE KEYED CORRECTLY. IF NOT, DATA CORRECT THE FIELD(S) IN ERROR.	
	IF RELATED HISTORY INDICATES PROCEDURE CODE 93298 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 93297, DENY THE CURRENT CLAIM WITH EOB 5214.	
	IF RELATED HISTORY DOES NOT INDICATE PROCEDURE CODE 93298 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 93297, OVERRIDE THE ESC.	
	IF RELATED HISTORY INDICATES PROCEDURE CODE 93297 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 93298, DENY THE CURRENT CLAIM WITH EOB 5214.	
	IF RELATED HISTORY DOES NOT INDICATE PROCEDURE CODE 93298 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 93297, OVERRIDE THE ESC.	
	IF A PROVIDER BILLS PROCEDURE CODES 93297 AND 93298 ON THE SAME CLAIM FOR THE SAME DATE OF SERVICE, DENY DETAIL FAILING ESC 5214 WITH EOB 5214.	

2.25 5215 (FORMER LEGACY AUDIT 384)

DMS LAST APPROVED: 07/28/2010		
ESC 5215 (FORMER LEGACY AUDIT 384 RELATIONSHIP) SURGIES ARE NOT REIMBURSABLE FOR THE SAME DATE OF SERVICE AS INCIDENTAL PROCEDURES	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
	CLAIM FIELD LABEL:	MEMBER ID, PROVIDER, DOS, PROCEDURE
ESC TYPE: CONTRA	**C/T:**	M (PT 13, 22, 31, 35, 64, 65, 78, 85)
IF A PROVIDER BILLS FOR ABDOMINAL SURGERY AND CERTAIN INCIDENTAL PROCEDURES FOR THE SAME DATE OF SERVICE, THE CLAIM/DETAIL BILLING THE INCIDENTAL PROCEDURE WILL FAIL ESC 5215.		
ESC CRITERIA:	SAME MEMBER NUMBER SAME PROVIDER NUMBER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	**ABDOMINAL SURGIES**	**INCIDENTAL PROCEDURES**
	43500 – 49999	44005 49020 44950 49255 44955 58805 49000 58822
ESC EOB:	0383 – CERTAIN INCIDENTAL SURGERIES ARE NOT REIMBURSABLE FOR THE SAME DATE OF SERVICE AS ABDOMINAL SURGERY	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 5215, VERIFY THE MEMBER ID, PROVIDER NUMBER, PROCEDURE CODE, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR. IF BOTH ABDOMINAL SURGERY AND INCIDENTAL PROCEDURES ARE BILLED ON THE SAME CLAIM OR SUSPEND CURRENT TO CURRENT, DENY THE INCIDENTAL PROCEDURE AND OVERRIDE THE DETAIL FOR ABDONMINAL SURGERY. IF RELATED HISTORY INDICATES ONE OF THE ABDOMINAL SURGERIES HAS BEEN PREVIOUSLY PAID FOR THE SAME DATE OF SERVICE, DENY THE INCIDENTAL PROCEDURE WITH EOB 0383.	

2.26 5216

2.26.1 5216 (FORMER LEGACY AUDIT 385)

DMS LAST APPROVED: 04/01/96		
ESC 5216 (FORMER LEGACY AUDIT 385 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
D & C PROCEDURE ARE NOT PAYABLE FOR THE SAME DATE OF SERVICE AS INCIDENTAL PROCEDURES	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS, PROCEDURE
ESC TYPE: CONTRA	**C/T:**	M (PT 13, 15, 20, 21, 22, 23, 24, 29, 31, 35, 64, 65, 78, 85)
IF A PROVIDER BILLS FOR D & C AND CERTAIN INCIDENTAL PROCEDURES FOR THE SAME DATE OF SERVICE, THE INCIDENTAL PROCEDURE WILL FAIL ESC 5216.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	**D & C PROCEDURE**	**INCIDENTAL PROCEDURES**
	58120	53670 57410 57500 57510 57520
ESC EOB:	0383 – CERTAIN INCIDENTAL SURGERIES ARE NOT REIMBURSABLE FOR THE SAME DATE OF SERVICE AS ABDOMINAL SURGERY	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 5216, VERIFY THE MEMBER ID, PROVIDER NUMBER, PROCEDURE CODE, AND DATE OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF A D & C AND AN INCIDENTAL PROCEDURE ARE BILLED ON THE SAME CLAIM FORM OR SUSPEND CURRENT TO CURRENT, OVERRIDE THE D & C PROCEDURE AND DENY THE INCIDENTAL PROCEDURE.	
	IF RELATED HISTORY INDICATES A D & C OR INCIDENTAL PROCEDURE HAS BEEN PAID FOR THE SAME DATE OF SERVICE, DENY THE CURRENT DETAIL WITH EOB 0383.	

2.26.2 5216 (FORMER LEGACY AUDIT 386)

DMS LAST APPROVED: 04/01/96		
ESC 5216 (FORMER LEGACY AUDIT 386 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
D & C PROCEDURE ARE NOT PAYABLE FOR THE SAME DATE OF SERVICE AS INCIDENTAL PROCEDURES	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS, PROCEDURE
ESC TYPE: CONTRA	**C/T:**	M (PT 13, 15, 20, 21, 22, 23, 24, 29, 31, 35, 64, 65, 78, 85)
IF A PROVIDER BILLS FOR CERTAIN INCIDENTAL PROCEDURES AND A D & C ON THE SAME DATE OF SERVICE, THE CLAIM/DETAIL BILLING THE D & C PROCEDURE WILL FAIL ESC 5216.		
ESC CRITERIA:	SAME MEMBER NUMBER SAME PROVIDER NUMBER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	**INCIDENTAL PROCEDURES**	**D & C PROCEDURES**
	53670 57410 57500 57510 57520	58120
ESC EOB:	0385 – CERTAIN INCIDENTAL SURGERIES ARE NOT REIMBURSABLE FOR THE SAME DATE OF SERVICE AS D & C PROCEDURES.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 5216, VERIFY MEMBER ID, PROVIDER NUMBER, PROCEDURE CODE, AND DATE OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF INCIDENTAL PROCEDURES AND D & C PROCEDURE ARE BILLED ON THE SAME CLAIM FORM OR SUSPEND CURRENT TO CURRENT, OVERRIDE THE D & C PROCEDURE AND DENY THE INCIDENTAL PROCEDURE.	
	IF RELATED HISTORY INDICATES A D & C OR INCIDENTAL PROCEDURE HAS BEEN PAID FOR THE SAME DATE OF SERVICE, DENY THE CURRENT DETAIL WITH EOB 0385.	

2.27 5217 (FORMER LEGACY AUDIT NA)

DMS APPROVED 01/20/2010		
ESC 5217 (FORMER LEGACY AUDITS NA) (EFFECTIVE 01/01/2009)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE CODES 93285 AND 93279, 93284 OR 93291 NOT ALLOWED ON THE SAME DATE OF SERVICE	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	O (P/T 01)
IF A PROVIDER BILLS PROCEDURE CODES 93285 AND 93279, 93284, OR 93291 FOR THE SAME MEMBER AND SAME DATE OF SERVICE, AUDIT 5217 WILL FAIL (CO 12987).		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	93285 AND 93279, 93284 OR 93291	
ESC EOB:	5217 – PROCEDURE CODES 93285 AND 93279, 93284, OR 93291 NOT ALLOWED SAME DOS.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, DATE OF SERVICE, AND PROCEDURE CODE ARE KEYED CORRECTLY. IF NOT, DATA CORRECT THE FIELD(S) IN ERROR.	
	IF RELATED HISTORY INDICATES PROCEDURE CODE 93285 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE(S) 93279, 93284, AND/OR 93291, DENY THE CURRENT DETAIL(S) WITH EOB 5217.	
	IF RELATED HISTORY DOES NOT INDICATE PROCEDURE CODE 93285 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE(S) 93279, 93284, AND/OR 93291, OVERRIDE THE ESC.	
	IF RELATED HISTORY INDICATES PROCEDURE CODE(S) 93279, 93284, AND/OR 93291, HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 93285, DENY THE CURRENT CLAIM WITH EOB 5217.	
	IF RELATED HISTORY DOES NOT INDICATE PROCEDURE CODE(S) 93279, 93284, AND/OR 93291 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 93285, OVERRIDE THE ESC.	
	IF A PROVIDER BILLS PROCEDURE CODES 93285 AND 93279, 93284, AND/OR 93291 ON THE SAME CLAIM FOR THE SAME DATE OF SERVICE, DENY DETAIL FAILING ESC 5217 WITH EOB 5217.	

2.28 5218

2.28.1 5218 (FORMER LEGACY AUDIT 391)

DMS LAST APPROVED: 12/19/03		
ESC 5218 (FORMER LEGACY AUDIT 391 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
97535, S5140 NOT PAYABLE AS T2016, S5126, OR H0043 FOR SAME DATE OF SERVICE	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS, PROCEDURE
ESC TYPE: CONTRA	**C/T:**	M (PT 33)
IF A PROVIDER BILLS FOR PROCEDURE CODE 97535 OR S5140 ON THE SAME DATE OF SERVICE AS T2016, S5126, OR H0043 THE DETAIL WITH 97535 OR S5140 WILL FAIL ESC 5218.		
ESC CRITERIA:	SAME MEMBER NUMBER SAME PROVIDER NUMBER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	97535 X0091 S5140 X0103	T2106 X0061 S5126 X0088 H0043 X0089
ESC EOB:	0391 – DETAIL DENIED. PROCEDURE CODES X0061, X0088, AND X0089 NOT PAYABLE ON THE SAME DATE OF SERVICE AS X0091.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, PROCEDURE CODE, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY DATA CORRECT EACH FIELD IN ERROR.	
	IF X0091/97535 OR X0103/S5140 FAILS ESC 5218 AND RELATED HISTORY INDICATES X0061/T2016, X0088/S5126, OR X0089/H0043 HAS BEEN PAID FOR THE SAME DATE OF SERVICE, DENY THE DETAIL WITH EOB 0392.	
	IF X0091/97535 OR X0103/S5140 FAILS ESC 5218 AGAINST A CURRENT CLAIM WITH X0061/T2016, X0088/S5126, OR X0089/H0043, DENY THE DETAIL WHICH FAILED ESC 5218.	

2.28.2 5218 (FORMER LEGACY AUDIT 392)

DMS LAST APPROVED: 12/19/03			
ESC 5218 (FORMER LEGACY AUDIT 392 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT	
97535, S5140 NOT PAYABLE AS T2016, S5126, OR H0043 FOR SAME DATE OF SERVICE	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS, PROCEDURE	
ESC TYPE: CONTRA	**C/T:**	M (PT 33)	
IF A PROVIDER BILLS FOR PROCEDURE CODE X0061/T2016, X0088/S5126, OR X0089/H0043 ON THE SAME DATE OF SERVICE AS X0091/97535 OR X0103/S5140, THE DETAIL WITH X0061/T2016, X0088/S5126, OR X0089/H0043 WILL FAIL ESC 5218.			
ESC CRITERIA:	SAME MEMBER NUMBER SAME PROVIDER NUMBER SAME DATE OF SERVICE		
PROCEDURES MONITORED:	T2106	X0061	97535 X0091
	S5126	X0088	S5140 X0103
	H0043	X0089	
ESC EOB:	0392 – DETAIL DENIED. PROCEDURE CODES X0061, X0088, AND X0089 NOT PAYABLE ON THE SAME DATE OF SERVICE AS X0091.		
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, PROCEDURE CODE, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY DATA CORRECT EACH FIELD IN ERROR.		
	IF THE DETAIL FAILS ESC 5218 AND RELATED HISTORY INDICATES X0091/97535 OR X0103/S5140 HAS BEEN PAID FOR THE SAME DATE OF SERVICE, DENY THE DETAIL WITH EOB 0392.		
	IF THE DETAIL FAILS ESC 5218 AGAINST A CURRENT CLAIM WITH X0091/97535 OR XO103/S5140 DENY THE LINE WITH X0091/97535 OR X0103/S5140.		

2.29 5219 (FORMER LEGACY AUDIT NA)

DMS APPROVED 01/21/2010		
ESC 5219 (FORMER LEGACY AUDITS NA) (EFFECTIVE 01/01/2009)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE CODES 93286 OR 93288 AND 93279 THRU 93281 NOT ALLOWED ON THE SAME DATE OF SERVICE	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	O (P/T 01)
IF A PROVIDER BILLS PROCEDURE CODE 93286 OR 93288 AND 93279, 93280 OR 93281 FOR THE SAME MEMBER AND SAME DATE OF SERVICE, AUDIT 5219 WILL FAIL (CO 12987).		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	93286, 93288 AND 93279, 93280, OR 93281	
ESC EOB:	5219 – PROCEDURE CODES 93286 OR 93288 AND 93279 - 93281 NOT ALLOWED SAME DOS.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, DATE OF SERVICE, AND PROCEDURE CODE ARE KEYED CORRECTLY. IF NOT, DATA CORRECT THE FIELD(S) IN ERROR.	
	IF RELATED HISTORY INDICATES PROCEDURE CODE 93286 OR 93288 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 93279, 93280 OR 93281, DENY THE CURRENT CLAIM WITH EOB 5219.	
	IF RELATED HISTORY DOES NOT INDICATE PROCEDURE CODE 93286 OR 93288 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 93279, 93280 OR 93281, OVERRIDE THE ESC.	
	IF RELATED HISTORY INDICATES PROCEDURE CODE 93279, 93280 OR 93281 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 93286 OR 93288, DENY THE CURRENT CLAIM WITH EOB 5219.	
	IF RELATED HISTORY DOES NOT INDICATE PROCEDURE CODE 93279, 93280 OR 93281 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 93286 OR 93288, OVERRIDE THE ESC.	
	IF A PROVIDER BILLS PROCEDURE CODES 93279, 93280 OR 93281 AND 93286 OR 93288 ON THE SAME CLAIM FOR THE SAME DATE OF SERVICE, DENY DETAIL(S) FAILING ESC 5219 WITH EOB 5219.	

2.30 5220 (FORMER LEGACY AUDIT 396)

DMS LAST APPROVED: 04/01/96		
ESC 5220 (FORMER LEGACY AUDIT 396 RELATIONSHIP)	**TYPE OF DOCUMENT:**	**ALL EXCEPT MASS ADJUSTMENT**
DAILY RESPITE NOT PAYABLE AS HOURLY RESPITE FOR SAME DATE OF SERVICCES	**CLAIM FIELD LABEL:**	MEMBER ID, PROV, DOS, PROCEDURE
ESC TYPE: CONTRA	**C/T:**	M (PT 33)
IF PROVIDER BILLS FOR DAILY RESPITE SERVICES ON THE SAME DATE OF SERVICE AS HOURLY RESPITE SERVICES, THE CLAIM BILLING DAILY RESPITE SERVICES WILL FAIL ESC 5220.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	**HOURLY RESPITE SERVICES**	**DAILY RESPITE SERVICES**
	X0063 X0071	X0062 X0072
ESC EOB:	0396 – DAILY RESPITE SERVICES NOT ALLOWED FOR SAME DATE OF SERVICE AS HOURLY RESPITE SERVICES.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 5220, VERIFY THE MEMBER ID NUMBER, PROVIDER NUMBER, DATE OF SERVICE, AND PROCEDURE CODE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY INDICATES A CLAIM THAT HAS BILLED HOURLY RESPITE SERVICES FOR THE SAME PROVIDER AND SAME DATE OF SERVICE, DENY THE CURRENT CLAIM WITH EOB 0396.	
	IF RELATED HISTORY DOES NOT INDICATE A CLAIM BILLING HOURLY RESPITE SERVICES FOR THE SAME PROVIDER AND DATE OF SERVICE, OVERRIDE THE CURRENT CLAIM .	
	IF CURRENT CLAIM BILLS BOTH DAILY AND HOURLY RESPITE SERVICES FOR THE SAME DATES OF SERVICE: OVERRIDE THE DETAIL BILLING HOURLY RESPITE SERVICES.	
	IF CURRENT CLAIM BILLS BOTH DAILY AND HOURLY RESPITE SERVICES FOR THE SAME DATES OF SERVICE: DENY THE DETAIL BILLING DAILY RESPITE SERVICES WITH EOB 0396.	

2.31 5221 (FORMER LEGACY AUDIT NA)

DMS APPROVED 01/21/2010		
ESC 5221 (FORMER LEGACY AUDITS NA) (EFFECTIVE 01/01/2009)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE CODES 93287 OR 93289 AND 93282 THRU 93284 NOT ALLOWED ON THE SAME DATE OF SERVICE	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	O (P/T 01)
IF A PROVIDER BILLS PROCEDURE CODES 93287 OR 93289 AND 93282 THRU 93284 FOR THE SAME MEMBER AND SAME DATE OF SERVICE, AUDIT 5221 WILL FAIL (CO 12987).		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	93287, 93289 AND 93282, 93283, OR 93284	
ESC EOB:	5221 – PROCEDURE CODES 93287 OR 93289 AND 93282 THRU 93284 NOT ALLOWED THE SAME DOS.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, DATE OF SERVICE, AND PROCEDURE CODE ARE KEYED CORRECTLY. IF NOT, DATA CORRECT THE FIELD(S) IN ERROR.	
	IF RELATED HISTORY INDICATES PROCEDURE CODE 93287 OR 93289 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE(S) 93282, 93283, AND/OR 93284, DENY THE CURRENT CLAIM WITH EOB 5221.	
	IF RELATED HISTORY DOES NOT INDICATE PROCEDURE CODE 93287 OR 93289 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE(S) 93282, 93283, AND/OR 93284, OVERRIDE THE ESC.	
	IF RELATED HISTORY INDICATES PROCEDURE CODE(S) 93282, 93283, AND/OR 93284 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 93287 OR 93289, DENY THE CURRENT CLAIM WITH EOB 5221.	
	IF RELATED HISTORY DOES NOT INDICATE PROCEDURE CODE(S) 93282, 93283, AND/OR 93284 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 93287 OR 93289, OVERRIDE THE ESC.	

	IF A PROVIDER BILLS PROCEDURE CODES 93287 OR 93289 AND 93282, 93283, AND/OR 93284 ON THE SAME CLAIM FOR THE SAME DATE OF SERVICE, DENY DETAIL(S) FAILING ESC 5221 WITH EOB 5221.

2.32 5222 (FORMER LEGACY AUDIT NA)

DMS APPROVED 01/21/2010		
ESC 5222 (FORMER LEGACY AUDITS NA) (EFFECTIVE 01/01/2009)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE CODES 93288 AND 93286, 93294 OR 93296 NOT ALLOWED ON THE SAME DATE OF SERVICE	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	O (P/T 01)
IF A PROVIDER BILLS PROCEDURE CODE 93288 AND 93286, 93294 AND/OR 93296 FOR THE SAME MEMBER AND SAME DATE OF SERVICE, AUDIT 5222 WILL FAIL (CO 12987).		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	93288 AND 93286, 93294, OR 93296	
ESC EOB:	5222 – PROCEDURE CODES 93288 AND 93286, 93294 OR 93296 NOT ALLOWED SAME DOS.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, DATE OF SERVICE, AND PROCEDURE CODE ARE KEYED CORRECTLY. IF NOT, DATA CORRECT THE FIELD(S) IN ERROR.	
	IF RELATED HISTORY INDICATES PROCEDURE CODE 93288 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE(S) 93286, 93294 AND/OR 93296, DENY THE CURRENT DETAIL(S) WITH EOB 5222.	
	IF RELATED HISTORY DOES NOT INDICATE PROCEDURE CODE 93288 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE(S) 93286, 93294 AND/OR 93296, OVERRIDE THE ESC.	
	IF RELATED HISTORY INDICATES PROCEDURE CODE(S) 93286, 93294 AND/OR 93296 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 93288, DENY THE CURRENT CLAIM WITH EOB 5222.	
	IF RELATED HISTORY DOES NOT INDICATE PROCEDURE CODE(S) 93286, 93294 AND/OR 93296 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 93288, OVERRIDE THE ESC.	
	IF A PROVIDER BILLS PROCEDURE CODES 93288 AND 93286, 93294 AND/OR 93296 ON THE SAME CLAIM FOR THE SAME DATE OF SERVICE, DENY DETAIL(S) FAILING ESC 5222 WITH EOB 5222.	

2.33 5223 (FORMER LEGACY AUDIT NA)

DMS APPROVED 01/21/2010		
ESC 5223 (FORMER LEGACY AUDITS NA) (EFFECTIVE 01/01/2009)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE CODES 93289 AND 93287, 93295 OR 93296 NOT ALLOWED ON THE SAME DATE OF SERVICE	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	O (P/T 01)
IF A PROVIDER BILLS PROCEDURE CODE 93289 AND 93287, 93295 AND/OR 93296 FOR THE SAME MEMBER AND SAME DATE OF SERVICE, AUDIT 5223 WILL FAIL (CO 12987).		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	93289 AND 93287, 93295, OR 93296	
ESC EOB:	5223 – PROCEDURE CODES 93289 AND 93287, 93295 OR 93296 NOT ALLOWED SAME DOS.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, DATE OF SERVICE, AND PROCEDURE CODE ARE KEYED CORRECTLY. IF NOT, DATA CORRECT THE FIELD(S) IN ERROR.	
	IF RELATED HISTORY INDICATES PROCEDURE CODE 93289 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE(S) 93287, 93295 AND/OR 93296, DENY THE CURRENT DETAIL(S) WITH EOB 5223.	
	IF RELATED HISTORY DOES NOT INDICATE PROCEDURE CODE 93289 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE(S) 93287, 93295 AND/OR 93296, OVERRIDE THE ESC.	
	IF RELATED HISTORY INDICATES PROCEDURE CODE(S) 93287, 93295 AND/OR 93296 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 93289, DENY THE CURRENT CLAIM WITH EOB 5223.	
	IF RELATED HISTORY DOES NOT INDICATE PROCEDURE CODE(S) 93287, 93295 AND/OR 93296 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 93289, OVERRIDE THE ESC.	
	IF A PROVIDER BILLS PROCEDURE CODES 93289 AND 93287, 93295 AND/OR 93296 ON THE SAME CLAIM FOR THE SAME DATE OF SERVICE, DENY DETAIL(S) FAILING ESC 5223 WITH EOB 5223.	

2.34 5224 (FORMER LEGACY AUDIT NA)

DMS APPROVED 01/21/2010		
ESC 5224 (FORMER LEGACY AUDITS NA) (EFFECTIVE 01/01/2009)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE CODES 93290 AND 93297 OR 93299 NOT ALLOWED ON THE SAME DATE OF SERVICE	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	O (P/T 01)
IF A PROVIDER BILLS PROCEDURE CODES 93290 AND 93297 AND/OR 93299 FOR THE SAME MEMBER AND SAME DATE OF SERVICE, AUDIT 5224 WILL FAIL (CO 12987).		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	93290 AND 93297 OR 93299	
ESC EOB:	5224 – PROCEDURE CODES 93290 AND 93297 OR 93298 NOT ALLOWED SAME DOS.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, DATE OF SERVICE, AND PROCEDURE CODE ARE KEYED CORRECTLY. IF NOT, DATA CORRECT THE FIELD(S) IN ERROR.	
	IF RELATED HISTORY INDICATES PROCEDURE CODE 93290 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE(S) 93297 AND/OR 93299, DENY THE CURRENT CLAIM WITH EOB 5224.	
	IF RELATED HISTORY DOES NOT INDICATE PROCEDURE CODE 93290 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE(S) 93297 AND/OR 93299, OVERRIDE THE ESC.	
	IF RELATED HISTORY INDICATES PROCEDURE CODE(S) 93297 AND/OR 93299 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 93290, DENY THE CURRENT CLAIM WITH EOB 5224.	
	IF RELATED HISTORY DOES NOT INDICATE PROCEDURE CODE(S) 93297 AND/OR 93299 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 93290, OVERRIDE THE ESC.	
	IF A PROVIDER BILLS PROCEDURE CODES 93290 AND 93297 AND/OR 93299 ON THE SAME CLAIM FOR THE SAME DATE OF SERVICE, DENY DETAIL FAILING ESC 5224 WITH EOB 5224.	

2.35 5225 (FORMER LEGACY AUDIT 496)

DMS LAST APPROVED: 02/11/04		
ESC 5225 (FORMER LEGACY AUDIT 496 DUPLICATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
SUSPECT DUPE AGAINST DENTAL	**CLAIM FIELD LABEL:**	PROCEDURE, MEMBER ID, DOS
ESC TYPE: CONTRA	**C/T:**	D, H (PT 34), M (PT 1517,20, 21, 22, 23, 24, 29, 30, 31, 32, 33, 35, 36, 37, 43, 60, 61, 72, 74, 78, 86, 90), O (PT01, 39, 41, 46, 47)
IF ONE OF THE INDICATED MONITORED PROCEDURES IS , BILLED FOR A MEMBER ON THE SAME DOS, THE CLAIM WILL FAIL ESC 5225.		
ESC CRITERIA:	SAME MEMBER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	D9241 09240 Y2870	
ESC EOB:	0496 – ONLY ONE (1) ANESTHESIA\IV SEDATION ALLOWED PER DATE OF SERVICE PER MEMBER.	
PROCESSING INSTRUCTIONS:	VERIFY MEMBER ID, DATE OF SERVICE, AND PROCEDURE CODE IS KEYED CORRECTLY. IF NOT, CORRECT DATA.	
	IF FAILING CURRENT TO CURRENT CLAIM, OVERRIDE EARLIER ICN., AND DENY THE LATER ICN.	
	IF NOT CURRENT TO CURRENT CLAIMS AND DATA IS KEYED CORRECTLY, DENY THE ESC WITH EOB 0496.	

2.36 5226 (FORMER LEGACY AUDIT 548)

DMS LAST APPROVED: 04/01/96		
ESC 5226 (FORMER LEGACY AUDIT 548 MISCELLANEOUS)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
REVENUE CODE 235 MUST BE BILLED WITH 155, 183, OR 185	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, REVENUE CODE, DOS
ESC TYPE: NEGATIVE CONTRA	**C/T:**	H (PT 44)
IF A HOSPICE PROVIDER BILLS REVENUE CODE 235 WITHOUT ALSO BILLING REVENUE CODE 155, 183, OR 185 FOR THE SAME DATE OF SERVICE, THE CLAIM WILL FAIL ESC 5226.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DETAIL DATE OF SERVICE	
PROCEDURES MONITORED:	235	
ESC EOB:	0548 – CLAIM/DETAIL DENIED. REVENUE CODE 235 MUST BE BILLED IN CONJUNCTION WITH REVENUE CODE 155, 183, AND/OR 185.	
PROCESSING INSTRUCTIONS:	VERIFY THAT THE MEMBER ID, PROVIDER NUMBER, DATE OF SERVICE, AND REVENUE CODE WERE KEYED CORRECTLY. IF NOT, CORRECT THE FIELDS IN ERROR.	
	IF ALL DATA WAS KEYED CORRECTLY, DENY THE CLAIM WITH EOB 0548.	
	NOTE: THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT-NON-PAPER CLAIMS.	

2.37 5227 (FORMER LEGACY AUDIT 549)

DMS LAST APPROVED: 04/01/96		
ESC 5227 (FORMER LEGACY AUDIT 549 MISCELLANEOUS)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
ALL THREE MONITORING COMPONENTS NOT PAYABLE ON SAME DATE OF SERVICE	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: LIMIT	**C/T:**	M (13, 22, 31, 35, 64, 65, 78, 85)
IF A PROVIDER BILLS ALL THREE OF THE PROCEDURE CODES MONITORED FOR THE SAME DATE OF SERVICE AND THE SAME MEMBER, EACH CURRENT CLAIM WILL FAIL ESC 5227. THE PROVIDER IS ALLOWED ONLY TWO (2) OF THE THREE (3) PROCEDURES PER DATE OF SERVICE. FORMER LEGACY AUDIT 549 ALSO INCLUDED PROCEDURE CODES 93231 THROUGH 93233 (IDENTIFIED AS SET 2), 93786, 93788, AND 93790 (IDENTIFIED AS SET 3). THESE PROCEDURES HAVE BEEN ADDED TO THE FOLLOWING AUDITS: ESC 6757: PROCEDURES 93231 – 93233, ALLOW 2 OF THE 3 PROCEDURE CODES PER DOS ESC 6758: PROCEDURES 93786, 93788, AND 93790, ALLOW 2 OF THE 3 PROCEDURE CODES PER DOS		
ESC CRITERIA:	SAME MEMBER SAME RENDERING PROVIDER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	93225, 93226, AND 93227	
ESC EOB:	0549 – CLAIM/DETAIL DENIED. THIS PROCEDURE SHALL NOT BE PAID SEPARATELY WHEN THE GLOBAL SERVICE HAS BEEN REPORTED. CONTACT THE DEPT. FOR MEDICAID SERVICES FOR CLARIFICATION.	
PROCESSING INSTRUCTIONS:	VERIFY THAT THE MEMBER ID, PROVIDER NUMBER, DATES OF SERVICE, AND PROCEDURE CODE WERE KEYED CORRECTLY. IF NOT, CORRECT THE FIELDS IN ERROR.	
	IF ALL DATA WAS KEYED CORRECTLY, DENY THE CLAIM WITH EOB 0549.	
	NOTE: FOR CURRENT TO CURRENT FAILURES, ALL DETAILS WHICH FAIL ESC 5227 SHOULD BE DENIED.	
	NOTE: THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT-NON-PAPER CLAIMS.	

2.38 5228 (FORMER LEGACY AUDIT 550)

DMS LAST APPROVED: 10/31/2006		
ESC 5228 (FORMER LEGACY AUDIT 550 MISCELLANEOUS)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE 00140/D0140 MUST BE BILLED WITH MONITORED PROCEDURE CODES OR ALONE	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	D, M (PT 31, 35)
IF A PROVIDER BILLS PROCEDURE CODE 00140 OR D0140 WITH A CODE(S) OTHER THAN A MONITORED CODE THE CLAIM WILL FAIL ESC 5228.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	**FOR DOS PRIOR TO 9/30/06** D0220 D0230 D0330 D2330 D7250 D2332 D2335 D7111 D2331 D7530 D7910 D9241 D7140 00220 07110 07250 09240 02332 00230 07120 07530 02330 02335 00330 07130 07910 02331 **FOR DOS AFTER 9/29/06 (PER CO911)** D0220 D2331 D7140 D7240 D7520 D0230 D2332 D7210 D7241 D7530 D0330 D2335 D7220 D7250 D7910 D2330 D7111 D7230 D7510 D9241 D0270 D0272 D0274	
ESC EOB:	0550 – PROCEDURE CODE 00140/D0140 CAN ONLY BE BILLED ALONE OR WITH MONITORED PROCEDURE CODES FOR THE SAME MEMBER, SAME PROVIDER, AND SAME DATE OF SERVICE.	
PROCESSING INSTRUCTIONS:	VERIFY THAT THE MEMBER ID, PROVIDER NUMBER, DATE OF SERVICE, AND PROCEDURE CODES WERE KEYED CORRECTLY. IF NOT CORRECT THE FIELDS IN ERROR.	

DMS LAST APPROVED: 10/31/2006	
	IF BOTH PROCEDURE CODE 00140/D0140 AND AN UNMONITORED PROCEDURE CODE ARE BILLED ON THE SAME CLAIM OR SUSPEND CURRENT TO CURRENT, OVERRIDE THE DETAIL BILLING THE UNMONITORED PROCEDURE AND DENY PROCEDURE 00140/D0140 WITH EOB 0550.
	IF RELATED HISTORY INDICATES PROCEDURE CODE 00140/D0140 HAS BEEN PREVIOUSLY PAID FOR THE SAME DATE OF SERVICE, DENY THE UNMONITORED PROCEDURE WITH EOB 0550.
	IF RELATED HISTORY INDICATES AN UNMONITORED PROCEDURE CODE HAS BEEN PREVIOUSLY PAID FOR THE SAME DATE OF SERVICE, DENY THE PROCEDURE 00140/D0140 WITH EOB 0550.

2.39 5229 (FORMER LEGACY AUDIT 577)

DMS LAST APPROVED: 12/19/03		
ESC 5229 (FORMER LEGACY AUDIT 577 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE CODES CANNOT BE BILLED ON THE SAME DATE OF SERVICE	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS, PROCEDURE
ESC TYPE: CONTRA	**C/T:**	M (PT 17)
IF PROCEDURE CODES X0100/H0043 AND X0101/T2016 ARE BILLED ON THE SAME DATE OF SERVICE BY THE SAME OR DIFFERENT PROVIDER, CLAIM WILL FAIL ESC 5229.		
ESC CRITERIA:	SAME MEMBER NUMBER SAME OR DIFFERENT PROVIDER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	X0100 H0043 X0101 T2016 X0102	
ESC EOB:	0577 – CLAIM DETAIL DENIED. PROCEDURE CODES X0100/H0043 AND X0101/T2016 CANNOT BE BILLED ON THE SAME DATE OF SERVICE FOR THE AME MEMBER BY THE SAME OR DIFFERENT PROVIDER.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, PROCEDURE CODE, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF THE CLAIM WAS KEYED CORRECTLY, DENY WITH EOB 0577.	

2.40 5230 (FORMER LEGACY AUDIT 589)

DMS LAST APPROVED: 02/11/04		
ESC 5230 (FORMER LEGACY AUDIT 589 MISCELLANEOUS)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
SUBSTANCE ABUSE COMMUNITY SUPPORT MUST BE BILLED WITH SUBSTANCE ABUSE CASE MANAGEMENT	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE
ESC TYPE: CONTRA	**C/T:**	M (PT 30)
IF PROCEDURE CODES WB233 OR H0036 IF A CLAIM FOR THE SAME MEMBER WITH A PROCEDURE CODE OF WB232 OR H0006 AND A DATE OF SERVICE WITHIN 30 DAYS (OF THE WB233/H0036 DATE) HAS NOT BEEN PAID OR IS NOT BILLED ON THE SAME CLAIM FORM, CLAIM WILL FAIL ESC 5230.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER	
PROCEDURES MONITORED:	H0036 BILLED WITH MODIFIER UD	WB233
ESC EOB:	0589 – CLAIM/DETAIL DENIED. SUBSTANCE ABUSE COMMUNITY SUPPORT NOT PAYABLE UNLESS BILLED IN CONJUNTION WITH SUBSTANCE ABUSE CASE MANAGEMENT (DATES OF SERVICE WITHIN 30 DAYS OF EACH OTHER).	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, AND PROCEDURE CODE WERE KEYED CORRECTLY. IF NOT, CORRECT.	
	IF THE DATA IS KEYED CORRECTLY, DENY THE CLAIM WITH EOB 0589.	

2.41 5231 (FORMER LEGACY AUDIT 590)

DMS LAST APPROVED: 11/20/06		
ESC 5231 (FORMER LEGACY AUDIT 590 MISCELLANEOUS)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENTS
PROFESSIONAL AGAINST INSTITUTIONAL AND VICE VERSA	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS, ADMIT DOS, DISCHARGE DOS
ESC TYPE: CONTRA	**C/T:**	O (PT 01), I (01, 04, 92, 93, 02)
IFAN OUTPATIENT HOSPITAL CLAIM WITH DATE OF SERVICE EQUAL TO OR BETWEEN THE ADMIT DATE AND TDOS OF AN INPATIENT HOSPITAL CLAIM SUBMITTED BY THE SAME PROVIDER FOR THE SAME MEMBER, CLAIM FAILS ESC 5231. IT ALSO FAILS INPATIENT CLAIMS* PROCESSED AFTER 4/27/05 IF THE CLAIM DATES OF SERVICE ARE EQUAL TO OR OVERLAP THE OUTPATIENT CLAIM DATES OF SERVICE. FOR INPATIENT HOSPITAL CLAIMS PROCESSED PRIOR TO 4/28/05 AND HAVING AN INITIAL OR INTERIM TYPE OF BILL, THE DAY AFTER THE TDOS IS USED INSTEAD OF TDOS**. *NOTE – THE FAILURE OF INPATIENT CLAIMS FOR THIS ESC WAS ADDED PER DCR 01349. **NOTE – THE LOGIC RELATING TO THE USE OF 1 DAY AFTER THE TDOS FOR INITIAL AND INTERIM TYPES OF BILLS WAS MODIFIED PER DCR 01349.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME/OVERLAPPING DATES OF SERVICE **NOTE:** CRITICAL ACCESS HOSPITALS BYPASS ESC 5231 PER CO1191. PROVIDER NUMBER 01000454 IS EXCLUDED FROM THE ESC PER CO1188. FREE STANDING REHAB FACILITIES BYPASS ESC 5231 PER CO1228 PROVIDERS 01000447 AND 01000439 BYPASS ESC 5231 PER CO1228.	
PROCEDURES MONITORED:	N/A	
ESC EOB:	0490 –CONSECUTIVE OUTPATIENT SERVICES ARE NON-PAYABLE DURING A HOSPITAL INPATIENT STAY. 0590 – HOSPITAL OUTPATIENT SERVICES NON-PAYABLE DURING A HOSPITAL INPATIENT STA Y.	
PROCESSING INSTRUCTIONS:	**FOR CLAIMS PROCESSED AFTER 4/27/05:**	
	VERIFY THAT THE MEMBER ID, PROVIDER AND DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, DATA CORRECT EACH FIELD IN ERROR.	

	IF THE CLAIM IS AN OUTPATIENT CLAIM THAT HAS A DATES SPAN OF MORE THAN ONE DAY IN FIELD 6 (I.E., FDOS 06/15/05-TDOS 06/25/05), DENY THE CLAIM WITH EOB 0490.
	IF THE CLAIM IS KEYED CORRECTLY AND INSTRUCTION #2 ABOVE DOES NOT APPLY, DENY THE CLAIM WITH EOB 0590.
	THE FOLLOWING PROCESSING INSTRUCTION WERE APPLIED TO CLAIMS PROCESSED PRIOR TO 4/28/05 BUT ARE NO LONGER APPLIED (PER DCR 01349):
	VERIFY THAT THE DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, DATA CORRECT EACH FIELD IN ERROR.
	IF THE INPATIENT IS A “FINAL BILL” (TYPE OF BILL 110, 111 OR 114), AND THE FROM DATE OF SERVICE OF THE OUTPATIENT CLAIM IS THE SAME AS THE “DATE OF ADMISSION” OR THE “THROUGH DATE OF SERVICE” ON THE INPATIENT CLAIM, OVERRIDE THE OUTPATIENT CLAIM.
	IF THE INPATIENT CLAIM IS AN “INITIAL BILL” OR “INTERIM BILL” (TYPE OF BILL 112 OR 113), AND THE FROM DATE OF SERVICE OF THE OUTPATIENT CLAIM IS THE SAME AS THE “DATE OF ADMISSION” OR 1 (ONE) OR MORE DAYS AFTER THE TO DATE OF SERVICE ON THE INPATIENT CLAIM, OVERRIDE THE OUTPATIENT CLAIM.
	IF THE INPATIENT CLAIM IN RELATED HISTORY INDICATES A “FINAL BILL” AND THE OUTPATIENT CLAIM FROM DATE OF SERVICE FALLS BETWEEN THE FROM DATE OF SERVICE AND THE TO DATE OF SERVICE ON THE INPATIENT, DENY THE OUTPATIENT CLAIM WITH EOB 0590.
	IF THE INPATIENT CLAIM IN RELATED HISTORY INDICATES AN “INTERIM BILL” AND THE OUTPATIENT CLAIM FROM DATE OF SERVICE FALLS BETWEEN THE INPATIENT FROM THE DATE OF SERVICE AND 1 (ONE) DAY AFTER THE TO DATE OF SERVICE, DENY THE OUTPATIENT CLAIM WITH EOB 0590.
	IF THE OUTPATIENT CLAIM IS THE CURRENT CLAIM AND HAS SPAN DATES IN FIELD 6 AND/OR A NUMBER IN FIELD 7 (I.E., FDOS 06/15/97-TDOS 06/19/87 COVERED DAYS 4) DENY THE CLAIM WITH EOB 0490.

2.42 5232 (FORMER LEGACY AUDIT 624)

DMS LAST APPROVED: 04/01/2008		
ESC 5232 (FORMER LEGACY AUDIT 624 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE LIMITED TO ONE PER TOOTH PER DATE OF SERVICE PER PROVIDER	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, UNITS, DOS, TOOTH NUMBER
ESC TYPE: LIMIT	**C/T:**	D, M (PT 22, 31, 35)
IF A PROVIDER BILLS FOR MORE THAN ONE OF THE MONITORED PROCEDURES FOR THE SAME DATE OF SERVICE, THE CLAIM EXCEEDING THE LIMIT WILL FAIL ESC 5232. FORMER LEGACY AUDIT 624 NOTED AGE CRITERIA FOR MONITORED PROCEDURE CODE 02335/D2335 AS 0-99. PROCEDURE CODE D2335, FOR MEMBERS AGE 21-99, IS AUDITED BY ESC 6302.		
ESC CRITERIA:	SAME DATE OF SERVICE SAME MEMBER SAME TOOTH NUMBER SAME PROVIDER	
PROCEDURES MONITORED:	02335/D2335 – MEMBER UNDER AGE 21 02930/D2930 – MEMBER UNDER AGE 21 02931/D2931 – MEMBER UNDER AGE 21 02932/D2932 – MEMBER UNDER AGE 21 D2394 – MEMBER UNDER AGE 21	
ESC EOB:	0624 – CLAIM DENIED. THIS PROCEDURE ALLOWED ONE PER DATE OF SERVICE PER TOOTH PER PROVIDER.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 5232, VERIFY THE MEMBER ID, PROVIDER NUMBER, TOOTH NUMBER, UNITS AND DATE OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	THIS ESC IS SET TO AUTO-DENY.	

2.43 5233 (FORMER LEGACY AUDIT 676)

DMS LAST APPROVED: 12/19/03		
ESC 5233 (FORMER LEGACY AUDIT 676 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE V5090 MUST PRECEED W0030/V5011 BY 150 TO 210 DAYS	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: NEG CONTRA	**C/T:**	M (PT 22, 31, 35, 50, 52, 70, 77)
IF A PROVIDER BILLS FOR PROCEDURE W0030/V5011 WITHOUT PREVIOUSLY BILLING V5090 (DATE OF SERVICE 150 TO 210 DAYS PRIOR TO DATE OF SERVICE FOR W0030/V5011) THE CLAIM BILLING W0030/V5011 WILL FAIL ESC 5233.		
ESC CRITERIA:	SAME MEMBER	
PROCEDURES MONITORED: **RELATED PROCEDURES**	V5011 W0030	V5090
ESC EOB:	0676 – PROCEDURE W0030/V5011 CAN ONLY BE PERFORMED 150 TO 210 DAYS, 5 TO 7 MONTHS AFTER PERFORMING PROCEDURE V5090.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 5233 VERIFY THE MEMBER ID, PROVIDER NUMBER, PROCEDURE CODE, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	THIS ESC IS SET TO AUTO-DENY.	

2.44 5234

2.44.1 5234 (FORMER LEGACY AUDIT 800)

DMS LAST APPROVED: 12/19/03		
ESC 5234 (FORMER LEGACY AUDIT 800 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE CODES X0074 AND X0075 NOT PAYABLE ON SAME DATE OF SERVICE AS X0076.	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	M (PT 33)
IF AN SCL PROVIDER BILLS PROCEDURE CODE X0074 OR X0075 ON THE SAME DATE OF SERVICE AS X0076, CLAIM WILL FAIL ESC 5234.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DETAIL DATE OF SERVICE	
PROCEDURES MONITORED:	X0074 X0075 X0076	
ESC EOB:	0801– CLAIM DENIED. PROCEDURE CODE X0076 NOT PAYABLE ON SAME DATE OF SERVICE AS X0074 OR X0075.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, DATES OF SERVICE, AND PROCEDURE CODE ARE KEYED CORRECTLY. IF NOT, CORRECT THE FIELD IN ERROR.	
	IF CLAIM IS FAILING AGAINST A CURRENT CLAIM, OVERRIDE THE ESC.	
	IN ALL OTHER SITUATIONS, DENY THE CLAIM WITH EOB 0800.	
	ESC END DATED AS OF 10/15/03 FOR HIPAA IMPLEMENTATION	

2.44.2 5234 (FORMER LEGACY AUDIT 801)

DMS LAST APPROVED: 12/19/03		
ESC 5234 (FORMER LEGACY AUDIT 801 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE CODES X0074 AND X0075 NOT PAYABLE ON SAME DATE OF SERVICE AS X0076.	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	M (PT 33)
IF AN SCL PROVIDER BILLS PROCEDURE CODE X0076 ON THE SAME DATE OF SERVICE AS EITHER X0074 OR X0075, CLAIM FAILS ESC 5234.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DETAIL DATE OF SERVICE	
PROCEDURES MONITORED:	X0074	X0075 X0076
ESC EOB:	0801– CLAIM DENIED. PROCEDURE CODE X0076 NOT PAYABLE ON THE SAME DATE OF SERVICE AS X0074 OR X0075.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, DATES OF SERVICE, AND PROCEDURE CODE ARE KEYED CORRECTLY. IF NOT, CORRECT THE FIELD IN ERROR.	
	IN ALL OTHER SITUATIONS, DENY THE CLAIM WITH EOB 0801.	
	NOTE: THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - NON-PAPER CLAIMS	
	ESC END DATED AS OF 10/15/03 FOR HIPAA IMPLEMENTATION	

2.45 5235

DMS LAST APPROVED: 07/01/2007		
ESC 5235	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
REV 580 & PROC S5100 NOT BILLABLE SAME DOS	**CLAIM FIELD LABEL:**	MAID, DOS, PROCEDURE
ESC TYPE: CONTRA	**C/T:**	H (PT 42), M (PT 43)
IF REVENUE CODE 580 AND PROCEDURE CODE S5100 ARE BILLED ON THE SAME MEMBER ON THE SAME DOS, POST THE AUDIT.		
ESC CRITERIA:	SAME MEMBER SAME DATE OF SERVICE BOTH PROC/REV BOTH PROVIDERS	
PROCEDURES MONITORED:	**REVENUE CODES**	**PROCEDURE CODES**
	580	S5100
ESC EOB:	5235 – REV 580 & PROC S5100 NOT BILLABLE SAME DOS	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 5235, VERIFY THE MAID NUMBER, DATE OF SERVICE, AND PROCEDURE/REVENUE CODE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY FOR THE CURRENT CLAIM WITH PROCEDURE CODE S5100 INDICATES REVENUE CODE 580 WAS BILLED FOR THE SAME DOS; OR IF A RELATED HISTORY FOR THE CURRENT CLAIM WITH REVENUE CODE 580 INDICATES PROCEDURE CODE S5100 WAS BILLED FOR THE SAME DOS, DENY THE CURRENT CLAIM WITH EOB 5235.	
	IF RELATED HISTORY DOES NOT INDICATE A CLAIM BILLING EITHER REVENUE CODE 580 OR PROCEDURE CODE S5100 FOR THE SAME DOS, OVERRIDE THE CURRENT CLAIM.	

2.46 5236

2.46.1 5236 (FORMER LEGACY AUDIT 808)

DMS LAST APPROVED: 10/23/96		
ESC 5236 (FORMER LEGACY AUDIT 808 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
MONTHLY DIALYSIS NOT PAYABLE FOR THE SAME DATE OF SERVICE AS DAILY DIALYSIS	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	M (PT 13, 22, 31, 35, 64, 65, 78, 85)
IF A PROVIDER BILLS FOR MONTHLY DIALYSIS PROCEDURES AND A DAILY DIALYSIS PROCEDURE ON THE SAME DATE OF SERVICE, THE DAILY DIALYSIS PROCEDURE WILL FINALLY ESC 5236.		
ESC CRITERIA:	SAME MEMBER NUMBER SAME PROVIDER NUMBER SAME OR OVERLAPPING DATE OF SERVICE	
PROCEDURES MONITORED:	MONTHLY PROCEDURES MONITORED	DAILY PROCEDURES MONITORED
	90918 90919 90920 90921	90922 90923 90924 90925
ESC EOB:	0808 – MONTHLY DIALYSIS NOT PAYABLE FOR THE SAME DATE OF SERVICE AS DAILY.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 5236, VERIFY THE MEMBER ID, PROVIDER NUMBER, PROCEDURE CODE, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF MONTHLY PROCEDURES AND DAILY PROCEDURES ARE BILLED ON THE SAME CLAIM FORM OR SUSPEND CURRENT TO CURRENT, OVERRIDE THE MONTHLY PROCEDURE AND DENY THE DAILY PROCEDURE WITH EOB 5236.	
	IF RELATED HISTORY INDICATES A DAILY PROCEDURE OR MONTHLY PROCEDURE HAS BEEN PAID FOR THE SAME DATE OF SERVICE, DENY THE CURRENT DETAIL WITH EOB 5236.	

2.46.2 5236 (FORMER LEGACY AUDIT 809)

DMS LAST APPROVED: 10/23/96		
ESC 5236 (FORMER LEGACY AUDIT 809 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
MONTHLY DIALYSIS NOT PAYABLE FOR THE SAME DATE OF SERVICE AS DAILY DIALYSIS	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	M (PT 13, 22, 31, 35, 64, 65, 78, 85)
IF A PROVIDER BILLS FOR DAILY DIALYSIS PROCEDURE AND A MONTHLY DIALYSIS PROCEDURE ON THE SAME DATE OF SERVICE, THE MONTHLY DIALYSIS PROCEDURE WILL FAIL ESC 5236.		
ESC CRITERIA:	SAME MEMBER NUMBER SAME PROVIDER NUMBER SAME OR OVERLAPPING DATE OF SERVICE	
PROCEDURES MONITORED:	MONTHLY PROCEDURES MONITORED	DAILY PROCEDURES MONITORED
	90918 90919 90920 90921	90922 90923 90924 90925
ESC EOB:	5236 – MONTHLY DIALYSIS NOT PAYABLE FOR THE SAME DATE OF SERVICE AS DAILY.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 5236, VERIFY THE MEMBER ID, PROVIDER NUMBER, PROCEDURE CODE, AND DATE OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF A DAILY PROCEDURE AND MONTHLY PROCEDURES ARE BILLED ON THE SAME CLAIM FORM OR SUSPEND CURRENT TO CURRENT, OVERRIDE THE MONTHLY PROCEDURES AND DENY THE DAILY PROCEDURE WITH EOB 5236.	
	IF RELATED HISTORY INDICATES A MONTHLY PROCEDURE OR DAILY PROCEDURE HAS BEEN PAID FOR THE SAME DATE OF SERVICE, DENY THE CURRENT DETAIL WITH EOB 5236.	

2.47 5237 (FORMER LEGACY AUDIT NA)

DMS APPROVED 01/21/2010		
ESC 5237 (FORMER LEGACY AUDITS NA) (EFFECTIVE 01/01/2009)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE CODES 93293 AND 93294 NOT ALLOWED ON THE SAME DATE OF SERVICE	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	O (P/T 01)
IF A PROVIDER BILLS PROCEDURE CODES 93293 AND 93294 FOR THE SAME MEMBER AND SAME DATE OF SERVICE, AUDIT 5237 WILL FAIL (CO 12987).		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	93293, 93294	
ESC EOB:	5237 – PROCEDURE CODES 93293 AND 93294 NOT ALLOWED SAME DOS.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, DATE OF SERVICE, AND PROCEDURE CODE ARE KEYED CORRECTLY. IF NOT, DATA CORRECT THE FIELD(S) IN ERROR.	
	IF RELATED HISTORY INDICATES PROCEDURE CODE 93293 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 93294, DENY THE CURRENT CLAIM WITH EOB 5237.	
	IF RELATED HISTORY DOES NOT INDICATE PROCEDURE CODE 93293 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 93294, OVERRIDE THE ESC.	
	IF RELATED HISTORY INDICATES PROCEDURE CODE 93294 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 93293, DENY THE CURRENT CLAIM WITH EOB 5237.	
	IF RELATED HISTORY DOES NOT INDICATE PROCEDURE CODE 93294 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 93293, OVERRIDE THE ESC.	
	IF A PROVIDER BILLS PROCEDURE CODES 93293 AND 93294 ON THE SAME CLAIM FOR THE SAME DATE OF SERVICE, DENY DETAIL FAILING ESC 5237 WITH EOB 5237.	

2.48 5238

2.48.1 5238 (FORMER LEGACY AUDIT 309)

DMS LAST APPROVED: 04/01/96		
ESC 5238 (FORMER LEGACY AUDIT 309 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
ORIGINAL PSYCHIATRIC DIAGNOSTIC EVALUATION NOT PAYABLE ON SAME DATE OF SERVICE AS A REGULAR HOSPITAL ADMISSION	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS, PROCEDURE
ESC TYPE: CONTRA	**C/T:**	M (PT 13, 15, 20, 21, 22, 23, 24, 29, 64, 65, 78, 85)
IF A PROVIDER BILLS FOR PSYCHIATRIC EVALUATION FOR SAME MEMBER, SAME DATE OF SERVICE AS HOSPITAL ADMISSION, THE CLAIMS WILL FAIL ESC 5238.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	**PSYCHIATRIC EVALUATION**	**HOSPITAL ADMISSION**
	90801 90845 90820 90855 90841	90200 99221 90215 99222 90220 99223
ESC EOB:	0369 – ORIGINAL PSYCHIATRIC EVALUATION AND REGULAR HOSPITAL ADMISSION NOT PAYABLE ON SAME DATE OF SERVICE.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 5238, VERIFY MEMBER ID, PROVIDER NUMBER, PROCEDURE CODE, AND DATE OF SERVICE WERE KEYED CORRECTLY. IF DATA HAS BEEN KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY INDICATES A PSYCHIATRIC EVALUATION PROCEDURE HAS BEEN PREVIOUSLY PAID FOR THE SAME MEMBER, SAME PROVIDER, SAME DATES OF SERVICE, DENY THE HOSPITAL ADMISSION WITH EOB 0369.	
	IF RELATED HISTORY DOES NOT INDICATE A PSYCHIATRIC EVALUATION PROCEDURE HAS BEEN PREVIOUSLY PAID, OVERRIDE THE ESC.	

DMS LAST APPROVED: 04/01/96	
	IF A PSYCHIATRIC EVALUATION AND A HOSPITAL ADMISSION PROCEDURE ARE BILLED ON THE SAME CLAIM, OVERRIDE THE DETAIL FOR THE PSYCHIATRIC PROCEDURE AND DENY THE HOSPITAL ADMISSION WITH EOB 0369.

2.48.2 5238 (FORMER LEGACY AUDIT 407)

DMS LAST APPROVED: 04/01/96				
ESC 5238 (FORMER LEGACY AUDIT 407 RELATIONSHIP)	**TYPE OF DOCUMENT:**		ALL EXCEPT MASS ADJUSTMENT	
ORIGINAL PSYCHIATRIC DIAGNOSTIC EVALUATION NOT PAYABLE ON SAME DATE OF SERVICE AS A REGULAR HOSPITAL ADMISSION	**CLAIM FIELD LABEL:**		PROCEDURE, MEMBER ID, PROVIDER, DOS	
ESC TYPE: CONTRA	**C/T:**		M (PT 13, 22, 64, 65. 78. 85)	
IF A PROVIDER BILLS FOR HOSPITAL ADMISSION AND PSYCHIATRIC EVALUATION ON SAME DATE OF SERVICE FOR SAME MEMBER, THE CLAIM BILLING FOR THE PSYCHIATRIC EVALUATION WILL FAIL ESC 5238.				
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE			
PROCEDURES MONITORED:	**HOSPITAL ADMISSION**		**PSYCHIATRIC EVALUATION**	
	90200	99221	90801	90845
	90215	99222	90820	90855
	90220	99223	90841	
ESC EOB:	0369 – ORIGINAL PSYCHIATRIC EVALUATION AND REGULAR HOSPITAL ADMISSION ARE NOT PAYABLE ON SAME DATE OF SERVICE.			
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 5238, VERIFY MEMBER ID, PROVIDER NUMBER, PROCEDURE CODE, AND DATE OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.			
	IF CLAIM IN RELATED HISTORY IS PAID, DENY THE DETAIL WITH EOB 0369.			
	IF FAILING CURRENT TO CURRENT,OVERRIDE THE DETAIL.			

2.49 5239 (FORMER LEGACY AUDIT 313)

DMS LAST APPROVED: 11/22/04		
ESC 5239 (FORMER LEGACY AUDIT 313 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
C-SECTION REIMBURSEMENT INCLUDES FOLLOW-UP HOSPITAL VISIT	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, ADMIT DATE, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	M (PT 13, 15, 20, 21, 22, 23, 24, 29, 64, 65, 78, 85)
IF A PROVIDER BILLS BOTH FOR A C-SECTION AND FOR FOLLOW-UP VISITS WITHIN 14 DAYS, THE CLAIM BILLING FOR THE FOLLOW UP VISIT WILL FAIL ESC 5239.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME ADMISSION (14 DAYS)	
PROCEDURES MONITORED:	**C-SECTION PROCEDURES**	**FOLLOW-UP VISIT PROCEDURE**
	59500 59540 59514 59515 59560 59520 59580	90240-90280 99231-99233 90640-90643 99261-99263 99221-99223 99234-99239
ESC EOB:	0513 – CLAIM DENIED. FOLLOW-UP HOSPITAL VISITS INCLUDED IN REIMBURSEMENT FOR C-SECTION .	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 5239, VERIFY THE PROCEDURE CODE, MEMBER ID, PROVIDER NUMBER ADMIT DATE AND DATE OF SERVICE HAVE BEEN KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY INDICATES ONE OF THE C-SECTION PROCEDURES HAS BEEN PAID WITHIN 14 DAYS OF THE DATE OF SERVICE FOR THE CURRENT CLAIM BILLING A FOLLOW-UP VISIT, DENY THE CURRENT CLAIM/DETAIL WITH EOB 0513.	
	IF RELATED HISTORY DOES NOT INDICATE A C-SECTION PROCEDURE HAS BEEN PAID WITHIN 14 DAYS OF THE CURRENT CLAIM DATE OF SERVICE BILLING A FOLLOW-UP, OVERRIDE THE ESC.	
	IF A PROVIDER BILLS BOTH THE C-SECTION AND A FOLLOW UP WITHIN 14 DAYS ON THE SAME CLAIM, OVERRIDE THE DETAIL BILLING THE C-SECTION AND DENY THE FOLLOW-UP VISIT(S) WITH EOB 0513.	

DMS LAST APPROVED: 11/22/04	
	IF THE FOLLOW-UP VISIT IS FOR A DIAGNOSIS OTHER THAN PREGNANCY, OVERRIDE THE ESC.

2.50 5240 (FORMER LEGACY AUDIT 316)

DMS LAST APPROVED: 02/11/04		
ESC 5240 (FORMER LEGACY AUDIT 316 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE DISALLOWED IF PREVIOUSLY BILLED	**CLAIM FIELD LABEL:**	MEMBER ID, TOOTH NUMBER, PROCEDURE
ESC TYPE: LIMIT	**C/T:**	D (PT 31, 35, 60, 61), M (PT 22, 31, 35)
IF A PROVIDER BILLS FOR EXTRACTION OR EXPOSURE OF A TOOTH NUMBER WHICH HAS BEEN PREVIOUSLY EXTRACTED OR EXPOSED, THE CURRENT DETAIL FOR EXTRACTION OR EXPOSURE WILL FAIL ESC 5240.		
ESC CRITERIA:	SAME MEMBER SAME TOOTH NUMBER	
PROCEDURES MONITORED:	07110 07210 07230 07241 07120 07220 07240 07280 D7210 D7230 D7241 D7220 D7240 D7280	
ESC EOB:	0516 – EXTRACTION OR EXPOSURE OF TOOTH DISALLOWED IF PREVIOUSLY EXTRACTED OR EXPOSED.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 5240, VERIFY MEMBER ID AND TOOTH NUMBER HAVE BEEN KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY INDICATES THE TOOTH NUMBER BILLED ON CURRENT CLAIM HAS BEEN PREVIOUSLY EXTRACTED OR EXPOSED BY THE SAME PROVIDER OR THE SAME CLINIC PROVIDER, DENY THE CURRENT CLAIM/DETAIL WITH EOB 0516.	
	IF RELATED HISTORY INDICATES THE TOOTH NUMBER BILLED ON THE CURRENT CLAIM HAS BEEN PREVIOUSLY EXTRACTED OR EXPOSED BY A DIFFERENT PROVIDER, OVERRIDE THE ESC AND CHANGE EOB FIELD TO 0316.	

2.51 5241

2.51.1 5241 (FORMER LEGACY AUDIT 321)

DMS LAST APPROVED: 04/01/96		
ESC 5241 (FORMER LEGACY AUDIT 321 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURES ARE NOT PAYABLE WITHIN 30 DAYS OF RELATED PROCEDURES	**CLAIM FIELD LABEL:**	MEMBER ID, RENDERING PROVIDER, PROCEDURE
ESC TYPE: CONTRA	**C/T:**	M (PT 15, 20, 21, 22, 23, 24, 29)
IF A PROVIDER BILLS FOR AN EPSDT SCREENING PROCEDURE WITHIN 30 DAYS OF AN EPSDT RELATED PROCEDURE, THE ESDT SCREENING PROCEDURE WILL FAIL ESC 5241.		
ESC CRITERIA:	SAME MEMBER NUMBER SAME RENDERING PROVIDER (NOT CLINIC)	
PROCEDURES MONITORED:	**RELATED PROCEDURE**	**EPSDT SCREENING PROCEDURES**
	WP301-WP343 WP350 WP351 WP353 WP354 WP376 WP377 WP391	WP101 WP102 WP111 WP112 WP113
ESC EOB:	5241 – PROCEDURES ARE NOT PAYABLE WITHIN 30 DAYS OF RELATED PROCEDURES	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 5241, VERIFY MEMBER ID, RENDERING PROVIDER NUMBER, AND PROCEDURE CODE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF HISTORY INDICATES THE EPSDT RELATED PROCEDURE WAS PAID FOR A DATE OF SERVICE PRIOR TO EPSDT SCREENING PROCEDURE OVERRIDE THE EPSDT SCREENING.	
	IF BOTH THE EPSDT SCREENING PROCEDURE AND THE RELATED PROCEDURE ARE BILLED ON THE SAME CLAIM (WITHIN 30 DAYS OF EACH OTHER), OVERRIDE THE EPSDT SCREENING PROCEDURE AND DENY THE RELATED PROCEDURE WITH EOB 5241.	

2.51.2 5241 (FORMER LEGACY AUDIT 322)

DMS LAST APPROVED: 04/01/96		
ESC 5241 (FORMER LEGACY AUDIT 322 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURES ARE NOT PAYABLE WITHIN 30 DAYS OF RELATED PROCEDURES	**CLAIM FIELD LABEL:**	MEMBER ID, RENDERING PROVIDER, PROCEDURE
ESC TYPE: CONTRA	**C/T:**	M (PT 15, 20, 21, 22, 23, 24, 29)
IF A PROVIDER BILLS FOR AN EPSDT RELATED PROCEDURE WITHIN 30 DAYS OF AN EPSDT SCREENING PROCEDURE, THE RELATED PROCEDURE WILL FAIL ESC 5241.		
ESC CRITERIA:	SAME MEMBER NUMBER SAME RENDERING PROVIDER	
PROCEDURES MONITORED:	**EPSDT SCREENING PROCEDURES**	**RELATED PROCEDURE**
	WP101 WP102 WP111 WP112 WP113	WP301-WP343 WP350 WP351 WP353 WP354 WP376 WP377 WP391
ESC EOB:	5241 – PROCEDURES ARE NOT PAYABLE WITHIN 30 DAYS OF RELATED PROCEDURES	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 5241, VERIFY MEMBER ID, RENDERING PROVIDER NUMBER, AND PROCEDURE CODE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF HISTORY INDICATES THE EPSDT SCREENING PROCEDURE WAS PAID FOR A DATE OF SERVICE PRIOR TO THE EPSDT RELATED PROCEDURE, THEN DENY THE EPSDT RELATED PROCEDURE WITH EOB 5241.	
	IF BOTH EPSDT RELATED PROCEDURE AND THE SCREENING PROCEDURE ARE BILLED ON SAME CLAIM (WITHIN 30 DAYS OF EACH OTHER), OVERRIDE THE EPSDT SCREENING PROCEDURES AND DENY EPSDT RELATED PROCEDURE WITH EOB 5241.	

2.52 5242 (FORMER LEGACY AUDIT NA)

DMS APPROVED 01/21/2010		
ESC 5242 (FORMER LEGACY AUDITS NA) (EFFECTIVE 01/01/2009)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE CODES 93291 AND 93288 THRU 93290, 93298 OR 93299 NOT ALLOWED ON THE SAME DATE OF SERVICE	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	O (P/T 01)
IF A PROVIDER BILLS PROCEDURE CODE 93291 AND 93288 THRU 93290, 93298 OR 93299 FOR THE SAME MEMBER AND SAME DATE OF SERVICE, AUDIT 5242 WILL FAIL (CO 12987).		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	93291 AND 93288, 93289, 93290, 93298 OR 93299	
ESC EOB:	5242 – PROCEDURE CODES 93291 AND 93288 THRU 93290, 93298 OR 93299 NOT ALLOWED SAME DOS.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, DATE OF SERVICE, AND PROCEDURE CODE ARE KEYED CORRECTLY. IF NOT, DATA CORRECT THE FIELD(S) IN ERROR.	
	IF RELATED HISTORY INDICATES PROCEDURE CODE 93291 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE(S) 93288 THRU 93290, 93298 OR 93299, DENY THE CURRENT DETAIL(S) WITH EOB 5242.	
	IF RELATED HISTORY DOES NOT INDICATE PROCEDURE CODE 93291 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE(S) 93288 THRU 93290, 93298 OR 93299, OVERRIDE THE ESC.	
	IF RELATED HISTORY INDICATES PROCEDURE CODE(S) 93288 THRU 93290, 93298 OR 93299 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 93291, DENY THE CURRENT CLAIM WITH EOB 5242.	
	IF RELATED HISTORY DOES NOT INDICATE PROCEDURE CODE(S) 93288 THRU 93290, 93298 OR 93299 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 93291, OVERRIDE THE ESC.	

	IF A PROVIDER BILLS PROCEDURE CODES 93291 AND 93288 THRU 93290, 93298 OR 93299 ON THE SAME CLAIM FOR THE SAME DATE OF SERVICE, DENY DETAIL(S) FAILING ESC 5242 WITH EOB 5242.

2.53 5243

2.53.1 5243 (FORMER LEGACY AUDIT 349)

DMS LAST APPROVED: 02/11/04		
ESC 5243 (FORMER LEGACY AUDIT 349 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
09110/D9110 ARE NOT ALLOWED TO A TOOTH EXTRACTED ON THE SAME DATE OF SERVICE	**CLAIM FIELD LABEL:**	PROVIDER, MEMBER ID, TOOTH NUMBER, DOS
ESC TYPE: CONTRA	**C/T:**	D (PT 31, 35, 60, 61), M (PT 22, 31, 35)
IF A PROVIDER BILLS FOR 09110/D9110 EMERGENCY DENTAL SERVIES FOR A TOOTH ON THE SAME DATE OF SERVICE THE TOOTH IS EXTRACTED, THE CLAIM BILLING THE ER 09110/D9110 SERVICES WILL FAIL ESC 5243.		
ESC CRITERIA:	SAME PROVIDER SAME MEMBER SAME TOOTH NUMBER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	**EXTRACTION PROCEDURES**	**EMERGENCY PROCEDURES**
	D7111 07110 D7140 07120 D7210 07210 D7220 07220 D7230 07230 D7240 07240 D7241 07241	D9110 09110
ESC EOB:	0349 - EMERGENCY DENTAL PROCEDURES AND EXTRACTION PROCEDURES NOT PAYABLE ON SAME DATE OF SERVICE.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 5243, VERIFY MEMBER ID, TOOTH NUMBER, PROVIDER NUMBER, DATE OF SERVICE AND PROCEDURE CODE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY INDICATES EXTRACTION PROCEDURES HAVE BEEN PAID FOR THE SAME TOOTH NUMBER ON THE SAME DATE OF SERVICE AS ER PROCEDURE 09110/D9110, DENY THE CURRENT CLAIM DETAIL WITH EOB 0349.	

DMS LAST APPROVED: 02/11/04	
	IF RELATED HISTORY DOES NOT INDICATE PROCEDURE 09110/D9110 IS BEING BILLED FOR A TOOTH NUMBER EXTRACTED ON THE SAME DATE OF SERVICE, OVERRIDE THE ESC.
	IF PROCEDURE 09110/D9110 AND AN EXTRACTION PROCEDURE ARE BILLED FOR THE SAME TOOTH ON THE SAME CLAIM FOR THE SAME DATE OF SERVICE, OVERRIDE THE DETAIL WITH HIGHEST ALLOWABLE CHARGE AND DENY THE OTHER DETAIL WITH EOB 0349.

2.53.2 5243 (FORMER LEGACY AUDIT 350)

DMS APPROVED 2/11/2004			
ESC 5243 (FORMER LEGACY AUDIT 350 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT	
09110/D9110 ARE NOT ALLOWED TO TOOTH EXTRACTIONS ON THE SAME DATE OF SERVICE	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS, TOOTH NUMBER	
ESC TYPE: CONTRA	**C/T:**	D (PT 31, 35, 60, 61), M (PT 22, 31, 35)	
IF A PROVIDER BILLS FOR EXTRACTION PROCEDURE FOR THE SAME DATE OF SERVICE, SAME TOOTH AS DENTAL EMERGENCY 09110/D9110, THE CLAIM BILLING EXTRACTIONS WILL FAIL ESC 5243.			
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE SAME TOOTH NUMBER		
PROCEDURES MONITORED:	**EMERGENCY PROCEDURES**	**EXTRACTION PROCEDURES**	
	D9110 09110	D7111 D7140 D7210 D7220 D7230 D7240 D7241	07110 07120 07210 07220 07230 07240-07241
ESC EOB:	0349 - EMERGENCY DENTAL PROCEDURES AND EXTRACTION PROCEDURES NOT PAYABLE ON SAME DATE OF SERVICE.		
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 5243, VERIFY THE PROCEDURE CODE, MEMBER ID, PROVIDER NUMBER, DATE OF SERVICE, AND TOOTH NUMBER HAVE BEEN KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.		
	IF RELATED HISTORY INDICATES EMERGENCY DENTAL SERVICE PROCEDURE 09110/D9110 HAS BEEN PAID FOR THE SAME TOOTH, SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING EXTRACTION PROCEDURES, DENY THE CURRENT CLAIM/DETAIL WITH EOB 0349.		

	IF RELATED HISTORY DOES NOT INDICATE A PAID CLAIM FOR PROCEDURE 09110/D9110 FOR SAME DATE OF SERVICE, SAME TOOTH AS CURRENT CLAIM/DETAIL FOR EXTRACTION, OVERRIDE THE ESC.
	IF PROCEDURE 09110/D9110 EXTRACTION PROCEDURES ARE BILLED ON THE SAME CLAIM FOR THE SAME TOOTH, SAME DATE OF SERVICE, OVERRIDE THE DETAIL WITH THE HIGHEST ALLOWABLE AMOUNT AND DENY THE OTHER DETAIL(S) WITH EOB 0349.

2.54 5244 (FORMER LEGACY AUDIT NA)

DMS APPROVED 01/21/2010		
ESC 5244 (FORMER LEGACY AUDITS NA) (EFFECTIVE 01/01/2009)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE CODES 93296 AND 93299 NOT ALLOWED ON THE SAME DATE OF SERVICE	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	O (P/T 01)
IF A PROVIDER BILLS PROCEDURE CODES 93296 AND 93299 FOR THE SAME MEMBER AND SAME DATE OF SERVICE, AUDIT 5244 WILL FAIL (CO 12987).		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	93296, 93299	
ESC EOB:	5244 – PROCEDURE CODES 93296 AND 93299 NOT ALLOWED SAME DOS.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, DATE OF SERVICE, AND PROCEDURE CODE ARE KEYED CORRECTLY. IF NOT, DATA CORRECT THE FIELD(S) IN ERROR.	
	IF RELATED HISTORY INDICATES PROCEDURE CODE 93296 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 93299, DENY THE CURRENT CLAIM WITH EOB 5244.	
	IF RELATED HISTORY DOES NOT INDICATE PROCEDURE CODE 93296 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 93299, OVERRIDE THE ESC.	
	IF RELATED HISTORY INDICATES PROCEDURE CODE 93299 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 93296, DENY THE CURRENT CLAIM WITH EOB 5244.	
	IF RELATED HISTORY DOES NOT INDICATE PROCEDURE CODE 93299 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 93296, OVERRIDE THE ESC.	
	IF A PROVIDER BILLS PROCEDURE CODES 93296 AND 93299 ON THE SAME CLAIM FOR THE SAME DATE OF SERVICE, DENY DETAIL FAILING ESC 5244 WITH EOB 5244.	

2.55 5245

2.55.1 5245 (FORMER LEGACY AUDIT 364)

DMS LAST APPROVED: 02/11/04		
ESC 5245 (FORMER LEGACY AUDIT 364 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENTS
TOOTH EXTRACTION NOT PAYABLE ON SAME DATE OF SERVICE AS ROOT REMOVAL	**CLAIM FIELD LABEL:**	PROCEDURE, MEMBER ID, PROVIDER, DOS, TOOTH
ESC TYPE: CONTRA	**C/T:**	D (PT 31, 35, 60, 61), M (PT 22, 31, 35)
IF A PROVIDER BILLS FOR A TOOTH EXTRACTION AND A ROOT REMOVAL FOR THE SAME DATE OF SERVICE, THE CLAIM/DETAIL FOR THE ROOT REMOVAL WILL FAIL ESC 5245.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE SAME TOOTH NUMBER	
PROCEDURES MONITORED:	**EXTRACTION PROCEDURES**	**ROOT REMOVAL**
	D7111 07110 D7210 07120 D7230 07210 D7241 07220 D7140 07230 D7220 07240 D7240 07241 D7999	D7250 07130 07250
ESC EOB:	0363 - ROOT REMOVAL NOT PAYABLE ON SAME DATE OF SERVICE AS THE TOOTH EXTRACTION.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM/DETAIL FAILS ESC 5245, VERIFY THE MEMBER ID, PROCEDURE CODE, PROVIDER NUMBER, DATE OF SERVICE, AND TOOTH NUMBER HAVE BEEN KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY INDICATES AN EXTRACTION WAS PAID PRIOR TO BILLING, FOR THE SAME TOOTH, SAME MEMBER, SAME DATE OF SERVICE, AND SAME PROVIDER, DENY THE ROOT REMOVAL WITH EOB 0363.	

	IF AN EXTRACTION PROCEDURE AND ROOT REMOVAL ARE BILLED ON SAME CLAIM FOR THE SAME MEMBER, SAME PROVIDER, SAME DATE OF SERVICE, AND SAME TOOTH NUMBER, OVERRIDE THE EXTRACTION AND DENY THE ROOT REMOVAL WITH EOB 0363.
	IF RELATED HISTORY DOES NOT INDICATE PRIOR PAYMENT FOR TOOTH EXTRACTION OR ROOT REMOVAL, OVERRIDE THE EXTRACTION PROCEDURE.

2.55.2 5245 (FORMER LEGACY AUDIT 365)

DMS APPROVED 4/1/`1996		
ESC 5245 (FORMER LEGACY AUDIT 365 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENTS
TOOTH EXTRACTION NOT PAYABLE ON SAME DATE OF SERVICE AS ROOT REMOVAL	**CLAIM FIELD LABEL:**	PROCEDURE, MEMBER ID, PROVIDER, DOS, TOOTH NUMBER
ESC TYPE: CONTRA	**C/T:**	D (PT 31, 35, 60, 61), M (PT 22, 31, 35)
IF A PROVIDER BILLS FOR A ROOT REMOVAL AND A TOOTH EXTRACTION FOR THE SAME DATE OF SERVICE, THE CLAIM/DETAIL FOR THE EXTRACTION WILL FAIL ESC 5245.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE SAME TOOTH NUMBER	
PROCEDURES MONITORED:	**ROOT REMOVAL**	**EXTRACTION PROCEDURES**
	D7250 07130 07250	D7111 D7220 D7240 D7140 D7210 D7230 D7241 07110 07120 07210 07220 07230 07240 07241
ESC EOB:	0363 - ROOT REMOVAL NOT PAYABLE ON SAME DATE OF SERVICE AS THE TOOTH EXTRACTION.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM/DETAIL FAILS ESC 5245, VERIFY THE MEMBER ID, PROCEDURE CODE, PROVIDER NUMBER, DATE OF SERVICE, AND TOOTH NUMBER HAVE BEEN KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY INDICATES A ROOT REMOVAL WAS PAID FOR THE SAME TOOTH, SAME MEMBER, SAME DATE OF SERVICE, AND SAME PROVIDER, DENY THE EXTRACTION PROCEDURE WITH EOB 0363.	

	IF ROOT REMOVAL AND AN EXTRACTION PROCEDURE ARE BILLED ON SAME CLAIM FOR THE SAME MEMBER, SAME PROVIDER, SAME DATE OF SERVICE, AND SAME TOOTH NUMBER, OVERRIDE THE EXTRACTION PROCEDURE AND DENY THE ROOT REMOVAL.
	IF RELATED HISTORY DOES NOT INDICATE PAYMENT FOR ROOT REMOVAL OR AN EXTRACTION PROCEDURE FOR SAME DOS, SAME TOOTH, SAME MEMBER, AND SAME PROVIDER, DENY THE ROOT REMOVAL WITH EOB 0363.

2.56 5246 (FORMER LEGACY AUDIT NA)

DMS APPROVED 01/21/2010		
ESC 5246 (FORMER LEGACY AUDITS NA) (EFFECTIVE 01/01/2009)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE CODES 93282 OR 93292 AND 93745 NOT ALLOWED ON THE SAME DATE OF SERVICE	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	O (P/T 01)
IF A PROVIDER BILLS PROCEDURE CODES 93282 OR 93292 AND 93745 FOR THE SAME MEMBER AND SAME DATE OF SERVICE, AUDIT 5246 WILL FAIL (CO 12987).		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	93282 OR 93292 AND 93745	
ESC EOB:	5246 – PROCEDURE CODES 93282 OR 93292 AND 93745 NOT ALLOWED SAME DOS.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, DATE OF SERVICE, AND PROCEDURE CODE ARE KEYED CORRECTLY. IF NOT, DATA CORRECT THE FIELD(S) IN ERROR.	
	IF RELATED HISTORY INDICATES PROCEDURE CODE 93282 OR 93292 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 93745, DENY THE CURRENT CLAIM WITH EOB 5246.	
	IF RELATED HISTORY DOES NOT INDICATE PROCEDURE CODE 93282 OR 93292 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 93745, OVERRIDE THE ESC.	
	IF RELATED HISTORY INDICATES PROCEDURE CODE 93745 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 93282 OR 93292, DENY THE CURRENT CLAIM WITH EOB 5246.	
	IF RELATED HISTORY DOES NOT INDICATE PROCEDURE CODE 93745 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 93282 OR 93292, OVERRIDE THE ESC.	
	IF A PROVIDER BILLS PROCEDURE CODES 93282 OR 93292 AND 93745 ON THE SAME CLAIM FOR THE SAME DATE OF SERVICE, DENY DETAIL FAILING ESC 5246 WITH EOB 5246.	

2.57 5247 (FORMER LEGACY AUDIT 383)

DMS LAST APPROVED: 01/03/97		
ESC 5247 (FORMER LEGACY AUDIT 383 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
THESE TWO SETS OF PROCEDURES NOT PAYABLE ON SAME OF DOS	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS, PROCEDURE
ESC TYPE: CONTRA	**C/T:**	M (PT 13, 15, 20, 21, 22, 23, 24, 29, 31, 35, 64, 65, 78, 85)
IF A PROVIDER BILLS FOR ABDOMINAL SURGERY AND CERTAIN INCIDENTAL PROCEDURES FOR THE SAME DATE OF SERVICE, THE CLAIM/DETAIL BILLING THE ABDOMINAL SURGERY WILL FAIL ESC 5247.		
ESC CRITERIA:	SAME MEMBER NUMBER SAME PROVIDER NUMBER SAME DATE OF SERVICE	

PROCEDURES MONITORED:	**INCIDENTAL PROCEDURES**		**ABDOMINAL SURGERIES**	
	44005	49020	43500 THRU 44000	49040 THRU 49250
	44950	49255	44010 THRU 44900	49300 THRU 49999
	44955	58805	44960 THRU 48999	
	49000	58822	49002 THRU 49010	

ESC EOB:	0383 – CERTAIN INCIDENTAL SURGERIES ARE NOT REIMBURSABLE FOR SAME DATE OF SERVICE AS ABDOMINAL SURGERY.
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 5247, VERIFY THE MEMBER ID, PROVIDER NUMBER, PROCEDURE CODE, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR .
	IF BOTH ABDOMINAL SURGERY AND INCIDENTAL PROCEDURES ARE BILLED ON THE SAME CLAIM OR SUSPEND CURRENT TO CURRENT, OVERRIDE THE DETAIL FOR ABDOMINAL SURGERY AND DENY THE INCIDENTAL PROCEDURE WITH EOB 0383.
	IF RELATED HISTORY INDICATES ONE OF THE INCIDENTAL PROCEDURES HAS BEEN PREVIOUSLY PAID FOR THE SAME DATE OF SERVICE, DENY THE CURRENT CLAIM BILLING THE ABDOMINAL SURGERY WITH EOB 0383.

2.58 5248

2.58.1 5248 (FORMER LEGACY AUDIT 387)

DMS LAST APPROVED: 04/01/96		
ESC 5248 (FORMER LEGACY AUDIT 387 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
THESE TWO SETS OF PROCEDURES NOT PAYABLE ON SAME OF DOS	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS, PROCEDURE
ESC TYPE: CONTRA	**C/T:**	M (PT 13, 15, 20, 21, 22, 23, 24, 29, 64, 65, 78, 85)
IF A PROVIDER BILLS FOR A PELVIC SURGERY AND CERTAIN INCIDENTAL SURGERIES FOR THE SAME DATE OF SERVICE, THE CLAIM/DETAIL BILLING INCIDENTAL SURGERY WILL FAIL ESC 5248.		
ESC CRITERIA:	SAME MEMBER NUMBER SAME PROVIDER NUMBER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	**PELVIC SURGERY**	**INCIDENTAL SURGERY**
	58150 – 58152 58180 – 58200 58205 58210	44005 58900 58740 58920 58800 58925 58805 58222 58945
ESC EOB:	0387 – CERTAIN INCIDENTAL SURGERIES AND PELVIC SURGERY ARE NOT REIMBURSABLE FOR THE SAME DATE OF SERVICE.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 5248, VERIFY MEMBER ID, PROVIDER NUMBER, PROCEDURE CODE, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF BOTH PELVIC AND INCIDENTAL SURGERIES ARE BILLED ON THE SAME CLAIM OR SUSPEND CURRENT TO CURRENT, OVERRIDE THE PELVIC SURGERY PROCEDURE AND DENY THE INCIDENTAL SURGERY PROCEDURE.	
	IF RELATED HISTORY INDICATES ONE OF THE PELVIC SURGERY PROCEDURES HAS BEEN PREVIOUSLY PAID FOR THE SAME DATE OF SERVICE, DENY THE CURRENT DETAIL WITH EOB 0387.	

2.58.2 5248 (FORMER LEGACY AUDIT 388)

DMS LAST APPROVED: 04/01/96		
ESC 5248 (FORMER LEGACY AUDIT 388 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
THESE TWO SETS OF PROCEDURES NOT PAYABLE ON SAME OF DOS	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS, PROCEDURE
ESC TYPE: CONTRA	**C/T:**	M (PT 13, 15, 20, 21, 22, 23, 24, 29, 31, 35, 64, 65, 78, 85)
IF A PROVIDER BILLS FOR CERTAIN INCIDENTAL SURGERIES FOR THE SAME DATE OF SERVICE AS A PELVIC SURGERY, THE CLAIM/DETAIL BILLING THE PELVIC SURGERY WILL FAIL ESC 5248.		
ESC CRITERIA:	SAME MEMBER NUMBER SAME PROVIDER NUMBER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	**INCIDENTAL SURGERY**	**PELVIC SURGERY**
	44005 58900 58740 58920 58800 58925 58805 58945 58822	58150 – 58152 58180 – 58200 58205 58210
ESC EOB:	0387 – CERTAIN INCIDENTAL SURGERIES AND PELVIC SURGERY ARE NOT REIMBURSABLE FOR THE SAME DATE OF SERVICE.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 5248, VERIFY THE MEMBER ID, PROVIDER NUMBER, PROCEDURE CODE, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF BOTH INCIDENTAL AND PELVIC SURGERIES ARE BILLED ON THE SAME CLAIM OR SUSPEND CURRENT TO CURRENT, OVERRIDE THE PELVIC SURGERY AND DENY THE DETAIL FOR THE INCIDENTAL SURGERY WITH EOB 0387.	
	IF RELATED HISTORY INDICATES ONE OF THE INCIDENTAL SURGERY PROCEDURES HAS BEEN PREVIOUSLY PAID FOR THE SAME DATE OF SERVICE, DENY THE CURRENT DETAIL WITH EOB 0387.	

2.59 5249 (FORMER LEGACY AUDIT NA)

DMS APPROVED 01/21/2010		
ESC 5249 (FORMER LEGACY AUDITS NA) (EFFECTIVE 01/01/2009)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE CODES 93285 OR 93291 AND 33282 NOT ALLOWED ON THE SAME DATE OF SERVICE	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	O (P/T 01)
IF A PROVIDER BILLS PROCEDURE CODES 93285 OR 93291 AND 33282 FOR THE SAME MEMBER AND SAME DATE OF SERVICE, AUDIT 5249 WILL FAIL (CO 12987).		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	93285 OR 93291 AND 33282	
ESC EOB:	5249 – PROCEDURE CODES 93285 OR 93291 AND 33282 NOT ALLOWED SAME DOS.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, DATE OF SERVICE, AND PROCEDURE CODE ARE KEYED CORRECTLY. IF NOT, DATA CORRECT THE FIELD(S) IN ERROR.	
	IF RELATED HISTORY INDICATES PROCEDURE CODE 93285 OR 93291 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 33282, DENY THE CURRENT CLAIM WITH EOB 5249.	
	IF RELATED HISTORY DOES NOT INDICATE PROCEDURE CODE 93285 OR 93291 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 33282, OVERRIDE THE ESC.	
	IF RELATED HISTORY INDICATES PROCEDURE CODE 33282 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 93285 OR 93291, DENY THE CURRENT CLAIM WITH EOB 5249.	
	IF RELATED HISTORY DOES NOT INDICATE PROCEDURE CODE 33282 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 93285 OR 93291, OVERRIDE THE ESC.	
	IF A PROVIDER BILLS PROCEDURE CODES 93285 OR 93291 AND 33282 ON THE SAME CLAIM FOR THE SAME DATE OF SERVICE, DENY DETAIL FAILING ESC 5249 WITH EOB 5249.	

2.60 5251

2.60.1 5251 (FORMER LEGACY AUDIT 442)

DMS LAST APPROVED: 12/19/03		
ESC 5251 (FORMER LEGACY AUDIT 442 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE IS NOT PAYABLE ON THE SAME DATE OF SERVICE AS PROCEDURE CODES 99244 AND 99245	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, PROVIDER, DOS, UNITS
ESC TYPE: CONTRA	**C/T:**	M (PT23)
IF A TITLE V/DSS PROVIDER BILLS PROCEDURE CODE X0050/90804, X0051/90853, X0058/90887, X0060/H2012, XH100/90887 OR X0086/H2019. ON THE SAME DATE OF SERVICE AS 99244 OR 99245 CLAIM WILL FAIL 5251.		
ESC CRITERIA:	SAME MEMBER NUMBER SAME PROVIDER NUMBER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	OFFICE CONSULTATION 99244 99245	MONITORED PROCEDURES X0060 H2012 X0050 90804 X0051 90853 X0058 H2019 XH100 90887 X0086 T1023
ESC EOB:	0442 – CLAIM/DETAIL DENIED. THIS PROCEDURE CODE IS NOT PAYABLE ON THE SAME DATE OF SERVICE AS PROCEDURE CODES 99244 AND 99245.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, PROCEDURE CODE, DATES OF SERVICE AND UNITS WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF THE CLAIM WAS KEYED CORRECTLY, DENY THE DETAIL WITH EOB CODE 0442.	

2.60.2 5251 (FORMER LEGACY AUDIT 443)

DMS LAST APPROVED: 12/19/03		
ESC 5251 (FORMER LEGACY AUDIT 443 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE IS NOT PAYABLE ON THE SAME DATE OF SERVICE AS PROCEDURE CODES 99244 AND 99245	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, PROVIDER, DOS, UNITS
ESC TYPE: CONTRA	**C/T:**	M (PT23)
IF A TITLE V/DSS PROVIDER BILLS PROCEDURE CODE 99244 OR 99245 ON THE SAME DATE OF SERVICES AS X0050/90804, X0051/90853, X0058/90887, X0060/H2012, XH100/90887 OR X0086/H2019 CLAIM WILL FAIL ESC 5251.		
ESC CRITERIA:	SAME MEMBER NUMBER SAME PROVIDER NUMBER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	MONITORED PROCEDURES X0060 H2021 X0050 90804 X0051 90853 X0058 90887 XH100 T1023 X0086 H2019	OFFICE CONSULTATION 99244 99245
ESC EOB:	0443 – CLAIM/DETAIL DENIED. THIS PROCEDURE CODE IS NOT PAYABLE ON THE SAME DATE OF SERVICE AS PROCEDURE CODES 99244 AND 99245.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, PROCEDURE CODE, DATES OF SERVICE AND UNITS WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF THE CLAIM WAS KEYED CORRECTLY, DENY THE DETAIL WITH EOB CODE 0442.	

2.61 5253

2.61.1 5253 (FORMER LEGACY AUDIT 537)

DMS LAST APPROVED: 01/03/97		
ESC 5253 (FORMER LEGACY AUDIT 537 MISCELLANEOUS)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE BILLED TOGETHER NOT PAYABLE ON THE SAME DOS	**CLAIM FIELD LABEL:**	PROCEDURE, DOS, MEMBER ID, PROVIDER
ESC TYPE: CONTRA	**C/T:**	M (PT 13, 15, 20, 21, 22, 23, 24, 29, 31, 35, 64, 65, 78, 85)

IF PROVIDER BILLS ONE OF THE PROCEDURE CODES IN COLUMN B FOR THE SAME MEMBER, SAME OR OVERLAPPING DATE OF SERVICE AS THE CORRESPONDING CODE IN COLUMN A, THE DETAIL WILL FAIL ESC 5253.

OR

IF A PROVIDER BILLS ONE OF THE PROCEDURE CODES IN COLUMN A FOR THE SAME MEMBER, SAME OR OVERLAPPING DATES OF SERVICE AS THE CORRESPONDING CODE IN COLUMN B, THE DETAIL WILL FAIL ESC 5253.

ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME OR OVERLAPPING DETAIL DOS		
PROCEDURES MONITORED:	**A**		**B**
	82800	NOT PAYABLE WITH	82802
	82800	NOT PAYABLE WITH	82803
	82800	NOT PAYABLE WITH	82817
	82801	NOT PAYABLE WITH	82802
	82801	NOT PAYABLE WITH	82803
	82801	NOT PAYABLE WITH	82817
	82802	NOT PAYABLE WITH	82803
	82802	NOT PAYABLE WITH	82817
	82803	NOT PAYABLE WITH	82804
	82803	NOT PAYABLE WITH	82812
	82803	NOT PAYABLE WITH	82817
	82804	NOT PAYABLE WITH	82812
	93005	NOT PAYABLE WITH	93010

	93041	NOT PAYABLE WITH	93042
	93201	NOT PAYABLE WITH	93202
	93201	NOT PAYABLE WITH	93204
	93208	NOT PAYABLE WITH	93209
	93221	NOT PAYABLE WITH	93222
	93236	NOT PAYABLE WITH	93237
	93313	NOT PAYABLE WITH	93314
	93721	NOT PAYABLE WITH	93722
	95040	NOT PAYABLE WITH	95041
	95040	NOT PAYABLE WITH	95042
	95040	NOT PAYABLE WITH	95043
	95041	NOT PAYABLE WITH	95042
	95041	NOT PAYABLE WITH	95043
	95042	NOT PAYABLE WITH	95043
	95050	NOT PAYABLE WITH	95051
	99050	NOT PAYABLE WITH	99281
	99050	NOT PAYABLE WITH	99282
	99050	NOT PAYABLE WITH	99283
	99050	NOT PAYABLE WITH	99284
	99050	NOT PAYABLE WITH	99285
	99150	NOT PAYABLE WITH	99151
ESC EOB:	0537 – CLAIM/DETAIL DENIED. THIS PROCEDURE SHALL NOT BE PAID SEPARATELY WHEN THE GLOBAL SERVICE HAS BEEN REPORTED. CONTACT THE DEPARTMENT FOR MEDICAID SERVICES FOR CLARIFICATION.		
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROCEDURE CODE, PROVIDER NUMBER, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, DATA CORRECT EACH FIELD IN ERROR. IF DATA IS KEYED CORRECTLY, DENY THE ESC WITH EOB 0537.		
	NOTE: FOR CURRENT TO CURRENT FAILURES **BOTH** DETAILS SHOULD BE DENIED WITH EOB 0537.		
	NOTE: THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT-NON-PAPER CLAIMS.		

2.61.2 5253 (FORMER LEGACY AUDIT 537)

DMS LAST APPROVED: 01/03/97		
ESC 5253 (FORMER LEGACY AUDIT 537) MISCELLANEOUS AUDIT	**CLAIM TYPE:**	M
PROC BILLED TOGETHER NOT PAYABLE ON SAME DOS THESE PROCEDURE CODES ARE NOT PAYABLE IF BILLED TOGETHER ON THE SAME DOS, SAME MEMBER, SAME PROVIDER	**PROVIDER TYPE:**	13, 15, 20, 21, 22, 23, 24, 29, 31, 35, 64, 65, 78, 85
	TYPE OF DOCUMENT:	ALL EXCEPT MASS ADJUSTMENT
	FIELD NAME:	PROCEDURE, DOS, MAID, PROVIDER

IF PROVIDER BILLS ONE OF THE PROCEDURE CODES IN COLUMN B FOR THE SAME MEMBER, SAME OR OVERLAPPING DATE OF SERVICE AS THE CORRESPONDING CODE IN COLUMN A, THE DETAIL WILL FAIL ESC 5253.

OR

IF A PROVIDER BILLS ONE OF THE PROCEDURE CODES IN COLUMN A FOR THE SAME MEMBER, SAME OR OVERLAPPING DATES OF SERVICE AS THE CORRESPONDING CODE IN COLUMN B, THE DETAIL WILL FAIL ESC 5253.

ESC CRITERIA:	Same Member Same Provider SAME OR OVERLAPPING DETAIL DOS		
PROCEDURES MONITORED:	**A**		**B**
	82800	Not Payable With	82802
	82800	Not Payable With	82803
	82800	Not Payable With	82817
	82801	Not Payable With	82802
	82801	Not Payable With	82803
	82801	Not Payable With	82817
	82802	Not Payable With	82803
	82802	Not Payable With	82817
	82803	Not Payable With	82804
	82803	Not Payable With	82812
	82803	Not Payable With	82817

DMS LAST APPROVED: 01/03/97			
	82804	Not Payable With	82812
	93005	Not Payable With	93010
	93041	Not Payable With	93042
	93201	Not Payable With	93202
	93201	Not Payable With	93204
	93208	Not Payable With	93209
	93221	Not Payable With	93222
	93236	Not Payable With	93237
	93313	Not Payable With	93314
	93721	Not Payable With	93722
	95040	Not Payable With	95041
	95040	Not Payable With	95042
	95040	Not Payable With	95043
	95041	Not Payable With	95042
	95041	Not Payable With	95043
	95042	Not Payable With	95043
	95050	Not Payable With	95051
	99050	Not Payable With	99281
	99050	Not Payable With	99282
	99050	Not Payable With	99283
	99050	Not Payable With	99284
	99050	Not Payable With	99285
	99150	Not Payable With	99151
AUDIT EOB:	0537 – CLAIM/DETAIL DENIED. THIS PROCEDURE SHALL NOT BE PAID SEPARATELY WHEN THE GLOBAL SERVICE HAS BEEN REPORTED. CONTACT THE DEPARTMENT FOR MEDICAID SERVICES FOR CLARIFICATION.		
PROCESSING INSTRUCTIONS:	VERIFY THE MAID, PROCEDURE CODE, PROVIDER NUMBER, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, DATA CORRECT EACH FIELD IN ERROR. IF DATA IS KEYED CORRECTLY, DENY THE AUDIT.		
	NOTE: FOR CURRENT TO CURRENT FAILURES **BOTH** DETAILS SHOULD BE DENIED.		

DMS LAST APPROVED: 01/03/97	
	NOTE: THIS AUDIT IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT-ELECTRONIC CLAIMS.

2.62 5254

2.62.1 5254 (FORMER LEGACY AUDIT 556)

DMS APPROVED 8/5/1998		
ESC 5254 (FORMER LEGACY 556 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENTS
MEMBER MUST BE AN INPATIENT IN THE NURSING HOME FOR SERVICES	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS, TOB
ESC TYPE: CONTRA	**C/T:**	A (PT 12)
THERE MUST BE A PAID CLAIM FOR CLAIM TYPE 'L' FOR THE SAME DATES OF SERVICE WITH A REVENUE CODE OF 110, 120, 130, 140, 150 OR 160 FOR THE CLAIM TYPE 'A' WITH TYPE OF BILL 821, 822, 823 OR 824 TO PAY. IF A NURSING FACILITY PROVIDES SERVICES TO A MEMBER ON AN OUTPATIENT BASIS, THE CLAIM WILL FAIL ESC 5254		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATES OF SERVICE	
PROCEDURES MONITORED:		
ESC EOB:	0556 – CLAIM/DETAIL DENIED. MEMBER MUST BE AN INPATIENT IN THE NURSING FACILITY.	
PROCESSING INSTRUCTIONS:	1. VERIFY MEMBER ID NUMBER, PROVIDER NUMBER, DATES OF SERVICE, AND TOB WERE KEYED CORRECTLY. IF NOT, CORRECT THE FIELD(S) IN ERROR.	
	2. IF DATA WAS KEYED CORRECTLY, DENY THE CLAIM WITH EOB 0556.	
	NOTE: THIS ESC IS SET TO AUTO -DENY FOR TYPE OF DOCUMENT NON-PAPER CLAIMS	

2.62.2 5254 (FORMER LEGACY AUDIT 556)

DMS APPROVED 8/5/1998		
ESC 5254 (FORMER LEGACY 556 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENTS
MEMBER MUST BE AN INPATIENT IN THE NURSING HOME FOR SERVICES	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS, TOB
ESC TYPE: CONTRA	**C/T:**	A (PT 12)
THERE MUST BE A PAID CLAIM FOR CLAIM TYPE 'L' FOR THE SAME DATES OF SERVICE WITH A REVENUE CODE OF 110, 120, 130, 140, 150 OR 160 FOR THE CLAIM TYPE 'A' WITH TYPE OF BILL 821, 822, 823 OR 824 TO PAY. IF A NURSING FACILITY PROVIDES SERVICES TO A MEMBER ON AN OUTPATIENT BASIS, THE CLAIM WILL FAIL ESC 5254		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATES OF SERVICE	
PROCEDURES MONITORED:		
ESC EOB:	0556 – CLAIM/DETAIL DENIED. MEMBER MUST BE AN INPATIENT IN THE NURSING FACILITY.	
PROCESSING INSTRUCTIONS:	3. VERIFY MEMBER ID NUMBER, PROVIDER NUMBER, DATES OF SERVICE, AND TOB WERE KEYED CORRECTLY. IF NOT, CORRECT THE FIELD(S) IN ERROR.	
	4. IF DATA WAS KEYED CORRECTLY, DENY THE CLAIM WITH EOB 0556.	
	NOTE: THIS ESC IS SET TO AUTO -DENY FOR TYPE OF DOCUMENT NON-PAPER CLAIMS	

2.63 5255 (FORMER LEGACY AUDIT 593)

DMS LAST APPROVED: 12/19/03		
ESC 5255 (FORMER LEGACY AUDIT 593 MISCELLANEOUS)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE MUST BE BILLED IN CONJUNCTION WITH OTHER PROCEDURE CODES	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE
ESC TYPE: NEG CONTRA	**C/T:**	M (PT 30)
IF PROCEDURE CODES WB506, WB520, WB601 AND 90887(UD) IF A CLAIM FOR THE SAME MEMBER WITH A PROCEDURE CODE OF WB505, WB516, WB526/90862(UD), WB507, WB521, WB602/90804(UD), WB508, WB522, WB603/90853(UD), WB509, WB523, WB604/90847(UD) AND A DATE OF SERVICE WITHIN 30 DAYS (OF THE WB506, WB520, WB601 OR 90887(UD) DATE) HAS NOT BEEN PAID OR IS NOT BILLED ON THE SAME CLAIM FORM, CLAIM FAILS ESC 5255.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER	
PROCEDURES MONITORED:	90887 IF BILLED WITH MODIFIER UD	WB506 WB520 WB601
ESC EOB:	0593 – CLAIM DENIED. THIS PROCEDURE IS NOT PAYABLE UNLESS BILLED IN CONJUNCTION WITH WB505, WB516, WB526/90862(UD), WB507, WB521, WB602/9804(UD), WB508, WB522, WB603/90853(UD), WB509, WB523, OR WB604/90847(UD)	
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.	
	IF THE DATA IS KEYED CORRECTLY, DENY THE CLAIM WITH EOB 0593.	

2.64 5256 (FORMER LEGACY AUDIT 597)

DMS LAST APPROVED: 12/19/03			
ESC 5256 (FORMER LEGACY AUDIT 597 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT	
PROCEDURE NOT PAYABLE AFTER DATE OF DELIVERY	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, MODIFIER, DOS	
ESC TYPE: CONTRA	**C/T:**	M (PT 15)	
IF HANDS PROCEDURE CODES BILLED WITH MODIFIER "PE" OR "HD' FOR DATES OF SERVICE AFTER A DELIVERY, CLAIM FAILS ESC 5256.			
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER DATE OF SERVICE AFTER DATE OF DELIVERY MODIFIER = PE OR HD		
PROCEDURES MONITORED:	HANDS PROCEDURE CODES		DELIVERY PROCEDURE CODES
	T1023 S9444 S9445	XH100 99347 99348	59409 59410 59514 59515
ESC EOB:	0597 – CLAIM/DETAIL DENIED. THIS PROCEDURE IS NOT PAYABLE AFTER THE DATE OF DELIVERY.		
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROCEDURE CODE, MODIFIER, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.		
	REVIEW THE HISTORY CLAIM/DETAIL. IF THE DATE OF SERVICE ON THE CURRENT CLAIM IS **EQUAL** TO THE DATE OF THE DELIVERY, FORCE THE ESC.		
	IF DATA IS KEYED CORRECTLY AND THE DATE OF SERVICE IS **AFTER** THE DATE OF DELIVERY, DENY THE DETAIL WITH EOB 0597.		

2.65 5257 (FORMER LEGACY AUDIT 606)

DMS LAST APPROVED: 12/19/03			
ESC 5257 (FORMER LEGACY AUDIT 606 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT	
PIN RETENTION MUST BE BILLED WITH A MONITORED PROCEDURE CODE	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, TOOTH NUMBER, DOS	
ESC TYPE: NEG CONTRA	**C/T:**	D	
IF A PROVIDER BILLS PROCEDURE CODE 02951 OR D2951 WITH A PROCEDURE CODE(S) OTHER THAN A MONITORED PROCEDURE FOR THE SAME DATE OF SERVICE, SAME MEMBER, AND SAME TOOTH, THE DETAIL WILL FAIL ESC 5257.			
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE SAME TOOTH NUMBER		
PROCEDURES MONITORED:	D0220	D0230	D2160
	D2161	D2931	D2932
	02160	02931	00220
	02161	02932	00230
ESC EOB:	0606 – PIN RETENTION CAN ONLY BE BILLED ALONE OR WITH MONITORED PROCEDURE CODES FOR THE SAME MEMBER, SAME PROVIDER, SAME DATE OF SERVICE, AND SAME TOOTH NUMBER.		
PROCESSING INSTRUCTIONS:	VERIFY THAT THE MEMBER ID, PROVIDER NUMBER, DATE OF SERVICE, PROCEDURE CODES, AND TOOTH NUMBER WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD ERROR.		
	IF PROCEDURE CODE 02951 AND AN UNMONITORED PROCEDURE CODE ARE BILLED ON THE SAME CLAIM OR SUSPEND CURRENT TO CURRENT, DENY THE PROCEDURE CODE 02951.		
	IF RELATED HISTORY INDICATES PROCEDURE CODE 02951 HAS BEEN PREVIOUSLY PAID FOR THE SAME DATE OF SERVICE AND SAME TOOTH NUMBER, DENY THE UNMONITORED PROCEDURE CODE WITH EOB 0606.		
	IF RELATED HISTORY INDICATES AN UNMONITORED PROCEDURE CODE HAS BEEN PREVIOUSLY PAID FOR THE SAME DATE OF SERVICE AND SAME TOOTH NUMBER, DENY THE DETAIL BILLING PROCEDURE CODE 02951.		

2.66 5258 (FORMER LEGACY AUDIT 739)

DMS LAST APPROVED: 12/19/03		
ESC 5258 (FORMER LEGACY AUDIT 739)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENTS
SEALANTS ARE NOT ALLOWED IF TOOTH RECEIVED OCCLUSAL SURFACE FILLING	**CLAIM FIELD LABEL:**	MEMBER ID, DOS, PROCEDURE, TOOTH NUM, TOOTH SURFACE
ESC TYPE: CONTRA	**C/T:**	D (PT 31, 35, 60, 61), M (PT 31, 35)
IF A PROVIDER BILLS A SEALANT TO A TOOTH THAT HAS HAD AN OCCLUSAL SURFACE FILLING FOR A MEMBER, THE DETAIL WILL FAIL ESC 5258.		
ESC CRITERIA:	SAME MEMBER SAME TOOTH NUMBER TOOTH SURFACE	
PROCEDURES MONITORED:	**SEALANT** D1351 01351	**FILLINGS** D2140 D2150 D2160 D2161 D2391 D2392 D2393 D2394
		02140 02161 02387
		02150 02385
		02160 02386
ESC EOB:	0739 - CLAIM/DETAIL DENIED. SEALANTS ARE NOT ALLOWED TO A TOOTH THAT HAS RECEIVED AN OCCLUSAL SURFACE FILLING.	
PROCESSING INSTRUCTIONS:	VERIFY THAT THE MEMBER ID, DATE OF SERVICE, PROCEDURE CODE, TOOTH NUMBER AND TOOTH SURFACE HAVE BEEN KEYED CORRECTLY. IF NOT, CORRECT THE FIELDS IN ERROR.	
	IF KEYED CORRECTLY, DENY THE DETAIL WITH EOB 0739.	

2.67 5259

2.67.1 5259 (FORMER LEGACY AUDIT 802)

DMS LAST APPROVED: 12/19/03		
ESC 5259 (FORMER LEGACY AUDIT 802 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE CODE CAN NOT BE BILLED ON THE SAME DATE OF SERVICE	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	D (PT 31, 35, 60, 61), M (PT 31, 35)
IF A PROVIDER BILLS A COMPREHENSIVE ORAL EXAMINATION 00150 OR D0150 FOR THE SAME MEMBER ON THE SAME DATE OF SERVICE AS PROCEDURE CODES 09110, 09420, 00140, D9110, D9420 OR D0150 THE DETAIL EXCEEDING THE LIMIT WILL FAIL ESC 5259.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	COMPREHENSIVE EXAM	EMERGENCY TREATMENTS
	D0150 00150	D9110 09110 D0140 00140 D9420 09420
ESC EOB:	0802 - PROCEDURE CODE 00150/D0150 DISALLOWED BY SAME PROVIDER FOR SAME MEMBER ON TH E SAME DATE OF SERVICE AS PROCEDURES 09110/D9110 OR 00140/D0140.	
PROCESSING INSTRUCTIONS:	VERIFY THAT THE MEMBER ID, PROVIDER NUMBER, PROCEDURE CODE, AND THE DATE OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE FIELDS IN ERROR.	
	IF FAILING AGAINST A CURRENT CLAIM, OVERRIDE THE CLAIM.	
	IF RELATED HISTORY INDICATES A COMPREHENSIVE EXAMINATION HAS BEEN PAID, DENY THE CLAIM WITH EOB 0802.	

2.67.2 5259 (FORMER LEGACY AUDIT 803)

DMS LAST APPROVED: 12/19/03		
ESC 5259 (FORMER LEGACY AUDIT 803 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE CODE CAN NOT BE BILLED ON THE SAME DATE OF SERVICE	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	D (PT 31, 35, 60, 61), M (PT 31, 35)
IF THE PROVIDER BILLS A EMERGENCY TREATMENT 09110, 09420, 00140, D9110, D9420 OR D0140 FOR THE SAME MEMBER ON THE SAME DATE OF SERVICE AS COMPREHENSIVE EXAMINATION, THE DETAIL EXCEEDING THE LIMIT WILL FAIL ESC 5259.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	EMERGENCY TREATMENT D9110 09110 D0140 00140 D9420 09420	COMPREHENSIVE EXAM D0150 00150
ESC EOB:	0802 - PROCEDURE CODE 00150/D0150 DISALLOWED BY SAME PROVIDER FOR SAME MEMBER ON TH E SAME DATE OF SERVICE AS PROCEDURES 09110/D9110 OR 00140/D0140.	
PROCESSING INSTRUCTIONS:	VERIFY THAT THE MEMBER ID, PROVIDER NUMBER, PROCEDURE CODE, AND THE DATE OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE FIELDS IN ERROR.	
	IF KEYED CORRECTLY, DENY THE CLAIM WITH EOB 802.	
	NOTE: THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - NON-PAPER CLAIMS.	

2.68 5261 (FORMER LEGACY AUDIT 805)

DMS LAST APPROVED: 04/01/96		
ESC 5261 (FORMER LEGACY AUDIT 805 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
ARTERIAL CHEMOTHERAPY PROCEDURES NOT PAYABLE ON THE SAME DATE OF SERVICE AS INTRAVENOUS CHEMOTHERAPY	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE CODE, DOS
ESC TYPE: CONTRA	**C/T:**	ALL
IF A PROVIDER BILLS FOR ARTERIAL CHEMOTHERAPY ADMINISTRATION PROCEDURES ON THE SAME DATE OF SERVICE AS INTRAVENOUS CHEMOTHERAPY PROCEDURES, THE DETAIL WITH THE ARTERIAL CHEMOTHERAPY PROCEDURE WILL FAIL ESC 5261.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE	

PROCEDURES MONITORED:	ARTERIAL	INTRAVENOUS	
	96422	96400	96425
	96423	96408	96440
		96414	96445
		96420	96450
			96549

ESC EOB:	0710 – CLAIM/DETAIL DENIED. ONLY ONE CHEMOTHERAPY ADMIN CODE IS PAYABLE ON THE SAME DATE OF SERVICE. IF QUESTIONS, PLEASE CONTACT THE DEPARTMENT FOR MEDICAID SERVICES.
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, PROCEDURE CODE, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, DATA CORRECT THE FIELD IN ERROR.
	IF A DETAIL FAILS AGAINST ANOTHER DETAIL ON THE SAME CLAIM, OVERRIDE THE FIRST DETAIL AND DENY THE OTHER DETAIL(S) WITH EOB 0710.
	IF A DETAIL FAILS AGAINST A DETAIL ON ANOTHER CURRENT CLAIM, OVERRIDE THE DETAIL ON THE CLAIM WITH THE EARLIEST JULIAN DATE AND DENY THE DETAIL ON THE CLAIM WITH THE LATER JULIAN DATE WITH EOB 0710.

DMS LAST APPROVED: 04/01/96	
	IF RELATED HISTORY INDICATES A CLAIM HAS BEEN PAID FOR AN INTRAVENOUS PROCEDURE CODE, DENY THE CLAIM WITH EOB 0710.

2.69 5262

2.69.1 5262 (FORMER LEGACY AUDIT 814)

DMS APPROVED 12/19/2003		
ESC 5262 (FORMER LEGACY AUDIT 814 RELATIONSHIP)	TYPE OF DOCUMENT:	ALL EXCEPT MASS ADJUSTMENT
SERVICES CANNOT BE BILLED ON THE SAME DATE OF SERVICE AS X0063/T1005, X0096/S5135, OR XL307/97535	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	M (PT 17)
IF COMMUNITY RESIDENTIAL SERVICES ARE BILLED BY THE SAME PROVIDER FOR THE SAME DATE OF SERVICE AS X0063/T1005, X0096/S5135, OR XL307/97535, CLAIM FAILS ESC 5262.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	COMMUNITY RESIDENTIAL SVCS H0043 T2016 X0100 X0101 X0102	OTHER SERVICES T1005 S5135 97535 X0063 X0096 XL307
ESC EOB:	0814 – MEMBER ID NUMBER IS INVALID.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER, PROCEDURE CODE, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF THE CLAIM WAS KEYED CORRECTLY, DENY WITH EOB 0814.	

2.69.2 5262 (FORMER LEGACY AUDIT 815)

DMS LAST APPROVED: 02/11/04		
ESC 5262 (FORMER LEGACY AUDIT 815 RELATIONSHIP)	TYPE OF DOCUMENT:	ALL EXCEPT MASS ADJUSTMENT
SERVICES CANNOT BE BILLED ON THE SAME DATE OF SERVICE AS X0063/T1005, X0096/S5135, OR XL307/97535	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	M (PT 17)
IF X0063/T1005, X0096/S5135, OR XL307/97535 ARE BILLED BY THE SAME PROVIDER FOR THE SAME DATE OF SERVICE AS COMMUNITY RESIDENTIAL SERVICES, CLAIM FAILS ESC 5262.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	MONITORED CODES T1005 S5135 97535 X0063 X0096 XL307	COMMUNITY RESIDENTIAL SVCS H0043 T2016 X0100 X0101 X0102
ESC EOB:	0814 – MEMBER ID NUMBER IS INVALID.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER, PROCEDURE CODE, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF THE CLAIM WAS KEYED CORRECTLY, DENY WITH EOB 0814.	

2.70 5264

2.70.1 5264 (FORMER LEGACY AUDIT 816)

DMS LAST APPROVED: 09/25/06		
ESC 5264 (FORMER LEGACY AUDIT 816 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
CAST REMOVAL/REPAIR HAS BEEN PAID SEPARATE OF CAST APPLICATION	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	M (PT 13, 22, 31, 35, 64, 65, 78, 85)
IF A PROVIDER BILLS FOR BOTH THE CAST APPLICATION AND CAST REMOVAL OR REPAIR, THE CLAIM BILLING THE CAST APPLICATION WILL FAIL ESC 5264.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER NOTE – THIS ESC WAS END DATED EFFECTIVE 08/01/06 PER CO 0892	
PROCEDURES MONITORED:	**CAST APPLICATION**	**CAST REMOVAL OR REPAIR**
	20661-20663 29000-29055 29065-29131 29305-29515 29580	29700 29705 20710 29715 29720 29730 29740 29750
ESC EOB:	0816 – CAST REMOVAL OR REPAIR HAS BEEN PAID WITH APPLICATION OF CAST. IF UNRELATED PROCEDURES TO THE DMS FOR REVIEW.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 5264, VERIFY THE MEMBER ID, PROVIDER, PROCEDURE CODE, AND DATE OF SERVICE HAVE BEEN KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	FOR DOS PRIOR TO 12/13/94 IF TYPE OF SERVICE 7 OR B (MODIFIER AG) IS ON CLAIM, OVERRIDE DETAIL.	

DMS LAST APPROVED: 09/25/06	
	IF A PROVIDER BILLS FOR THE CAST APPLICATION PROCEDURE AND THE CAST REPAIR OR REMOVAL PROCEDURE ON THE SAME CLAIM WITH DATE OF SERVICE WITHIN 90 DAYS, OVERRIDE THE CAST APPLICATION PROCEDURE AND DENY THE CAST REPAIR OR REMOVAL PROCEDURE WITH EOB 0816.
	IF RELATED HISTORY INDICATES ONE OF THE SUBJECT CAST APPLICATION PROCEDURES HAVE BEEN PAID WITHIN 90 DAYS AND THE CURRENT CLAIM SHOWS AN UNRELATED CAST REMOVAL OR REPAIR PROCEDURE, PROCEED AS FOLLOWS: IF DOCUMENTATION IS ATTACHED TO THE CLAIM, SEND A COPY OF THE CLAIM WITH DOCUMENTATION TO DEPARTMENT FOR MEDICAID SERVICES FOR REVIEW.
	IF DOCUMENTATION IS NOT ATTACHED TO THE CLAIM, DENY THE ESC. (I.E., MEMBER HAS CAST APPLIED ON KNEE IN MARCH 1993 AND HAS A CAST REMOVAL OR REPAIR TO ARM IN APRIL 1993. PROVIDER WRITES ON CLAIM THAT PROCEDURES ARE UNRELATED OR ATTACHES COPIES OF REPORT AND NOTES WHICH STATES THE DIFFERENT PROCEDURES PERFORMED.).
	IF THERE IS DOCUMENTATION OF MEDICAL NECESSITY FOR CAST REMOVAL OR REPAIR WITH THE CLAIM, FORWARD TO PRIOR AUTHORIZATION. EXAMPLE: PHYSICIAN STATES THAT CAST HAD TO BE REMOVED OR REPAIRED.
	IF RELATED HISTORY INDICATES ONE OF THE CAST REMOVAL OR REPAIR PROCEDURE CODES HAS BEEN PAID FOR DATE OF SERVICE WITHIN 90 DAYS OF THE CURRENT CLAIM DATE OF SERVICE FOR CAST APPLICATION PROCEDURES DENY THE CLAIM/DETAIL FOR CAST REMOVAL OR REPAIR WITH EOB 0816.
PRIOR AUTHORIZATION	1. PRIOR AUTHORIZATION RN WILL REVIEW DOCUMENTATION TO DETERMINE THE MEDICAL NECESSITY OF CAST REMOVAL OR REPAIR. IF DOCUMENTATION INDICATES MEDICAL NECESSITY FOR REPAIR OR REMOVAL OR CAST, OVERRIDE THE ESC. IF DOCUMENTATION DOES NOT INDICATE MEDICAL NECESSITY, DENY THE DETAIL.

2.70.2 5264 (FORMER LEGACY AUDIT 817)

DMS LAST APPROVED: 09/25/06		
ESC 5264 (FORMER LEGACY AUDIT 817 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
CAST REMOVAL OR REPAIR HAS BEEN PAID SEPARATE OF CAST APPLICATION	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	M (PT 13, 15, 20, 21, 22, 23, 24, 29, 31, 35, 64, 65, 78, 85)
IF A PROVIDER BILLS FOR BOTH THE CAST APPLICATION AND CAST REMOVAL OR REPAIR, THE CLAIM BILLING THE CAST REMOVAL OR REPAIR WILL FAIL ESC 5264.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER NOTE – THIS ESC WAS END DATED EFFECTIVE 08/01/06 PER CO 0892	
PROCEDURES MONITORED:	CAST REMOVAL OR REPAIR	CAST APPLICATION
	29700 29705 29710 29715 29720 29730 29740 29750	20661-20663 29000-29055 29065-29131 29305-29515 29580
ESC EOB:	0816 – CAST REMOVAL OR REPAIR HAS BEEN PAID WITH APPLICATION OF CAST. IF UNRELATED PROCEDURES TO THE DMS FOR REVIEW.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 5264, VERIFY MEMBER ID, PROVIDER NUMBER, PROCEDURE CODE, AND DATE OF SERVICE HAVE BEEN KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	FOR DOS PRIOR TO 12/13/94. IF TYPE OF SERVICE 7 OR B (MODIFIER AG) IS ON CLAIM, OVERRIDE THE DETAIL.	

	IF A PROVIDER BILLS FOR THE CAST APPLICATION PROCEDURE AND THE CAST REPAIR OR REMOVAL PROCEDURE ON THE SAME CLAIM WITH DATE OF SERVICE WITHIN 90 DAYS, OVERRIDE THE CAST APPLICATION PROCEDURE AND DENY THE CAST REPAIR OR REMOVAL PROCEDURE WITH EOB 0816.
	IF RELATED HISTORY INDICATES ONE OF THE SUBJECT CAST APPLICATION PROCEDURES HAVE BEEN PAID WITHIN 90 DAYS AND THE CURRENT CLAIM SHOWS AN UNRELATED CAST REMOVAL OR REPAIR PROCEDURE, PROCEED AS FOLLOWS: IF DOCUMENTATION IS ATTACHED TO THE CLAIM, FORWARD A COPY OF THE CLAIM WITH DOCUMENTATION TO DEPARTMENT FOR MEDICAID SERVICES FOR REVIEW. IF DOCUMENTATION IS NOT ATTACHED TO THE CLAIM, DENY THE ESC (I.E., MEMBER HAS CAST APPLIED ON KNEE IN MARCH 1993 AND HAS A CAST REMOVAL OR REPAIR TO ARM IN APRIL 1993. PROVIDER WRITES ON CLAIM THAT PROCEDURES ARE UNRELATED OR ATTACHES COPIES OF REPORT AND NOTES WHICH STATES THE DIFFERENT PROCEDURES PERFORMED.
	IF THERE IS DOCUMENTATION OF MEDICAL NECESSITY FOR CAST REMOVAL OR REPAIR WITH THE CLAIM, FORWARD TO PRIOR AUTHORIZATION. EXAMPLE: PHYSICIAN STATES THAT CAST HAD TO BE REMOVED OR REPAIRED.
	IF RELATED HISTORY INDICATES ONE OF THE MONITORED CAST APPLICATION PROCEDURE CODES HAS BEEN PAID FOR DATE OF SERVICE WITHIN 90 DAYS OF THE CURRENT CLAIM DATE OF SERVICE FOR CAST REMOVAL OR REPAIR PROCEDURES DENY THE CLAIM/DETAIL FOR CAST REMOVAL OR REPAIR WITH EOB 0816.
PRIOR AUTHORIZATION	1. PRIOR AUTHORIZATION RN WILL REVIEW DOCUMENTATION TO DETERMINE THE MEDICAL NECESSITY OF CAST REMOVAL OR REPAIR.
	IF DOCUMENTATION INDICATES MEDICAL NECESSITY FOR REPAIR OR REMOVAL OF CAST, OVERRIDE THE ESC.
	IF DOCUMENTATION DOES NOT INDICATE MEDICAL NECESSITY, DENY THE DETAIL.

2.71 5266

2.71.1 5266 (FORMER LEGACY AUDIT 822)

DMS LAST APPROVED: 10/31/06		
ESC 5266 (FORMER LEGACY AUDIT 822 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT AND CLAIM CREDIT
X-RAY NOT PAYABLE WITHIN 12 MONTHS OF INTRAORAL COMPLETE SERVICES	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	D (PT 31, 35, 60, 61), M (PT 31, 35)
IF A PROVIDER BILLS AN X-RAY PROCEDURE WITHIN 12 MONTHS OF 00210 OR D0210 (INTRAORAL COMPLETE SERIES), THE CLAIM BILLING THE X-RAY PROCEDURE WILL FAIL ESC 5266.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER **<u>EXCEPTIONS</u>** EFFECTIVE DOS 9/30/06 AND AFTER, FOR P/T 31/ 35, 60, AND 61 X-RAYS BILLED WITH THE FOLLOWING PROCEDURE CODES ON SAME DOS ARE EXCLUDED PER CO911: D0140, D3310, D3320, D3330, D3410, D3421, D3425, D3426, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7260, D7280, D7410, D7510, D7910, D9110	
PROCEDURES MONITORED:	**INTRAORAL COMPLETE SERIES**	**DIAGNOSTIC X-RAYS**
	D0210 00210	D0220 00220 D0230 00230 D0270 00270 D0272 00272 D0274 00274
ESC EOB:	0822 – X-RAY PROCEDURE NOT ALLOWED WITHIN 12 MONTHS OF INTRAORAL COMPLETE SERIES.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, PROCEDURE CODE, AND DATE OF SERVICE WERE KEYED CORRECTLY. IF NOT CORRECT THE FIELD IN ERROR.	
	IF RELATED HISTORY INDICATES ONE OF THE MONITORED PROCEDURES HAS BEEN PAID ON THE SAME DATE OF SERVICE AS ONE OF THE EXCLUDED PROCEDURE CODES DO NOT COUNT TOWARD ESC LIMIT.	

DMS LAST APPROVED: 10/31/06	
	IF RELATED HISTORY INDICATES A MONITORED PROCEDURE WITHOUT AN EXCLUDED PROCEDURE CODE ON SAME DATE OF SERVICE HAS BEEN PAID WITHIN TWO YEARS FROM CURRENT CLAIM DATE OF SERVICE, DENY THE CURRENT CLAIM/DETAIL WITH EOB 0822.
	IF RELATED HISTORY DOES NOT INDICATE PAYMENT FOR A MONITORED PROCEDURE FOR THE CURRENT CLAIM, MEMBER AND PROVIDER, OVERRIDE THE ESC.

2.71.2 5266 (FORMER LEGACY AUDIT 823)

DMS LAST APPROVED: 10/31/06		
ESC 5266 (FORMER LEGACY AUDIT 823 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
X-RAY NOT PAYABLE WITHIN 12 MONTHS OF INTRAORAL COMPLETE SERVICES	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	D (PT 31, 35, 60, 61), M (PT 31, 35)
IF A PROVIDER BILLS FOR INTRAORAL COMPLETE SERIES (00210 OR D0210) WITHIN 12 MONTHS OF AN X-RAY PROCEDURE, THE CLAIM BILLING 00210 OR D0210 WILL FAIL ESC 5266.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER **<u>EXCEPTIONS</u>** EFFECTIVE DOS 9/30/06 AND AFTER, FOR P/T 31, 35, 60, AND 61 X-RAYS BILLED WITH THE FOLLOWING PROCEDURE CODES ON SAME DOS ARE EXCLUDED PER CO911: D0140, D3310, D3320, D3330, D3410, D3421, D3425, D3426, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7260, D7280, D7410, D7510, D7910, D9110	
PROCEDURES MONITORED:	**INTRAORAL COMPLETE SERIES**	**DIAGNOSTIC X-RAYS**
	D0210 00210	D0220 / 00220 D0230 / 00230 D0270 / 00270 D0272 / 00272 D0274 / 00274
ESC EOB:	0822 – X-RAY PROCEDURE NOT ALLOWED WITHIN 12 MONTHS OF INTRAORAL COMPLETE SERIES.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, , PROCEDURE CODE, AND DATE OF SERVICE WERE KEYED CORRECTLY. IF NOT CORRECT THE FIELD IN ERROR.	
	IF FAILING AGAINST A CURRENT CLAIM, OVERRIDE THE ESC.	
	IF RELATED HISTORY INDICATES ONE OF THE MONITORED PROCEDURES HAS BEEN PAID ON THE SAME DATE OF SERVICE AS ONE OF THE EXCLUDED PROCEDURE CODES DO NOT COUNT TOWARD ESC LIMIT.	

DMS LAST APPROVED: 10/31/06	
	IF RELATED HISTORY INDICATES A DIAGNOSTIC X-RAY WITHOUT AN EXCLUDED CODE ON THE SAME DATE OF SERVICE HAS BEEN PAID, DENY THE ESC WITH EOB 0822.

2.72 5268 (FORMER LEGACY AUDIT 825)

DMS APPROVED: 05/11/09		
ESC 5268 (FORMER LEGACY AUDIT 825 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURES NOT PAYABLE WITHIN 24 MONTHS OF ORTHODONTIC TREATMENT	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE
ESC TYPE: CONTRA	**C/T:**	D (PT 31, 35, 60, 61), M (PT 31, 35)
IF CERTAIN PROCEDURE CODES ARE BILLED WITHIN 24 MONTHS (BASED ON DATE OF SERVICE) OF 08670 OR D8670 IF BILLED FOR THE SAME MEMBER BY THE SAME PROVIDER, CLAIM FAILS ESC 5268. Note – This audit only fails the monitored procedure codes against D8670/08670, not vice versa.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER DATES OF SERVICE WITHIN 24 MONTHS OF EACH OTHER	
PROCEDURES MONITORED:	D1510 D1525 D1515 D8210 AGAINST D8670 OR 08670 D1520 D8220 01510 01525 01515 08210 01520 08220	
ESC EOB:	0825 – DETAIL DENIED. THIS PROCEDURE CODE NOT PAYBLE WITHIN 24 MONTHS OF ORTHODONTIC TREATMENT IF BILLED FOR THE SAME MEMBER BY THE SAME PROVIDER.	
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE, DATES OF SERVICE, MEMBER ID, AND PROVIDER NUMBER WERE KEYED CORRECTLY. IF NOT, CORRECT THE FIELD IN ERROR.	
	IF THE CURRENT DETAIL AND HISTORY DETAIL HAVE DATES OF SERVICE WHICH ARE EXACTLY TWO YEARS APART (FOR EXAMPLE 11/21/92 AND 11/21/94), OVERRIDE THE ESC.	
	IF THE CLAIM IS KEYED CORRECTLY AND STEP 2 DOES NOT APPLY, DENY THE ESC WITH EOB 0825.	

2.73 5269

2.73.1 5269 (FORMER LEGACY AUDIT 826)

DMS LAST APPROVED: 02/11/04		
ESC 5269 (FORMER LEGACY AUDIT 826 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT AND CLAIM CREDITS
09110/D9110 NOT PAYABLE ON SAME DOS AS OTHER PROCEDURE	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	D (PT 31, 35, 60, 61)
IF PROCEDURE CODE 09110 OR D9110 IF BILLED BY THE SAME PROVIDER FOR THE SAME DATE OF SERVICE AS OTHER PROCEDURE CODES (EXCLUDING THOSE LISTED BELOW), CLAIM FAILS ESC 5269.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	**MONITORED PROCEDURE**	**OTHER PROCEDURES**
	D9110 09110	ALL DENTAL CODES <u>EXCEPT</u> D0210 THRU D0220 D0230 D0270 D0272 D0274 D0330 D0340 00210 THRU 00220 00230 00270 00272 00274 00330 00340
ESC EOB:	5269 – 09110/D9110 ON SAME DOS AS OTHER PROCEDURE.	

PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER NUMBER, PROCEDURE CODE, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE FIELDS IN ERROR.
	IF KEYED CORRECTLY, DENY THE DETAIL WITH EOB 5269.

2.73.2 5269 (FORMER LEGACY AUDIT 827)

DMS LAST APPROVED: 12/19/03		
ESC 5269 (FORMER LEGACY AUDIT 827 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT AND CLAIM CREDITS
09110/D9110 NOT PAYABLE ON SAME DOS AS OTHER PROCEDURE	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	D (PT 31, 35, 60, 61)
IF DENTAL PROCEDURE CODES (OTHER THAN THOSE LISTED BELOW) IF BILLED BY THE SAME PROVIDER FOR THE SAME DATE OF SERVICE AS EMERGENCY TREATMENT CODE 09110 OR D9110, CLAIM WILL FAIL ESC 5269.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	**MONITORED PROCEDURES**	**EMERGENCY TREATMENT CODE**
	ALL DENTAL CODES EXCEPT D0210 THRU D0220 D0230 D0270 D0272 D0274 D0330 D0340 00210 THRU 00220 00230 00270 00272 00274 00330 00340	 D9110 09110
ESC EOB:	5269 – 09110/D9110 ON SAME DOS AS OTHER PROCEDURE.	

DMS LAST APPROVED: 12/19/03	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER NUMBER, PROCEDURE CODE, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE FIELDS IN ERROR.
	IF KEYED CORRECTLY AND THE DETAIL IS FAILING AGAINST ANOTHER CURRENT DETAIL ON THE SAME OR DIFFERENT CLAIM, OVERRIDE THE DETAIL WHICH FAILED ESC 827 AND DENY THE DETAIL WHICH FAILED ESC 5269.
	IF KEYED CORRECTLY AND NOT FAILING AGAINST ANOTHER CURRENT DETAIL, DENY THE DETAIL WITH EOB 5269.

2.74 5271

2.74.1 5271 (FORMER LEGACY AUDIT 314)

DMS APPROVED 11/22/2004		
ESC 5271 (FORMER LEGACY AUDIT 314 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PAYMENT FOR PROCEDURE IS INCLUDED IN REIMBURSEMENT FOR SURGERY.	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	M (PT 13, 22, 64, 65, 78, 85)
IF A PROVIDER BILLS FOR BOTH SURGERY AND THE APPLICATION AND REMOVAL OF CAST, THE CLAIM BILLING THE CAST CODE WILL FAIL ESC 5271.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER NOTE – THIS ESC WAS END DATED EFFECTIVE 08/01/06 PER CO 0892.	

PROCEDURES MONITORED:	**SURGERY PROCEDURES**		
	Y0569-Y1803	22315-22379	25250-25400
	20000	22550-22565	25405-25815
	20005	22600-22735	25900-25909
	20225	22800-22855	25920
	20520	22910	26010-26110
	20525	23000	26120-26216
	20650-20660	23031	26230-26600
	20665-20680	23035-23044	26605-26700
	20802-20840	23100-23222	26705-26952
	20900-20902	23350	26991-27033
	20920-20924	23395-23397	27050-27080
	20955	23400-23420	27090-27201
	20972-20976	23430-23485	27210-27248
	21010-21020	23500-23570	27252-27295
	21040-21060	23585-23660	27301-27320
	21193-21196	23670	27330-27370

	21198 21200 21210-21215 21235 21300-21335 21360-21365 21450 21454-21462 21480 21600 21620 21700-21740 21800-21805 21820-21825 22100-22130 22200-22207 22305	23680-23802 23900-23920 23931-23936 24000-24001 24100-24164 24220 24301-24588 24600-24900 24931-24940 25000-25023 22200-22207 22305 22315-22379 22550-22565 25031-25041 25076-25246 22315-22379	27373-27590 27592-27598 27604-27612 27625-27848 27851-27880 27882-27888 28001-28002 28008-28020 28022 28024-28035 28060-28175 28200-28495 28505-28555 28575-28606 28610-28825 25031-25041 25076-25246 25250-25400 25250-25400
	CAST PROCEDURES		
	20661-20663 29000-29055 29065-29131 29305-29515 29580 29700-29751		
ESC EOB:	5271 – PAYMENT FOR PROCEDURE IS INCLUDED IN REIMBURSEMENT FOR SURGERY.		
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 5271, VERIFY THE MEMBER NUMBER, PROVIDER NUMBER, PROCEDURE CODE AND DATE OF SERVICE HAVE BEEN KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD.		

	IF TYPE OF SERVICE 7 OR B (MODIFIER AG) IS ON CLAIM, OVERRIDE DETAIL.
	IF RELATED HISTORY INDICATES ONE OF THE MONITORED SUBJECT PROCEDURE SURGERY CODES HAS BEEN PAID FOR DATE OF SERVICE WITHIN 90 DAYS OF THE CURRENT CLAIM DATE OF SERVICE FOR CAST PROCEDURES DENY THE CLAIM/DETAIL FOR CASTS WITH EOB 5271.
	IF RELATED HISTORY DOES NOT INDICATE A MONITORED SURGICAL PROCEDURE HAS BEEN PAID WITHIN 90 DAYS OF THE DATE OF SERVICE OF THE CLAIM/DETAIL BILLING FOR A CAST, OVERRIDE THE ESC.
PROCESSING INSTRUCTIONS:	IF A PROVIDER BILLS FOR THE SURGICAL PROCEDURES AND THE CAST PROCEDURE ON THE SAME CLAIM WITH DATE OF SERVICE WITHIN 90 DAYS, OVERRIDE THE SURGICAL PROCEDURE AND DENY THE CAST PROCEDURE(S).
	IF RELATED HISTORY INDICATES ONE OF THE SUBJECT (SURGICAL) PROCEDURES HAS BEEN PAID WITHIN 90 DAYS AND THE CURRENT CLAIM SHOWS AN UNRELATED (CAST) PROCEDURE, PROCEED AS FOLLOWS: IF DOCUMENTATION IS ATTACHED TO THE CLAIM, FORWARD THE CLAIM WITH DOCUMENTATION TO THE APPROPRIATE LOCATION FOR DMS TO REVIEW. IF DOCUMENTATION IS NOT ATTACHED TO THE CLAIM, DENY THE ESC.. (I.E., MEMBER HAS SURGERY ON KNEE IN MARCH 1985 AND HAS A CAST APPLIED TO ARM IN APRIL 1985. PROVIDER WRITES ON CLAIM THAT PROCEDURES ARE UNRELATED OR ATTACHES COPIES OF ER REPORT AND NOTES FROM SURGERY WHICH STATES THE DIFFERENT PROCEDURES PERFORMED. IF THERE IS DOCUMENTATION OF MEDICAL NECESSITY FOR CAST REAPPLICATION WITH THE CLAIM, FORWARD TO THE APPROPRIATE LOCATION FOR THE REVIEW OF PRIOR AUTHORIZATION (I.E., PHYSICIAN STATES THAT CAST HAD TO BE REAPPLIED.
	PRIOR AUTHORIZATION R.N. WILL REVIEW DOCUMENTATION TO DETERMINE THE MEDICAL NECESSITY OF CAST REAPPLICATION. IF DOCUMENTATION INDICATES MEDICAL NECESSITY FOR REAPPLICATION/REMOVAL OF CAST, OVERRIDE THE ESC.
	IF DOCUMENTATION DOES NOT INDICATE MEDICAL NECESSITY, DENY THE DETAIL WITH EOB 5271.

2.74.2 5271 (FORMER LEGACY AUDIT 341)

DMS LAST APPROVED: 09/25/06		
ESC 5271 (FORMER LEGACY AUDIT 341 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PAYMENT FOR PROCEDURE IS INCLUDED IN REIMBURSEMENT FOR SURGERY.	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	M (PT 13, 22, 64, 65, 78, 85)
IF A PROVIDER IS PAID FOR CAST APPLICATION OR REMOVAL AND THEN BILLS A SURGICAL PROCEDURE THAT INCLUDES THIS SERVICE, THE CLAIM/DETAIL BILLING SURGERY WILL FAIL ESC 5271.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER NOTE – THIS ESC WAS END DATED EFFECTIVE 08/01/06 PER CO 0892.	
PROCEDURES MONITORED:	**CAST PROCEDURES**	
	20661-20663	29000-29055
	29065-29131	29305-29515
	29580	29700-29751

SURGERY PROCEDURES				
Y0569-Y1803	21200	22800-22855	24600-24900	27330-27370
20000	21210-21215	22910	24931-24940	27373-27590
20005	21235	23000	25000-25023	27592-27598
20200	21300-21355	23031	25031-25041	27604-27612
20205	21360-21365	23035-23044	25076-25246	27625-27848
20225	21450	23100-23222	25250-25400	27851-27880
20520	21454-21462	23350	25405-25815	27882-27888
20525	21480	23395-23397	25900-25909	28001-28002
20650-20660	21600	23400-23420	25920	28008-28020
20665-20680	21620	23430-23485	26010-26110	28022
20802-20840	21700-21740	23500-23570	26120-26216	28024-28035
20900-20902	21800-21805	23585-23660	26230-26600	28060-28175
20920-20924	21820-21825	23670	26605-26700	28200-28495

DMS LAST APPROVED: 09/25/06				
20955	22100-22130	23680-23802	26705-26952	28505-28555
20972-20976	22200-22207	23900-23920	26991-27033	28575-28606
21010-21020	22305	23931-23936	27050-27080	28610-28825
21040-21060	22315-22379	24000-24001	27090-27201	
21193-21196	22505	24100-24164	27210-27248	
21198	22550-22565	24220	27252-27295	
	22600-22735	24301-24588	27301-27320	

ESC EOB:	5271 – PAYMENT FOR PROCEDURE IS INCLUDED IN REIMBURSEMENT FOR SURGERY.
PROCESSING INSTRUCTIONS:	IF A CLAIM FAILS ESC 5271 VERIFY PROCEDURE, MEMBER NUMBER, PROVIDER NUMBER AND DATE OF SERVICE ARE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.
	IF TYPE OF SERVICE 7 OR B (MODIFIER AG) IS ON CLAIM, OVERRIDE DETAIL.
	IF RELATED HISTORY INDICATES ONE OF THE SUBJECT (CAST) PROCEDURES HAS BEEN PAID WITHIN 90 DAYS OF THE RELATED (SURGICAL) PROCEDURE ON THE CURRENT CLAIM, DENY THE CURRENT CLAIM/DETAIL WITH EOB 5271.
	IF RELATED HISTORY INDICATES ONE OF THE SUBJECT (CAST) PROCEDURES HAS BEEN PAID WITHIN 90 DAYS AND THE CURRENT CLAIM SHOW AN UNRELATED (SURGICAL) PROCEDURE PROCEED AS FOLLOWS: IF DOCUMENTATION IS ATTACHED TO THE CLAIM, FORWARD THE CLAIM AND ITS DOCUMENTATION TO THE APPRPRIATE LOCATION FOR DMS TO REVIEW. IF NO DOCUMENTATION IS ATTACHED, DENY THE CLAIM WITH EOB 5271. MEMBER HAS CAST APPLIED TO ARM IN ER ON 02/01/85 AND HAS SURGERY ON LEG IN MARCH OF 85. PROVIDER WRITES ON CLAIM THAT PROCEDURES ARE UNRELATED OR HAS ATTACHED COPIES OF ER REPORT AND NOTES FROM SURGERY THAT STATE THE DIFFERENCE PROCEDURES PERFORMED.
	IF RELATED HISTORY DOES NOT INDICATE ONE OF THE SUBJECT (CAST) PROCEDURES HAS BEEN PAID WITHIN 90 DAYS OF THE RELATED (SURGICAL) PROCEDURE ON THE CURRENT CLAIM, OVERRIDE THE CURRENT CLAIM/DETAIL.

DMS LAST APPROVED: 09/25/06	
	IF RELATED (SURGICAL) PROCEDURES AND SUBJECT (CAST) PROCEDURES ARE BILLED ON THE SAME CLAIM, OVERRIDE THE RELATED (SURGICAL) PROCEDURE AND DENY THE SUBJECT (CAST) PROCEDURE WITH EOB 514.
	IF THERE IS DOCUMENTATION INDIATING MEDICAL NECESSITY FOR CAST REAPPLICATION, FORWARD TO PRIOR AUTHORIZATION.
PRIOR AUTHORIZATION	1. PRIOR AUTHORIZATION RN WILL REVIEW DOCUMENTATION TO DETERMINE THE MEDICAL NECESSITY OF CAST REAPPLICATION. IF DOCUMENTATION INDICATES MEDICAL NECESSITY OF REAPPLICATION/REMOVAL FOR CAST, OVERRIDE THE ESC. IF DOCUMENTATION DOES NOT INDICATE MEDICAL NECESSITY, DENY THE DETAIL WITH EOB 541. SEE ATTACHED PROCEDURES FOR ESC 5271.

2.75 5272

2.75.1 5272 (FORMER LEGACY AUDIT 326)

DMS LAST APPROVED: 02/11/04		
ESC 5272 (FORMER LEGACY AUDIT 326 RELATIONSHIP)	TYPE OF DOCUMENT:	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE NOT ALLOWED SAME DATE OF SERVICE AS ADDITIONAL PROCEDURES	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, PROVIDER, TOOTH NUMBER, DOS
ESC TYPE: CONTRA	**C/T:**	D, M (PT 22, 31, 35)
IF CROWN/BUILD-UP PROCEDURES ARE BILLED FOR THE SAME DATE OF SERVICE, SAME TOOTH AS ADDITIONAL DENTAL SERVICES THAT HAVE PAID, THE CLAIM BILLING THE CROWN/BUILD-UP PROCEDURES WILL FAIL ESC 5272.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME TOOTH NUMBER SAME DATE OF SERVICE	

PROCEDURES MONITORED:	**ADDITIONAL SERVICE PROCEDURES**				**CROWN/BUILD-UP PROCEDURES**	
	D2330	D7240	05640	D2210	D2335	D2393
	D2331	D7241	05750	D2310	D2394	D2930
	D2332	D7250	05751	D5630	D2931	D2932
	D2391	D7269	05820		02140	02385
	D2392	D7280	07110		02150	02386
	D5520	02110	07120		02160	02387
	D5620	02120	07130		02161	02930
	D5630	02130	07210		02335	02931
	D5640	02131	07210		02382	02932
	D5750	02330	07220			
	D5751	02331	07230			
	D7111	02332	07240			
	D7140	02380	07241			
	D7210	02381	07250			

	D7220 05520 07260 D7230 05620 07280	
ESC EOB:	5272 – PROCEDURE CODE NOTALLOWED FOR DATE OF SERVICE AS ADDITIONAL PROCEDURE.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 5272, VERIFY PROCEDURE CODE, MEMBER ID, PROVIDER NUMBER, DATE OF SERVICE, AND TOOTH NUMBER WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY INDICATES AN ADDITIONAL PROCEDURE HAS BEEN PAID FOR THE SAME TOOTH, SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING A CROWN OR BUILD-UP PROCEDURE, DENY THE CURRENT CLAIM/DETAIL WITH EOB 5272.	
	IF RELATED HISTORY DOES NOT INDICATE PAYMENT OF AN ADDITIONAL PROCEDURE FOR THE SAME DATE OF SERVICE, SAME TOOTH, SAME PROVIDER AS THE CURRENT CLAIM BILLING A CROWN/BUILD UP PROCEDURE, OVERRIDE THE ESC.	
	IF A PROVIDER BILLS FOR A CROWN/BUILD-UP PROCEDURE AND A MONITORED ADDITIONAL SERVICE PROCEDURE FOR THE SAME DATE OF SERVICE, SAME TOOTH NUMBER, SAME PROCEDURE ON THE SAME CLAIM, OVERRIDE THE DETAIL BILLING THE CROWN/BUILD-UP AND DENY THE DETAIL BILLING THE ADDITIONAL SERVICE WITH EOB 5272.	

2.75.2 5272 (FORMER LEGACY AUDIT 402)

DMS LAST APPROVED: 12/19/03		
ESC 5272 (FORMER LEGACY AUDIT 402 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE NOT ALLOWED SAME DATE OF SERVICE AS ADDITIONAL PROCEDURES	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, PROVIDER, TOOTH NUMBER, DOS
ESC TYPE: CONTRA	**C/T:**	D, M (PT 22, 31, 35)
IF A PROVIDER BILLS FOR ADDITIONAL DENTAL SERVICES FOR THE SAME TOOTH, SAME DATE OF SERVICE AS A STAINLESS STEEL CROWN OR FRACTURED INCISAL BUILD UP, THE CLAIM BILLING ADDITIONAL SERVICES WILL FAIL ESC 5272.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME TOOTH NUMBER SAME DATE OF SERVICE	

PROCEDURES MONITORED:	**CROWN/BUILD UP PROCEDURES**		**ADDITIONAL SERVICES PROCEDURES**		
	D2335	02140	D2330	D2331	D2332
	D2394	02150	D2391	D2392	D5520
	D2931	02160	D5620	D5640	D5750
	D2393	02161	D5751	D7111	D7140
	D2930	02335	D7210	D7220	D7230
	D2932	02382	D7240	D7241	D7250
		02385	D7260	D7280	
		02386	02110	05520	07230
		02387	02120	05620	07240
		02930	02130	05640	07241
		02931	02131	05750	07250
		02932	02330	05751	07260
			02331	07110	07280
			02332	07120	02381
			02380	07130	
			07210	07220	

EOB CODES	5272 – PROCEDURE CODE NOTALLOWED FOR DATE OF SERVICE AS ADDITIONAL PROCEDURE.
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 5272, VERIFY PROCEDURE CODE, MEMBER ID, PROVIDER NUMBER, DATE OF SERVICE, AND TOOTH NUMBER WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.
	IF RELATED HISTORY INDICATES A CROWN OR BUILD-UP PROCEDURE HAS BEEN PAID FOR THE SAME TOOTH, SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING AS ADDITIONAL SERVICE PROCEDURE, DENY THE CURRENT CLAIM DETAIL WITH EOB 5272.
	IF RELATED HISTORY DOES NOT INDICATE PAYMENT OF A CROWN OR BUILD UP PROCEDURE FOR THE SAME DATE OF SERVICE, SAME TOOTH, SAME PROVIDER AS THE CURRENT CLAIM/DETAIL BILLING ADDITIONAL SERVICES, OVERRIDE THE ESC.
	IF A PROVIDER BILLS FOR A CROWN OR BUILD UP PROCEDURE AND AN ADDITIONAL SERVICE PROCEDURE FOR THE SAME DATE OF SERVICE, SAME TOOTH NUMBER, OVERRIDE THE DETAIL BILLING THE CROWN/BUILD UP AND DENY THE DETAIL BILLING AN ADDITIONAL SERVICE WITH EOB 5272.

2.76 5274

2.76.1 5274 (FORMER LEGACY AUDIT 348)

DMS LAST APPROVED: 01/03/97		
ESC 5274 (FORMER LEGACY AUDIT 348 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
NORPLANT PROCEDURE NOT ALLOWED ON SAME DATE OF SERVICE AS OFFICE/EMERGENCY	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	M (PT 13, 20, 31, 35, 64, 65, 78, 85)
IF A PROVIDER BILLS FOR AN OFFICE/EMERGENCY OR A NORPLANT PROCEDURE ON THE SAME DATE OF SERVICE, THE CLAIM BILLING THE OFFICE EMERGENCY WILL FAIL FOR ESC 5274.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	**NORPLANT PROCEDURE**	**OFFICE/EMERGENCY**
	Y0002 Y0003 11975 11976 11977	90000 90070 90540 99205 99284 90010 90080 90550 99211 99285 90015 90500 90560 99212 90017 90505 90570 99213 90020 90510 90580 99214 90030 90515 99201 99215 90040 90517 99202 99281 90050 90520 99203 99282 90060 90530 99204 99283
ESC EOB:	0304 – OFFICE/EMERGENCY NOT COVERED SAME DATE OF SERVICE AS A NORPLANT/REMOVAL.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 5274, VERIFY THE MEMBER ID AND PROCEDURE CODES WERE KEYED CORECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY INDICATES THAT ONE OF THE NORPLANT PROCEDURE CODES HAS BEEN PAID FOR THE SAME MEMBER, SAME PROVIDER, SAME DATE OF SERVICE AS THE CURENT CLAIM, DENY THE CURRENT CLAIM WITH EOB 0304.	

	IF THE OFFICE/EMERGENCY AND NORPLANT PROCEDURE ARE BILLED ON THE SAME CLAIM FOR THE SAME DATE OF SERVICE, DENY THE OFFICE/EMERGENCY AND OVERRIDE THE NORPLANT PROCEDURE.
PAPER ADJUSTMENTS:	1. FOLLOW INSTRUCTIONS 1 AND 2 ABOVE.
	2. IF ADJUSTMENT REQUEST IS ADDING THE OFFICE/ EMERGENCY VISIT TO THE ALREADY PAID NORPLANT DELETE THE ADJUSTMENT FROM THE BATCH AND RTP TO PROVIDER STATING, “OFFICE/EMERGENCY VISIT NOT COVERED SAME DATE OF SERVICE AS NORPLANT PROCEDURE.”

2.76.2 5274 (FORMER LEGACY AUDIT 347)

DMS LAST APPROVED: 01/03/97		
ESC 5274 (FORMER LEGACY AUDIT 347 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
NORPLANT PROCEDURE NOT ALLOWED ON SAME DATE OF SERVICE AS OFFICE/EMERGENCY	**CLAIM FIELD LABEL:**	PROCEDURE, PROVIDER, MEMBER ID, DOS
ESC TYPE: CONTRA	**C/T:**	M (PT 13, 20, 31, 35, 64, 65, 78, 85)
IF A PROVIDER BILLS FOR A NORPLANT VISIT OR AN OFFICE/EMERGENCY VISIT ON THE SAME DATE OF SERVICE, THE CLAIM BILLING THE NORPLANT PROCEDURE WILL FAIL FOR ESC 5274.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE	

PROCEDURES MONITORED:	**OFFICE/EMERGENCY**					**NORPLANT PROCEDURE**
	90000	90070	90540	99205	99284	Y0002
	90010	90080	90550	99211	99285	Y0003
	90015	90500	90560	99212	99286	11975
	90017	90505	90570	99213	99287	11976
	90020	90510	90580	99214	99288	11977
	90030	90515	99201	99215		
	90040	90517	99202	99281		
	90050	90520	99203	99282		
	90060	90530	99204	99283		

ESC EOB:	0304 – OFFICE/EMERGENCY NOT COVERED SAME DATE OF SERVICE AS A NORPLANT/REMOVAL.
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 5274, VERIFY THE MEMBER ID AND PROCEDURE CODES WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.
	IF RELATED HISTORY INDICATES AN OFFICE/ EMERGENCY VISIT HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM, DENY THE CURRENT CLAIM WITH EOB 0304.

	IF THE NORPLANT PROCEDURE AND THE OFFICE/ EMERGENCY VISIT ARE BILLED ON THE SAME CLAIM FOR THE SAME DATE OF SERVICE, DENY THE OFFICE/ EMERGENCY AND OVERRIDE THE NORPLANT PROCEDURE.
ADJUSTMENT CRITERIA:	1. FOLLOW INSTRUCTIONS FOR CONDITIONS 1 AND 2 ABOVE.
	2. IF RELATED HISTORY INDICATES AN OFFICE/ EMERGENCY VISIT HAS BEEN PAID, DELETE THE ADJUSTMENT FROM THE BATCH AND RTP THE ADJUSTMENT TO THE PROVIDER STATING: “OFFICE/ EMERGENCY VISIT NOT COVERED SAME DATE OF SERVICE AS A NORPLANT PROCEDURE.”

2.77 5276

2.77.1 5276 (FORMER LEGACY AUDIT 358)

DMS LAST APPROVED: 04/01/96		
ESC 5276 (FORMER LEGACY AUDIT 358 RELATIONSHIP)	**TYPE OF DOCUMENT:**	PAPER CLAIMS, NON-PAPER CLAIMS
A CONSULTATION IS NOT PAYABLE ON THE SAME DATE OF SERVICE AS A ER VISIT.	**CLAIM FIELD LABEL:**	PROCEDURE, MEMBER ID, PROVIDER, DOS
ESC TYPE: CONTRA	**C/T:**	M (PT 13, 15, 20, 21, 22, 23, 24, 29, 64, 65, 78, 85)
IF A PROVIDER BILLS FOR A CONSULTATION ON THE SAME DATE OF SERVICE AS AN ER VISIT HAS BILLED, THE CLAIM BILLING CONSULTATION WILL FAIL ESC 5276.		
ESC CRITERIA:	SAME DATE OF SERVICE SAME PROVIDER SAME MEMBER	
PROCEDURES MONITORED:	**SUBJECT** ER VISITS	**RELATED PROCEDURES** CONSULTATIONS
	90500 90540 90505 90550 90510 90560 90515 90570 90517 90580 90520 99281-99285 90530	90600 90641 90605 90642 90610 90643 90620 99241-99245 90630 99251-99255 90640 99261-99263
ESC EOB:	0005 - EACH PROVIDER IS LIMITED TO BILLING ONLY ONE OF THE FOLLOWING PROCEDURES (HOSPITAL ADMISSION, ER VISIT, CONSULTATION, OR OFFICE VISIT) PER MEMBER, ON THE SAME DATE OF SERVICE. YOU HAVE ALREADY RECEIVED PAYMENT FOR ONE OF THESE PROCEDURES ON THIS SAME DATE OF SERVICE.	
PROCESSING INSTRUCTIONS:	VERIFY THAT THE MEMBER ID NUMBER, PROVIDER NUMBER, DATE OF SERVICE AND PROCEDURE CODE WAS KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF FAILING AGAINST A CURRENT CLAIM, OVERRIDE THE DETAIL.	

DMS LAST APPROVED: 04/01/96	
	IF RELATED HISTORY INDICATES AN ER VISIT HAS BEEN PAID, DENY THE DETAIL WITH EOB 0005.

2.77.2 5276 (FORMER LEGACY AUDIT 406)

DMS LAST APPROVED: 04/01/96				
ESC 5276 (FORMER LEGACY AUDIT 406 RELATIONSHIP)	**TYPE OF DOCUMENT:**		PAPER CLAIMS, NON-PAPER CLAIMS	
A CONSULTATION IS NOT PAYABLE ON THE SAME DATE OF SERVICE AS A ER VISIT.	**CLAIM FIELD LABEL:**		PROCEDURE, MEMBER ID,PROVIDER, DOS	
ESC TYPE: CONTRA	**C/T:**		M (PT 13, 15, 20, 21, 22, 23, 24, 29, 64, 65, 78, 85)	
IF A PROVIDER BILLS FOR AN ER VISIT ON THE SAME DATE OF SERVICE AS A CONSULTATION HAS BILLED, THE CLAIM BILLING ER VISIT WILL FAIL ESC 5276.				
ESC CRITERIA:	SAME DATE OF SERVICE SAME PROVIDER SAME MEMBER			
PROCEDURES MONITORED:	**SUBJECT** CONSULTATIONS		**RELATED PROCEDURES** ER VISITS	
	90600	90642	90500	90540
	90605	90643	90505	90550
	90610	99241-99245	90510	90560
	90620	99251-99255	90515	90570
	90630	99261-99263	90517	90580
	90640		90520	99281-99288
	90641		90530	
ESC EOB:	0005 - EACH PROVIDER IS LIMITED TO BILLING ONLY ONE OF THE FOLLOWING PROCEDURES (HOSPITAL ADMISSION, ER VISIT, CONSULTATION, OR OFFICE VISIT), PER MEMBER ON THE SAME DATE OF SERVICE. YOU HAVE ALREADY RECEIVED PAYMENT FOR ONE OF THESE PROCEDURES.			
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 5276, VERIFY THAT THE MEMBER ID, PROVIDER NUMBER, DATE OF SERVICE, AND PROCEDURE CODE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.			
	IF KEYED CORRECTLY, DENY THE DETAIL WITH EOB 0005.			

2.78 5277

2.78.1 5277 (FORMER LEGACY AUDIT 360)

DMS LAST APPROVED: 07/28/2010		
ESC 5277 (FORMER LEGACY AUDIT 360 RELATIONSHIP) ADMISSION NOT PAYABLE SAME DATE OF SERVICE AS CONSULTATION.	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
	CLAIM FIELD LABEL:	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	M (PT 13, 15, 20, 21, 22, 23, 24, 29, 64, 65, 78, 85)
IF A PROVIDER BILLS FOR AN ADMISSION ON THE SAME DATE OF SERVICE A CONSUTLATION HAS BEEN PAID, THE CLAIM BILLING THE ADMISSION WILL FAIL ESC 5277.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE	

PROCEDURES MONITORED:	**CONSULTATIONS**		**ER VISITS**		**ADMISSIONS PROCEDURES**
	90600	99243	90500	90580	90200
	90605	99244	90505	99281	90215
	90610	99245	90510	99282	90220
	90620	99251	90515	99283	99221
	90630	99252	90517	99284	99222
	90640	99253	90520	99285	99223
	90641	99254	90530		
	90642	99255	90540		
	90643	99261	90550		
	99241	99262	90560		
	99242	99263	90570		

ESC EOB:	0005 - EACH PROVIDER IS LIMITED TO BILLING ONLY ONE PROCEDURE OUT OF THE FOLLOWING PROCEDURES (HOSPITAL ADMISSION, ER VISIT, CONSULTATION, OR OFFICE VISIT) PER MEMBER, ON THE SAME DATE OF SERVICE. YOU HAVE ALREADY RECEIVED PAYMENT FOR ONE OF THESE PROCEDURES.
PROCESSING INSTRUCTIONS:	**RESOLUTIONS:**

DMS LAST APPROVED: 07/28/2010	
	WHEN A CLAIM FAILS ESC 5277, VERIFY THE MEMBER ID, PROVIDER NUMBER, DATE OF SERVICE AND PROCEDURE CODE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FILED IN ERROR. IF FAILING AGAINST A CURRENT CLAIM, OVERRIDE THE DETAIL. IF RELATED HISTORY INDICATES A CONSULTATION/ER VISIT HAS BEEN PAID, DENYTHE DETAIL WITH EOB 0005.
PAPER ADJUSTMENTS:	FOLLOW RESOLUTION INSTRUCTIONS FOR CONDITIONS EXISTING IN NUMBER 1. IF FAILING AGAINST A CURRENT CLAIM, OVERRIDE THE ADJUSTMENT. IF DATA WAS KEYED CORRECTLY AND ADJUSTMENT REQUEST IS ADDING ONE OF THE ADMISSION PROCEDURES DELETE THE ADJUSTMENT FROM THE BATCH AND ATTACH AN RTP SHEET TO THE ADJUSTMENT REQUEST FORM. INDICATE ON THE RTP SHEET, “EACH PROVIDER IS LIMITED TO BILLING ONLY ONE PROCEDURE OUT OF THE FOLLOWING PROCEDURES (HOSPITAL ADMISSION, ER VISIT, CONSULTATION, OR OFFICE VISIT) PER MEMBER, ON THE SAME DATE OF SERVICE. YOU HAVE ALREADY RECEIVED PAYMENT FOR ONE OF THESE PROCEDURES ON THIS SAME DATE OF SERVICE”. RETURN ADJUSTMENT AND RTP SHEET TO THE PROVIDER. IF THE ADJUSTMENT REQUEST IS CHANGING SOMETHING OTHER THAN ONE OF THE LISTED ADMISSION CODES, DENY THE DETAIL.

2.78.2 5277 (FORMER LEGACY AUDIT 363)

DMS LAST APPROVED: 07/28/2010		
ESC 5277 (FORMER LEGACY AUDIT 363 RELATIONSHIP) ADMISSION NOT PAYABLE SAME DATE OF SERVICE AS CONSULTATION.	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
	CLAIM FIELD LABEL:	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	M (PT 13, 15, 20, 21, 22, 23, 24, 29, 64, 65, 78, 85)
IF A PROVIDER BILLS FOR A CONSULTATION ON THE SAME DATE OF SERVICE AS AN ADMISSION, THE CONSULTATION WILL FAIL ESC 5277.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE	

PROCEDURES MONITORED:	**ADMISSIONS PROCEDURES**	**CONSULTATIONS**		**ER VISITS**	
	90200	90600	99243	90500	90580
	90215	90605	99244	90505	99281
	90220	90610	99245	90510	99282
	99221	90620	99251	90515	99283
	99222	90630	99252	90517	99284
	99223	90640	99253	90520	99285
		90641	99254	90530	
		90642	99255	90540	
		90643	99261	90550	
		99241	99262	90560	
		99242	99263	90570	

ESC EOB:	0005 - EACH PROVIDER IS LIMITED TO BILLING ONLY ONE PROCEDURE OUT OF THE FOLLOWING PROCEDURES (HOSPITAL ADMISSION, ER VISIT, CONSULTATION, OR OFFICE VISIT) PER MEMBER, ON THE SAME DATE OF SERVICE. YOU HAVE ALREADY RECEIVED PAYMENT FOR ONE OF THESE PROCEDURES.
PROCESSING INSTRUCTIONS:	**RESOLUTIONS:**

DMS LAST APPROVED: 07/28/2010	
	WHEN A CLAIM FAILS ESC 5277, VERIFY THE MEMBER ID, PROVIDER NUMBER, DATE OF SERVICE AND PROCEDURE CODE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT THE FIELDS IN ERROR. IF CLAIM IS KEYED CORRECTLY, DENY THE DETAIL WITH EOB 0005.
	PAPER ADJUSTMENTS: FOLLOW INSTRUCTIONS FOR #1 ABOVE.

2.79 5278

2.79.1 5278 (FORMER LEGACY AUDIT 361)

DMS LAST APPROVED: 07/28/2010		
ESC 5278 (FORMER LEGACY AUDIT 361 RELATIONSHIP) GENERAL SERVICES NOT PAYABLE ON SAME DATE OF SERVICE AS SPECIAL SERVICES	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
	CLAIM FIELD LABEL:	PROCEDURE, MEMBER ID, PROVIDER, DOS
ESC TYPE: CONTRA	**C/T:**	B (PT 77), M (PT 13, 15, 20, 21, 22, 23, 24, 29, 50, 52, 64, 65, 70, 77, 78, 85)
IF A PROVIDER BILLS FOR GENERAL OPTHALMOLOGICAL SERVICES ON THE SAME DATE OF SERVICE AS SPECIAL OPTHALMOLOGICAL SERVICES, THE CLAIM BILLING GENERAL SERVICES WILL FAIL ESC 5278.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	**SPECIAL SERVICES**	**GENERAL SERVICES**
	90000 90050 99204 90010 90060 99205 90015 90070 99211 90017 90080 99212 90020 99201 99213 90030 99202 99214 90040 99203 99215	92002 92004 92012 92014
ESC EOB:	5278 - GENERAL SERVICES NOT PAYABLE ON THE SAME DATE OF SERVICE AS SPECIAL.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 5278, VERIFY THAT THE MEMBER ID, PROVIDER NUMBER, AND DATE OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR. IF A DETAIL IS FAILING AGAINST A CURRENT CLAIM OVERRIDE THE DETAIL. IF RELATED HISTORY INDICATES PAYMENT FOR A SPECIAL SERVICE PROCEDURE, DENY THE CURRENT CLAIM WITH EOB 5278.	

2.79.2 5278 (FORMER LEGACY AUDIT 362)

DMS LAST APPROVED: 07/28/2010		
ESC 5278 (FORMER LEGACY AUDIT 362 RELATIONSHIP) GENERAL SERVICES NOT PAYABLE ON SAME DATE OF SERVICE AS SPECIAL SERVICES	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT AND CLAIM CREDIT
	CLAIM FIELD LABEL:	MEMBER ID, PROVIDER, DOS, PROCEDURE
ESC TYPE: CONTRA	**C/T:**	B (PT 77), M (PT 13, 15, 20, 21, 22, 23, 24, 29, 50, 52, 64, 65, 70, 77, 78, 85)
IF A PROVIDER BILLS FOR SPECIAL OPTHALMOLOGICAL SERVICES ON THE SAME DATE OF SERVICE AS GENERAL OPHTHALMOLOGICAL SERVICES, THE CLAIM BILLING SPECIAL SERVICES WILL FAIL ESC 5278.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	**GENERAL SERVICES**	**SPECIAL SERVICES**
	92002 92004 92012 92014	90000 90050 99204 90010 90060 99205 90015 90070 99211 90017 90080 99212 90020 99201 99213 90030 99202 99214 90040 99203 99215
ESC EOB:	5278 - GENERAL SERVICES NOT PAYABLE ON THE SAME DATE OF SERVICE AS SPECIAL.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 5278, VERIFY THE MEMBER ID, PROVIDER NUMBER AND DATE OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR. IF KEYED CORRECTLY, DENY THE CURRENT CLAIM WITH EOB 5278.	

2.80 5280

2.80.1 5280 (FORMER LEGACY AUDIT 373)

DMS LAST APPROVED: 07/28/2010		
ESC 5280 (FORMER LEGACY AUDIT 373 RELATIONSHIP) DIAGNOSIS CAN NOT BE BILLED AS HOSPITAL FOLLOW-UP VISITS	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
	CLAIM FIELD LABEL:	MEMBER ID, PROVIDER, PROCEDURE, DOS, DIAGNOSIS, DIAGNOSIS INDICATOR
ESC TYPE: CONTRA	**C/T:**	M (PT 13, 22, 64, 65. 78. 85)
IF A PROVIDER BILLS FOR ORIGINAL PSYCHIATRIC DIAGNOSTIC EVALUATION AND/OR FOLLOW-UP PSYCHIATRIC CARE FOR THE SAME DATE OF SERVICE AS A FOLLOW-UP VISIT, THE CLAIM BILLING FOR THE HOSPITAL FOLLOW-UP WILL FAIL ESC 5280.		
ESC CRITERIA:	SAME PROVIDER SAME MEMBER DAME DATE OF SERVICE SAME DIAGNOSIS	

PROCEDURES MONITORED:	**PSYCHIATRIC**				**HOSPITAL FOLLOW-UP VISIT**	
	90801	90841	90849	90870	90240	90292
	90820	90843	90853	90871	90250	99231
	90825	90844	90855		90260	99232
	90830	90845	90857		90270	99233
	90835	90847	90862		90280	99238

ESC EOB:	0372 – HOSPITAL FOLLOW-UP VISITS AND ORIGINAL PSYCHIATRIC DIAGNOSTIC EVALUATION AND/OR FOLLOW UP PSYCHIATRIC CARE NOT ALLOWED FOR SAME DATE OF SERVICE.
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 5280, VERIFY THAT THE PROCEDURE CODE, DIAGNOSIS, DIAGNOSIS INDICATOR, MEMBER ID, PROVIDER NUMBER AND DATES OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT THE FIELDS IN ERROR. IF DIAGNOSIS CODE FOR THE DETAIL IS NOT ON THE ATTACHED LIST OF PSYCHIATRIC DIAGNOSIS CODES, OVERRIDE THE DETAIL. IF THE DIAGNOSIS CODE FOR THE DETAIL IS ON THE ATTACHED LIST OF DIAGNOSIS CODES, DENY THE DETAIL WITH EOB 0372.

DMS LAST APPROVED: 07/28/2010	
PAPER ADJUSTMENTS:	FOLLOW INSTRUCTIONS FOR CONDITIONS EXISTING IN STEPS 1-3 ABOVE. IF FAILING CURRENT TO CURRENT ON THE SAME ADJUSTMENT, DENY THE FOLLOW-UP VISIT. IF THE DIAGNOSIS CODE FOR THE DETAIL IS ON THE ATTACHED LIST OF PSYCHIATRIC CODES, AND THE ADJUSTMENT REQUEST IS ADDING ONE OF THE MONITORED PSYCHIATRIC OR HOSPITAL FOLLOW-UP VISITS, DELETE THE ADJUSTMENT. ATTACH AN RTP SHEET TO THE ADJUSTMENT REQUEST. INDICATE ON THE RTP SHEET, "HOSPITAL FOLLOW-UP VISIT AND ORIGINAL PSYCHIATRIC DIAGNOSTIC EVALUATION AND/OR FOLLOW-UP PSYCHIATRIC CARE NOT ALLOWED FOR SAME DATE OF SERVICE." RETURN THE ADJUSTMENT REQUEST AND RTP SHEET TO THE PROVIDER. IF DIAGNOSIS CODE FOR THE DETAIL IS ON THE ATTACHED LIST OF PSYCHIATRIC DIAGNOSIS CODES, AND THE ADJUSTMENT REQUEST IS CHANGING SOMETHING OTHER THAN MONITORED PSYCHIATRIC OR HOSPITAL FOLLOW-UP VISIT PROCEDURE CODES, DENY THE HOSPITAL FOLLOW-UP VISIT.

PSYCHIATRIC DIAGNOSIS CODES

290	290.0	290.1	290.10	290.11	290.12	290.13	290.2	290.20	290.21
290.3	290.4	290.40	290.41	290.42	290.43	290.8	290.9	291	291.0
291.1	291.2	291.3	291.4	291.5	291.8	291.9	292	292.0	292.1
292.11	292.12	292.2	292.8	292.81	292.82	292.83	292.84	292.89	292.9
293	293.0	293.1	293.8	293.81	293.82	293.83	293.89	293.9	294
294.0	294.1	294.8	294.9	295	295.0	295.1	295.2	295.3	295.4
295.5	295.6	295.7	295.8	295.9	296	296.0	296.1	296.2	296.3
296.4	296.5	296.6	296.7	296.8	296.80	296.81	296.82	296.89	296.9
296.90	296.99	297	297.0	297.1	297.2	297.3	297.8	297.9	298
298.0	298.1	298.2	298.3	298.4	298.8	298.9	299	299.0	299.1
299.8	299.9	300	300.0	300.00	300.01	300.02	300.09	300.1	300.10
300.11	300.12	300.13	300.14	300.15	300.16	300.19	300.2	300.20	300.21
300.22	300.23	300.29	300.3	300.4	300.5	300.6	300.7	300.8	300.81
300.89	300.9	301	301.0	301.1	301.10	301.11	301.12	301.13	301.2
301.20	301.21	301.22	301.3	301.4	301.5	301.50	301.51	301.59	301.6
301.7	301.8	301.81	301.82	301.83	301.84	301.89	301.9	302	302.0
302.1	302.2	302.3	302.4	302.5	302.50	302.51	302.52	302.53	302.6
302.7	302.70	302.71	302.72	302.73	302.74	302.75	302.76	302.79	302.8
302.81	302.82	302.83	302.84	302.85	302.89	302.9	303	303.0	303.9
304	304.0	304.1	304.2	304.3	304.4	304.5	304.6	304.7	304.8
304.9	305	305.0	305.1	305.2	305.3	305.4	305.5	305.6	305.7

305.8	305.9	306	306.0	306.1	306.2	306.3	306.4	306.5	306.50
306.51	306.52	306.53	306.59	306.6	306.7	306.8	306.9	307	307.0
307.1	307.2	307.20	307.21	307.22	307.23	307.3	307.4	307.40	307.41
307.42	307.43	307.44	307.45	307.46	307.47	307.48	307.49	307.5	307.50
307.51	307.52	307.53	307.54	307.59	307.6	307.7	307.8	307.80	307.81
307.89	307.9	308	308.0	308.1	308.2	308.3	308.4	308.9	309
309.0	309.1	309.2	309.21	309.22	309.23	309.24	309.28	309.29	309.3
309.4	309.8	309.81	309.82	309.83	309.89	309.9	310	310.0	310.1
310.2	310.8	310.9	311	312	312.0	312.1	312.2	312.3	312.30
312.31	312.32	312.33	312.34	312.35	312.39	312.4	312.8	312.9	313
313.0	313.1	313.2	313.21	313.22	313.23	313.3	313.8	313.81	313.82
313.83	313.89	313.9	314	314.0	314.00	314.01	314.1	314.2	314.8
314.9	315	315.0	315.00	315.01	315.02	315.09	315.1	315.2	315.3
315.31	315.39	315.4	315.5	315.8	315.9	316	317	318	318.0
318.1	318.2	319							

2.80.2 5280 (FORMER LEGACY AUDIT 408)

DMS LAST APPROVED: 07/28/2010		
ESC 5280 (FORMER LEGACY AUDIT 408 RELATIONSHIP) DIAGNOSIS CAN NOT BE BILLED AS HOSPITAL FOLLOW-UP VISITS	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
	CLAIM FIELD LABEL:	MEMBER ID, PROVIDER, PROCEDURE, DOS, DIAGNOSIS, DIAGNOSIS INDICATOR
ESC TYPE: CONTRA	**C/T:**	M (PT 13, 22, 64, 65. 78. 85)
IF A PROVIDER BILLS FOR ORIGINAL PSYCHIATRIC DIAGNOSTIC EVALUATION AND/OR FOLLOW-UP PSYCHIATRIC CARE FOR THE SAME DATE OF SERVICE AS A FOLLOW-UP VISIT, THE CLAIM BILLING FOR THE HOSPITAL FOLLOW-UP WILL FAIL ESC 5280.		
ESC CRITERIA:	SAME PROVIDER SAME MEMBER DAME DATE OF SERVICE SAME DIAGNOSIS	
PROCEDURES MONITORED:	**HOSPITAL FOLLOW-UP VISIT**	**PSYCHIATRIC**
	90240 90292 90250 99231 90260 99232 90270 99233 90280 99238	90801 90841 90849 90870 90820 90843 90853 90871 90825 90844 90855 90830 90845 90857 90835 90847 90862
ESC EOB:	0372 – HOSPITAL FOLLOW-UP VISITS AND ORIGINAL PSYCHIATRIC DIAGNOSTIC EVALUATION AND/OR FOLLOW UP PSYCHIATRIC CARE NOT ALLOWED FOR SAME DATE OF SERVICE.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 5280, VERIFY THAT THE PROCEDURE CODE, DIAGNOSIS, DIAGNOSIS INDICATOR, MEMBER ID, PROVIDER NUMBER AND DATES OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT THE FIELDS IN ERROR. IF DIAGNOSIS CODE FOR THE DETAIL IS NOT ON THE ATTACHED LIST OF PSYCHIATRIC DIAGNOSIS CODES, OVERRIDE THE DETAIL. IF THE DIAGNOSIS CODE FOR THE DETAIL IS ON THE ATTACHED LIST OF DIAGNOSIS CODES, DENY THE DETAIL WITH EOB 0372.	
PAPER ADJUSTMENTS:	FOLLOW INSTRUCTIONS FOR CONDITIONS EXISTING IN STEPS 1-3 ABOVE.	

DMS LAST APPROVED: 07/28/2010	
	IF FAILING CURRENT TO CURRENT ON THE SAME ADJUSTMENT, DENY THE FOLLOW-UP VISIT. IF THE DIAGNOSIS CODE FOR THE DETAIL IS ON THE ATTACHED LIST OF PSYCHIATRIC CODES, AND THE ADJUSTMENT REQUEST IS ADDING ONE OF THE MONITORED PSYCHIATRIC OR HOSPITAL FOLLOW-UP VISITS, DELETE THE ADJUSTMENT. ATTACH AN RTP SHEET TO THE ADJUSTMENT REQUEST. INDICATE ON THE RTP SHEET, "HOSPITAL FOLLOW-UP VISIT AND ORIGINAL PSYCHIATRIC DIAGNOSTIC EVALUATION AND/OR FOLLOW-UP PSYCHIATRIC CARE NOT ALLOWED FOR SAME DATE OF SERVICE." RETURN THE ADJUSTMENT REQUEST AND RTP SHEET TO THE PROVIDER. IF DIAGNOSIS CODE FOR THE DETAIL IS ON THE ATTACHED LIST OF PSYCHIATRIC DIAGNOSIS CODES, AND THE ADJUSTMENT REQUEST IS CHANGING SOMETHING OTHER THAN MONITORED PSYCHIATRIC OR HOSPITAL FOLLOW-UP VISIT PROCEDURE CODES, DENY THE HOSPITAL FOLLOW-UP VISIT.

PSYCHIATRIC DIAGNOSIS CODES

290	290.0	290.1	290.10	290.11	290.12	290.13	290.2	290.20	290.21
290.3	290.4	290.40	290.41	290.42	290.43	290.8	290.9	291	291.0
291.1	291.2	291.3	291.4	291.5	291.8	291.9	292	292.0	292.1
292.11	292.12	292.2	292.8	292.81	292.82	292.83	292.84	292.89	292.9
293	293.0	293.1	293.8	293.81	293.82	293.83	293.89	293.9	294
294.0	294.1	294.8	294.9	295	295.0	295.1	295.2	295.3	295.4
295.5	295.6	295.7	295.8	295.9	296	296.0	296.1	296.2	296.3
296.4	296.5	296.6	296.7	296.8	296.80	296.81	296.82	296.89	296.9
296.90	296.99	297	297.0	297.1	297.2	297.3	297.8	297.9	298
298.0	298.1	298.2	298.3	298.4	298.8	298.9	299	299.0	299.1
299.8	299.9	300	300.0	300.00	300.01	300.02	300.09	300.1	300.10
300.11	300.12	300.13	300.14	300.15	300.16	300.19	300.2	300.20	300.21
300.22	300.23	300.29	300.3	300.4	300.5	300.6	300.7	300.8	300.81
300.89	300.9	301	301.0	301.1	301.10	301.11	301.12	301.13	301.2
301.20	301.21	301.22	301.3	301.4	301.5	301.50	301.51	301.59	301.6
301.7	301.8	301.81	301.82	301.83	301.84	301.89	301.9	302	302.0
302.1	302.2	302.3	302.4	302.5	302.50	302.51	302.52	302.53	302.6
302.7	302.70	302.71	302.72	302.73	302.74	302.75	302.76	302.79	302.8
302.81	302.82	302.83	302.84	302.85	302.89	302.9	303	303.0	303.9
304	304.0	304.1	304.2	304.3	304.4	304.5	304.6	304.7	304.8
304.9	305	305.0	305.1	305.2	305.3	305.4	305.5	305.6	305.7
305.8	305.9	306	306.0	306.1	306.2	306.3	306.4	306.5	306.50
306.51	306.52	306.53	306.59	306.6	306.7	306.8	306.9	307	307.0

307.1	307.2	307.20	307.21	307.22	307.23	307.3	307.4	307.40	307.41
307.42	307.43	307.44	307.45	307.46	307.47	307.48	307.49	307.5	307.50
307.51	307.52	307.53	307.54	307.59	307.6	307.7	307.8	307.80	307.81
307.89	307.9	308	308.0	308.1	308.2	308.3	308.4	308.9	309
309.0	309.1	309.2	309.21	309.22	309.23	309.24	309.28	309.29	309.3
309.4	309.8	309.81	309.82	309.83	309.89	309.9	310	310.0	310.1
310.2	310.8	310.9	311	312	312.0	312.1	312.2	312.3	312.30
312.31	312.32	312.33	312.34	312.35	312.39	312.4	312.8	312.9	313
313.0	313.1	313.2	313.21	313.22	313.23	313.3	313.8	313.81	313.82
313.83	313.89	313.9	314	314.0	314.00	314.01	314.1	314.2	314.8
314.9	315	315.0	315.00	315.01	315.02	315.09	315.1	315.2	315.3
315.31	315.39	315.4	315.5	315.8	315.9	316	317	318	318.0
318.1	318.2	319							

2.81 5282 (FORMER LEGACY AUDIT 382)

DMS LAST APPROVED: 07/28/2010		
ESC 5282 (FORMER LEGACY AUDIT 382 RELATIONSHIP) EMERGENCY ROOM VISIT NOT REIMBURSABLE FOR THE SAME DATE OF SERVICE AS LABORATORY SERVICES	TYPE OF DOCUMENT:	ALL EXCEPT MASS ADJUSTMENT
	CLAIM FIELD LABEL:	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	M (PT 13, 15, 20, 21, 22, 23, 24, 29, 31, 35, 64, 65, 78, 85)
IF A PROVIDER BILLS FOR ER VISITS AND CERTAIN SPECIFIED SERVICES ON THE SAME DATE OF SERVICE, THE CLAIM/DETAIL FOR CERTAIN SPECIFIED PROCEDURES WILL FAIL ESC 5282.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE SAME PLACE OF SERVICE	
PROCEDURES MONITORED:	**ER VISITS**	**OTHER PROCEDURES**
	90500 90540 99283	36000
	90505 90550 99284	36001
	90510 90560 99285	36410
	90515 90570	36415
	90517 90580	70002-79999
	90520 99281	80002-89399
	90530 99282	93000-93277
ESC EOB:	0381 – CERTAIN SPECIFIED PROCEDURES ARE NOT REIMBURSABLE FOR SAME DATE OF SERVICE AS EMERGENCY ROOM VISIT.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 5282, VERIFY THE MEMBER ID, PROVIDER NUMBER, PROCEDURE CODE, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR. IF “OTHER PROCEDURES” AND ER VISITS ARE BILLED ON THE SAME CLAIM FORM, OVERRIDE THE DETAIL FOR THE ER VISIT AND DENY THE “OTHER PROCEDURES” WITH EOB 0381. IF “OTHER PROCEDURES” AND ER VISITS ARE BILLED CURRENT TO CURRENT, OVERRIDE THE ER VISIT AND DENY THE “OTHER PROCEDURE”.	

	IF RELATED HISTORY INDICATES “OTHER PROCEDURE” OR ER VISIT HAS BEEN PAID FOR THE SAME DATE OF SERVICE, DENY THE ESC WITH EOB 0381.

2.82 5283 (FORMER LEGACY AUDIT 400)

DMS LAST APPROVED: 12/19/03		
ESC 5283 (FORMER LEGACY AUDIT 400 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
ADDITIONAL SERVICES DISALLOWED IF THE TOOTH HAS BEEN EXTRACTED.	**CLAIM FIELD LABEL:**	MEMBER ID, TOOTH NUMBER, PROCEDURE
ESC TYPE: CONTRA	**C/T:**	D, M (PT 22, 31, 35)
IF THE PROVIDER BILLS FOR ADDITIONAL SERVICES FOR A TOOTH WHICH WAS PREVIOUSLY EXTRACTED, THE CLAIM BILLING ADDITIONAL SERVICES WILL FAIL ESC 5283.		
ESC CRITERIA:	SAME MEMBER SAME TOOTH NUMBER	
PROCEDURES MONITORED:	**EXTRACTION PROCEDURES**	**ADDITIONAL SERVICES PROCEDURES**

EXTRACTION PROCEDURES		**ADDITIONAL SERVICES PROCEDURES**		
D7111	07110	D1351	D2140	D2150
D7140	07120	D2160	D2161	D2330
D7210	07210	D2331	D2332	D2335
D7220	07220	D2391	D2392	D2393
D7230	07230	D2394	D2930	D2931
D7240	07240	D2932	D2951	D3110
D7241	07241	D3220	D3310	D3320
		D3330	D3410	D3421
		D3425	D3426	
		01351	02161	02951
		02110	02330	03110
		02120	02331	03220
		02130	02332	03310
		02131	02335	03320
		02140	02930	03330
		02150	02931	03410
		02160	02932	03421

ESC EOB:	0527 – ADDITIONAL SERVICES TO THE SAME TOOTH ARE DISALLOWED IF THE TOOTH HAS BEEN PREVIOUSLY EXTRACTED.

DMS LAST APPROVED: 12/19/03	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 5283, VERIFY THE PROCEDURE CODE, DATES OF SERVICE, AND TOOTH NUMBER HAVE BEEN KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.
	IF RELATED HISTORY INDICATES THE TOOTH WAS EXTRACTED (SEE EXTRACTION CODES) PRIOR TO DATE OF SERVICE ON CURRENT CLAIM BILLING ADDITIONAL SERVICES BY THE SAME PROVIDER OR SAME CLINIC PROVIDER, DENY THE CURRENT CLAIM/DETAIL WITH EOB 0527.
	IF RELATED HISTORY INDICATES THE TOOTH NUMBER ON THE CURRENT CLAIM HAS BEEN PREVIOUSLY EXTRACTED BY A DIFFERENT PROVIDER, OVERRIDE THE CLAIM/DETAIL AND CHANGE EOB FIELD TO 316.
	IF RELATED HISTORY DOES NOT INDICATE THE TOOTH HAS BEEN PREVIOUSLY EXTRACTED OVERRIDE THE ESC.

2.83 5287 (FORMER LEGACY AUDIT 466)

DMS LAST APPROVED: 02/18/05		
ESC 5287 (FORMER LEGACY AUDIT 466 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
EARLY INTERVENTION NOT PAYABLE ON SAME DATE OF SERVICE AS SOME EPSDT SERVICES.	**CLAIM FIELD LABEL:**	MEMBER ID, DOS, PROCEDURE
ESC TYPE: CONTRA	**C/T:**	H (PT 34), M (PT 24, 45), O (PT 01)
IF A PROVIDER BILLS FOR THE EARLY INTERVENTION PROCEDURE CODE/MODIFIER COMBINATIONS LISTED BELOW ON THE SAME DATE OF SERVICE AS CERTAIN EPSDT-SPECIAL SERVICES PROCEDURES, THE EARLY INTERVENTION SERVICE WILL FAIL ESC 5287 (AND VICE VERSA).		
ESC CRITERIA:	SAME MEMBER NUMBER SAME/OVERLAPPING DATE OF SERVICE	
	EPSDT SPECIAL SERVICES PT. 45 PROCEDURE CODES	**EARLY INTERVENTION PROC CODE/MODIFIER COMBINATIONS**
PROCEDURES MONITORED: (DOS PRIOR TO 10/16/2003)	92507 SHOULD ONLY FAIL AGAINST	X0050 W/MODIFIER 18 X0050 W/MODIFIER 19 X0050 W/MODIFIER 33 X0050 W/MODIFIER 34 X0060 W/MODIFIER 18 X0060 W/MODIFIER 19 X0060 W/MODIFIER 33 X0060 W/MODIFIER 34 X0051 W/MODIFIER 18 X0051 W/MODIFIER 19 X0051 W/MODIFIER 33 X0051 W/MODIFIER 34 PT 01/34 REV. CODE 440

DMS LAST APPROVED: 02/18/05		
	H5300 SHOULD ONLY FAIL AGAINST	X0050 W/MODIFIER 11 X0050 W/MODIFIER 12 X0050 W/MODIFIER 33 X0050 W/MODIFIER 34 X0060 W/MODIFIER 11 X0060 W/MODIFIER 12 X0060 W/MODIFIER 33 X0060 W/MODIFIER 34 X0051 W/MODIFIER 11 X0051 W/MODIFIER 12 X0051 W/MODIFIER 33 X0051 W/MODIFIER 34 PT 34 REV. CODE 430
	97530 SHOULD ONLY FAIL AGAINST	X0050 W/MODIFIER 14 X0050 W/MODIFIER 15 X0050 W/MODIFIER 33 X0050 W/MODIFIER 34 X0060 W/MODIFIER 14 X0060 W/MODIFIER 15 X0060 W/MODIFIER 33 X0060 W/MODIFIER 34 X0051 W/MODIFIER 14 X0051 W/MODIFIER 15 X0051 W/MODIFIER 33 X0051 W/MODIFIER 34 PT 01/34 REV CODE 420

DMS LAST APPROVED: 02/18/05		
PROCEDURES MONITORED: (DOS ON OR AFTER 10/16/2003)	S9128 SHOULD ONLY FAIL AGAINST	97139 W/MODIFIER GN 97139 W/MODIFIER GNU3 97139 W/MODIFIER TT 97139 W/MODIFIER HT 97110 W/MODIFIER GN 97110 W/MODIFIER GNU3 97110 W/MODIFIER TT 97110 W/MODIFIER HT 97150 W/MODIFIER GN 97150 W/MODIFIER GNU3 97150 W/MODIFIER TT 97150 W/MODIFIER HT PT 01/34 REV CODE 440
	S9129 SHOULD ONLY FAIL AGAINST	97139 W/MODIFIER GO 97139 W/MODIFIER GOU3 97139 W/MODIFIER TT 97139 W/MODIFIER HT 97110 W/MODIFIER GO 97110 W/MODIFIER GOU3 97110 W/MODIFIER TT 97110 W/MODIFIER HT 97150 W/MODIFIER GO 97150 W/MODIFIER GOU3 97150 W/MODIFIER TT 97150 W/MODIFIER HT PT 34 REV CODE 430

DMS LAST APPROVED: 02/18/05		
	S9131 SHOULD ONLY FAIL AGAINST	97139 W/MODIFIER GP 97139 W/MODIFIER GPU3 97139 W/MODIFIER TT 97139 W/MODIFIER HT 97110 W/MODIFIER GP 97110 W/MODIFIER GPU3 97110 W/MODIFIER TT 97110 W/MODIFIER HT 97150 W/MODIFIER GP 97150 W/MODIFIER GPU3 97150 W/MODIFIER TT 97150 W/MODIFIER HT PT 34 REV CODE 430
PROCEDURES MONITORED: (CLAIMS WITH PAID DATES PRIOR TO 9/27/2004)	**EARLY INTERVENTION** **PROC CODE / MODIFIER COMBINATIONS**	**EPSDT SPECIAL SERVICES PROCEDURES**
	97139, 97110 WITH MODIFIERS GO, GP, GN WITH OR WITHOUT 2ND MODIFIER U3 X0050, X0060 WITH MODIFIERS 11, 12, 14, 15, 18, 19	H0015 S9129 S9128 S9131 H5170 H5300 92507 97530

DMS LAST APPROVED: 02/18/05	
ESC EOB:	0466 – DETAIL DENIED. EARLY INTERVENTION AND CERTAIN EPSDT-SPECIAL PROCEDURES ARE NOT PAYABLE ON THE SAME DATE OF SERVICE FOR THE SAME MEMBER.
PROCESSING INSTRUCTIONS:	VERIFY THAT THE MEMBER ID, PROVIDER NUMBER, PROCEDURE CODE, MODIFIER, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.
	IF AN EARLY INTERVENTION DETAIL FAILS ESC 5287 AND RELATED HISTORY INDICATES ONE OF THE MONITORED EPSDT-SPECIAL SERVICES PROCEDURES HAS BEEN PAID FOR THE SAME DATE OF SERCICE, DENY THE DETAIL WITH EOB 0466.
	IF ONE OF THE EPSDT-SPECIAL SERVICES PROCEDURES LISTED ABOVE FAILS ESC 466 AND RELATED HISTORY INDICATES AN EARLY INTERVENTION SERVICE HAS BEEN PAID FOR THE SAME DATE OF SERVICE, DENY THE DETAIL WITH EOB 0466

2.84 5288 (FORMER LEGACY AUDIT 551)

DMS LAST APPROVED: 01/15/03		
ESC 5288 (FORMER LEGACY AUDIT 551 MISCELLANEOUS)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
VENI OR ARTERIAL PUNCTURE ARE NOT REIMBURSABLE ON SAME DATE OF SERVICE AS MONITORED PROCEDURE CODES	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	M (PT 64, 65) SPECIALTY CODE 22 ONLY
IF A PROVIDER (WITH A SPECIALTY CODE OF 22) BILLS A VENIPUNCTURE OR ARTERIAL PUNCTURE CODE ON THE SAME DATE OF SERVICE AS A MONITORED PROCEDURE CODE, THE VENIPUNCTURE/ARTERIAL PUNCTURE CODE AND THE MONITORED PROCEDURE CODE WILL FAIL ESC 5288.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	**VENIPUNCTURE ARTERIAL PUNCTURE**	**MONITORED PROCEDURE CODE**
	36400 36405 36406 36410 36415 36600 36620	78110-78111 78120-78122 78130 78191 78270-78272 80002-89399 93501 93503 93510-93511 93514 93524 93526-93529 93536 93541-93562 99295-99297 99218-99223 99231-99238 99251-99255 99261-99263 99281-99285 99288 99431 99433
ESC EOB:	0818 – VENIPUNCTURE OR ARTERIAL PUNCTURE IS NOT ALLOWED ON THE SAME DATE OF SERVICE AS OTHER MONITORED PROCEDURES.	

DMS LAST APPROVED: 01/15/03	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, DATE OF SERVICE, AND PROCEDURE CODE WERE KEYED CORRECTLY. IF NOT CORRECT THE FIELDS IN ERROR.
	IF CLAIM IS FAILING AGAINST A CURRENT CLAIM OVERRIDE THE DETAIL BILLING FOR THE "MONITORED PROCEDURE CODE" AND DENY THE DETAIL BILLING FOR THE "VENIPUNCTURE/ARTERIAL PUNCTURE PROCEDURE CODE".
	IN ALL OTHER SITUATIONS, DENY THE ESC WITH EOB 0818.

2.85 5289

2.85.1 5289 (FORMER LEGACY AUDIT 591)

DMS LAST APPROVED: 02/11/04				
ESC 5289 (FORMER LEGACY AUDIT 591 RELATIONSHIP)	**TYPE OF DOCUMENT:**		ALL EXCEPT MASS ADJUSTMENT	
CMH THERAPIES, ARE NOT PAYABLE ON THE SAME DATE OF SERVICE AS CMH INTENSIVE OUTPATIENT SERVICES	**CLAIM FIELD LABEL:**		MEMBER ID, PROVIDER, PROCEDURE	
ESC TYPE: CONTRA	**C/T:**		M (PT 30)	
IF CMH OUTPATIENT THERAPIES INDIVIDUAL, GROUP AND FAMILY PROCEDURES ARE BILLED ON THE SAME DATE OF SERVICE AS CMH INTENSIVE OUTPATIENT SERVICES, NON-RESIDENTIAL, AND DAY REHABILITATION PROCEDURES, CLAIM WILL FAIL ESC 5289				
ESC CRITERIA:	SAME MEMBER SAME OF DIFFERENT PROVIDER			
PROCEDURES MONITORED:	**MONITORED PROCEDURES**		**RELATED PROCEDURES**	
	90804, 90853, 90847 IF BILLED WITH MODIFIER UD	WB507 WB508 WB509 WB521 WB522 WB523 WB602 WB603 WB604	H0015 H0047 H2012 IF BILLED WITH MODIFIER UD	WB510 WB511 WB524 WB525 WB605 WB609
ESC EOB:	0591 – CLAIM/DETAIL DENIED. OUTPATIENT THERAPIES INDIVIDUAL, GROUP AND FAMILY PROCEDURE CODES ARE NOT PAYABLE ON THE SAME DATE OF SERVICE AS INTENSIVE OUTPATIENT SERVICES NON-RESIDENTIAL AND DAY REHABILITATION PROCEDURES.			
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE WAS KEYED CORRECTLY. IF NOT, CORRECT.			
	IF THE DATA IS KEYED CORRECTLY, DENY THE CLAIM WITH EOB 0591.			

2.85.2 5289 (FORMER LEGACY AUDIT 592)

DMS APPROVED 2/11/2004		
ESC 5289 (FORMER LEGACY AUDIT 592 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
CMH THERAPIES, ARE NOT PAYABLE ON THE SAME DATE OF SERVICE AS CMH INTENSIVE OUTPATIENT SERVICES	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE
ESC TYPE: CONTRA	**C/T:**	M (PT 30)
IF CMH INTENSIVE OUTPATIENT SERVICES, NON-RESIDENTIAL, AND DAY REHABILITATION PROCEDURES ARE BILLED FOR THE SAME MEMBER ON THE SAME DATE OF SERVICE AS CMH OUTPATIENT THERAPIES INDIVIDUAL, GROUP, AND FAMILY PROCEDURES, CLAIM WILL FAIL ESC 5289		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER	

PROCEDURES MONITORED:	**MONITORED PROCEDURES**		**RELATED PROCEDURES**	
	H0015, H0047, H2012 IF BILLED WITH MODIFER UD	WB510 WB511 WB524 WB525 WB605 WB609	90804 90853 90847 IF BILLED WITH MODIFIER UD	WB507 WB508 WB509 WB521 WB522 WB523 WB602 WB603 WB604
ESC EOB:	0591 – CLAIM/DETAIL DENIED. OUTPATIENT THERAPIES INDIVIDUAL, GROUP AND FAMILY PROCEDURE CODES ARE NOT PAYABLE ON THE SAME DATE OF SERVICE AS INTENSIVE OUTPATIENT SERVICES NON-RESIDENTIAL AND DAY REHABILITATION PROCEDURES.			
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE WAS KEYED CORRECTLY. IF NOT, CORRECT.			
	IF THE DATA IS KEYED CORRECTLY, DENY THE CLAIM WITH EOB 0591.			

2.86 ESC 5290

DMS LAST APPROVED: 07/01/2007		
ESC 5290	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
S5100 AND S5101 NOT BILLABLE SAME MEMBER SAME DOS	**CLAIM FIELD LABEL:**	MAID, DOS, PROCEDURE
ESC TYPE: CONTRA	**C/T:**	M (PT 43)
IF PROCEDURE CODES S5100 AND S5101 ARE BILLED ON THE SAME MEMBER ON THE SAME DOS, POST THE AUDIT.		
ESC CRITERIA:	SAME MEMBER SAME DATE OF SERVICE BOTH PROCEDURES BOTH PROVIDERS	
PROCEDURES MONITORED:	S5100	S5101
ESC EOB:	5290 – S5100 AND S5101 NOT BILLABLE SAME MEMBER SAME DOS	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 5290, VERIFY THE MAID NUMBER, DATE OF SERVICE, AND PROCEDURE/REVENUE CODE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY FOR THE CURRENT CLAIM WITH PROCEDURE CODE S5100 INDICATES PROCEDURE CODE S5101 WAS BILLED FOR THE SAME DOS; OR IF A RELATED HISTORY FOR THE CURRENT CLAIM WITH PROCEDURE CODE S5101 INDICATES PROCEDURE CODE S5100 WAS BILLED FOR THE SAME DOS, DENY THE CURRENT CLAIM WITH EOB 5290.	
	IF RELATED HISTORY DOES NOT INDICATE A CLAIM BILLING EITHER PROCEDURE CODE S5100 OR S5101 FOR THE SAME DOS, OVERRIDE THE CURRENT CLAIM.	

2.87 5291 (FORMER LEGACY AUDIT 710)

DMS LAST APPROVED: 03/12/01		
ESC 5291 (FORMER LEGACY AUDIT 710 LIMITATION)	**TYPE OF DOCUMENT:**	ALL
SPECIFIED PROCEDURES ARE NOT PAYABLE WITH OTHER SPECIFIED PROCEDURES	CLAIM FIELD LABEL:	MEMBER ID, PROVIDER, PROCEDURE CODE, DOS, UNITS OF SERVICE
ESC TYPE: CONTRA	**C/T:**	M (PT 13, 31, 35, 64, 65, 85)
IF A PROVIDER BILLS ANY COMBINATION OF PROCEDURE CODES 96400, 96408, 96414, 96420, AND 96425 ON THE SAME DATE OF SERVICE FOR THE SAME MEMBER, THE CLAIM WILL FAIL ESC 5291.		
ESC CRITERIA:	SAME PROVIDER SAME MEMBER SAME DATE OF SERVICE PER DCR 00258 ESC 710 WAS END-DATED, EFFECTIVE 11/16/00	
PROCEDURES MONITORED:	96400 96408 96414	96420 96425 96440 / 96445 96450 96549
ESC EOB:	0710 – CLAIM/DETAIL DENIED. ONLY ONE CHEMOTHERAPY ADMINISTRATION CODE IS PAYABLE PER DATE OF SERVICE. IF QUESTIONS, PLEASE CONTACT THE DEPARTMENT FOR KY MEDICAID SERVICES.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 5291, VERIFY THE MEMBER ID, PROVIDER NUMBER, DATE OF SERVICE, UNITS OF SERVICE, AND PROCEDURE CODES WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	THIS ESC IS SET TO AUTO-DENY.	

2.88 5292

2.88.1 5292 (FORMER LEGACY AUDIT 810)

DMS LAST APPROVED: 05/13/2011		
ESC 5292 (FORMER LEGACY AUDIT 810 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
HEMODIALYSIS ARE NOT PAYABLE ON THE SAME DATE OF SERVICE AS EVALUATION PROCEDURES	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	M (PT 13, 15, 20, 21, 22, 23, 24, 29, 31, 35, 64, 65, 78, 85)
IF A PROVIDER BILLS FOR HEMODIALYSIS PROCEDURES AND AN EVALUATION AND MANAGEMENT PROCEDURES ON THE SAME DATE OF SERVICE, THE EVALUATION AND MANAGEMENT PROCEDURE WILL FAIL ESC 5292.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME OR OVERLAPPING DATE OF SERVICE	

PROCEDURES MONITORED:	HEMODIALYSIS PROCEDURE CODES	EVALUATION AND MANAGEMENT	
	90918-90925	99201-99205	99295-99297
	90935	99211-99215	99301-99303
	90937	99218-99223	99311-99313
	90945	99224-99226	99321-99323
	90947	99231-99233	99331-99333
		99238	99341-99343
		99241-99245	99351-99353
		99251-99255	99381-99387
		99261-99263	99391-99397
		99271-99275	99431-99433
		99281-99285	99440
		99288	99499
		99291-99292	
	PROCEDURE CODES 99224 – 99226 ADDED PER CO 15366.		

ESC EOB:	5292 - HEMODIALYSIS NOT PAYABLE ON SAME D ATES OF SERVICE AS EVALUATION PROCEDURE.
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 5292, VERIFY THE MEMBER ID, PROVIDER NUMBER, PROCEDURE CODE, AND DATE OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.
	IF A HEMODIALYSIS PROCEDURE AND EVALUATION AND MANAGEMENT PROCEDURE CODE ARE BILLED ON THE SAME CLAIM FORM OR SUSPEND CURRENT TO CURRENT, OVERRIDE THE HEMODIALYSIS PROCEDURES. DENY THE EVALUATION AND MANAGEMENT PROCEDURES WITH EOB 5292.
	IF RELATED HISTORY INDICATES A HEMODIALYSIS PROCEDURE OR EVALUATION AND MANAGEMENT PROCEDURE HAS BEEN PAID FOR THE SAME DATE OF SERVICE, DENY THE CURRENT DETAIL WITH EOB 5292.

2.88.2 5292 (FORMER LEGACY AUDIT 811)

DMS LAST APPROVED: 10/23/96		
ESC 5292 (FORMER LEGACY AUDIT 811 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
HEMODIALYSIS ARE NOT PAYABLE ON THE SAME DATE OF SERVICE AS EVALUATION PROCEDURES	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	M (PT 13, 15, 20, 21, 22, 23, 24, 29, 31, 35, 64, 65, 78, 85)
IF A PROVIDER BILLS FOR EVALUATION AND MANAGEMENT PROCEDURES AND A HEMODIALYSIS PROCEDURE ON THE SAME DATE OF SERVICE, THE HEMODIALYSIS PROCEDURE WILL FAIL ESC 5292.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME OR OVERLAPPING DATE OF SERVICE	
PROCEDURES MONITORED:	**EVALUATION AND MANAGEMENT**	**HEMODIALYSIS PROCEDURE**
	99201-99205 99211-99215 99218-99223 99231-99233 99238 99241-99245 99251-99255 99261-99263 99271-99275 99281-99285 99288 99291-99292 99295-99297 99301-99303 99311-99313 99321-99323 99331-99333 99341-99343 99351-99353 99381-99387 99391-99397 99431-99433 99440 99499	90918-90925 90935 90937 90945 90947
ESC EOB:	5292 - HEMODIALYSIS NOT PAYABLE ON SAME DATES OF SERVICE AS EVALUATION PROCEDURE.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 5292, VERIFY THE MEMBER ID, PROVIDER NUMBER, PROCEDURE CODE, AND DATE OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	

DMS LAST APPROVED: 10/23/96	
	IF AN EVALUATION AND MANAGEMENT PROCEDURE AND A HEMODIALYSIS PROCEDURE CODE ARE BILLED ON THE SAME CLAIM FORM OR SUSPEND CURRENT TO CURRENT, OVERRIDE THE HEMODIALYSIS PROCEDURES AND DENY THE EVALUATION AND MANAGEMENT CODE WITH EOB 5292.
	IF RELATED HISTORY INDICATES AN EVALUATION AND MANAGEMENT PROCEDURE OR A HEMODIALISYS PROCEDURE HAS BEEN PAID FOR THE SAME DATE OF SERVICE, DENY THE CURRENT DETAIL WITH EOB 5292.

2.89 5294

2.89.1 5294 (FORMER LEGACY AUDIT 812)

DMS LAST APPROVED: 07/28/2010		
ESC 5294 (FORMER LEGACY AUDIT 812 RELATIONSHIP) SUTURE NOT ALLOWED ON SAME DATE OF SERVICE AS ANY OTHER SURGICAL PROCEDURES	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
	CLAIM FIELD LABEL:	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	D, M (PT 31, 35)
IF A PROVIDER BILLS PROCEDURE CODE 07910 OR D7910, FOR THE SAME MEMBER, AND SAME DATE OF SERVICE AS ONE OF THE MONITORED PROCEDURE CODES THE DETAIL EXCEEDING THE LIMIT WILL FAIL ESC 5294.		
ESC CRITERIA:	SAME PROVIDER SAME MEMBER DAME DATE OF SERVICE	
PROCEDURES MONITORED:	**SUTURE**	**SURGICAL PROCEDURES**
	D7910 07910	D4210, D4211, D4341, D7111 D7140, D7210, D7220, D7230 D7240, D7241, D7250, D7260 D7280, D7310, D7320, D7410 D7510, D7520, D7530, D7960 04210, 04211, 04341, 07110 07120, 07130, 07210, 07220 07230, 07240, 07241, 07250 07260, 07280
ESC EOB:	0812 – ADDITIONAL SURGICAL PROCEDURES ARE NOT PAYABLE ON SAME DATE OF SERVICE BY SAME PROVIDER FOR SAME MEMBER WHEN BILLING FOR SUTURE OF WOUND.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, PROCEDURE CODE, AND THE DATE OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE FIELD IN ERROR. IF FAILING AGAINST A CURRENT CLAIM, OVERRIDE THE ESC. IF RELATED HISTORY INDICATES A SUTURE PROCEDURE HAS BEEN PAID, DENY THE ESC WITH EOB 0812.	

2.89.2 5294 (FORMER LEGACY AUDIT 813)

DMS LAST APPROVED: 12/19/03		
ESC 5294 (FORMER LEGACY AUDIT 813 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
SUTURE OF SMALL WOUNDS NOT ALLOWED ON SAME DATE OF SERVICE AS ANY OTHER SURGICAL PROCEDURES	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	D, M (PT 31, 35)
IF A PROVIDER BILLS ONE OF THE BELOW SIMILAR OR RELATED PROCEDURE CODES FOR THE SAME MEMBER ON THE SAME DATE OF SERVICE AS PROCEDURE CODE 07910 OR D7910, THE DETAIL EXCEEDING THE LIMIT WILL FAIL ESC 5294.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	**SURGICAL PROCEDURES**	**SUTURE**
	D4210 D4211 D4341 D7111 D7140 D7210 D7220 D7230 D7240 D7241 D7250 D7260 D7280 D7310 D7320 D7410 D7510 D7520 D7530 D7960 04210 07220 04211 07230 04341 07240 07110 07241 07120 07250 07130 07260 07210 07280	D7910 07910
ESC EOB:	0812 – ADDITIONAL SURGICAL PROCEDURES ARE NOT PAYABLE ON SAME DATE OF SERVICE BY SAME PROVIDER FOR SAME MEMBER WHEN BILLING FOR SUTURE OF WOUND.	

DMS LAST APPROVED: 12/19/03	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, PROCEDURE CODE, AND THE DATE OF SERVICE WERE KEYED CORRECTLY. IF NOT CORRECT THE FIELD IN ERROR.
	IF KEYED CORRECTLY, DENY THE ESC.
	NOTE: THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - NON-PAPER CLAIMS.

2.90 ESC 5295

DMS LAST APPROVED: 06/09/2008		
ESC 5295	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE CODES 00170 AND D9220 CANNOT BE BILLED ON THE SAME DOS	**CLAIM FIELD LABEL:**	PROC, DOS, PROVIDER
ESC TYPE: CONTRA	**C/T:**	CT M (PT 64, 65)
IF A PROVIDER BILLS FOR PROCEDURE CODES 00170 AND D9220 ON THE SAME DATE OF SERVICE FOR THE SAME MEMBER, THE CLAIM WILL FAIL AUDIT 5295.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER	
	Note – THIS AUDIT IS EFFECTIVE 12/01/2007 AND WAS CREATED BY CO# 9744	
PROCEDURES MONITORED:	00170 D9220	
ESC EOB:	5295 – PROCEDURE CODES 00170 AND D9220 NOT PAYABLE ON THE SAME DATE OF SERVICE FOR THE SAME MEMBER.	
PROCESSING INSTRUCTIONS:	VERIFY THE DATE OF SERVICE, PROCEDURE CODE, AND MEMBER ID WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF THE DATA IS KEYED CORRECTLY, DENY THE DETAIL WITH EOB CODE 5295.	

2.91 5296 (FORMER LEGACY AUDIT 820)

DMS LAST APPROVED: 08/23/2010		
ESC 5296 (FORMER LEGACY AUDIT 820 RELATIONSHIP) STERILIZATION NOT WITHIN 42 DAYS OF DELIVERY AUDIT END DATED 1/1/2010 PER CO 14496	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
	CLAIM FIELD LABEL:	MEMBER ID, RENDERING PROVIDER, REFERRING PROVIDER, CLINIC PROVIDER, PROCEDURE CODE, DIAGNOSIS CODE, DOS
ESC TYPE: CONTRA	**C/T:**	M (PT 13, 20, 31, 35, 64, 65, 85)
DETAILS WHICH HAVE A "FAILED KENPAC EDITING" INDICATOR IF THERE HAS NOT BEEN A DELIVERY WITHIN THE PREVIOUS 42 DAYS WILL FAIL ESC 5296.		

ESC CRITERIA:	SAME MEMBER NO DELIVERY WITHIN PREVIOUS 42 DAYS			
PROCEDURES MONITORED:	**STERILIZATION CODES**			**DELIVERY**
	56301	58605	58700	59409
	56302	58611	58720	59410
	56307	58615	58940	59514
	56320	58661	58943	59515
	58565	58670		59612
	58600	58671		59614
	PROCEDURE CODES 11975 AND 11976 WERE REMOVED FROM AUDIT 5296 ON 10/31/2009 PER CO 12963. STERILIZATION PROCEDURE CODES 58565, 58661, 58670 AND 58671 WERE ADDED TO AUDIT 5296 ON 10/31/2009 PER CO 12963.			
ESC EOB:	0820 – BILLING OR REFERRING KENPAC PROVIDER NUMBER IS MISSING OR IS NOT THE KENPAC PHYSICIAN/CLINIC FOR DATE(S) BILLED. KENPAC REFERRING PROVIDER NUMBER SHOULD BE ENTERED IN FIELD 19.			
PROCESSING INSTRUCTIONS:	VERIFY RENDERING PROVIDER NUMBER, CLINIC NUMBER, REFERRING PROVIDER, MEMBER ID, PROCEDURE CODE, DIAGNOSIS CODE, AND DATE OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE FIELD IN ERROR.			

DMS LAST APPROVED: 08/23/2010	
	IF THE CLAIM HAS MEDICAID ELIGIBILITY CARD ATTACHED, COMPARE THE ELIGIBILITY DATES ON THE CARD TO THE DATES OF SERVICE ON THE CLAIM. IF DATES OF SERVICE ON THE CLAIM ARE NOT WITHIN THE ELIGIBILITY DATES ON THE CARD, DENY THE CLAIM. IF THE DATES FALL WITHIN, GO TO THE NEXT STEP.
	VERIFY THE RENDERING PROVIDER NAME ON THE CLAIM MATCHES THE KENPAC PROVIDER NAME ON THE CARD. IF THEY MATCH, FORWARD THE CLAIM AND ATTACHMENTS TO THE APPROPRIATE LOCATION FOR DMS. OVERRIDE THE ESC. IF THEY DO NOT MATCH, DENY THE ESC. NOTE: IF THE KENPAC PROVIDER LISTED ON THE CARD IS A PHYSICIAN'S CLINIC, PRIMARY CARE CENTER, OR RURAL HEALTH CLINIC; THE RENDERING PROVIDER MUST ALSO BE SUCH A CLINIC TO OVERRIDE THE ESC. IF NO KENPAC PROVIDER NUMBER IS PRESENT ON THE CLAIM AND THE RENDERING PROVIDER NAME ON THE CLAIM AND THE KENPAC PROVIDER NAME ON THE CARD ARE DIFFERENT, DENY THE ESC. IF KENPAC PROVIDER NUMBER IS PRESENT ON THE CLAIM, ACCESS THE KENPAC PROVIDER SCREEN TO VERIFY PROVIDER NAME AND ADDRESS. IF PROVIDER NAME AND ADDRESS ON THE SCREEN MATCHES THE PROVIDER NAME ON THE CARD, OVERRIDE THE ESC. SEND A COPY OF THE CLAIM AND ATTACHMENTS TO DMS. IF THE PROVIDER NUMBER DOES NOT APPEAR OR IF PROVIDER NAME AND ADDRESSES ARE DIFFERENT, DENY THE ESC. NOTE: CHECK REFERRING PROVIDER NUMBER ELIGIBILITY DATES ON THE KENPAC PROVIDER SCREEN. IF REFERRING PROVIDER NUMBER IS NOT ELIGIBLE FOR DATES OF SERVICE, DENY THE ESC WITH EOB 0820.
	NOTE: THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIM.

2.92 5298

2.92.1 5298 (FORMER LEGACY AUDIT 783)

LAST APPROVED BY DMS PRIOR TO 12/01/2005		
ESC 5298(FORMER LEGACY AUDIT 783 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
CONTRA	**CLAIM FIELD LABEL:**	PROCEDURE
ESC TYPE: CONTRA	**C/T:**	CT D (PT 60, 61, 31, 35)
IF A PROVIDER BILLS FOR FULL MOUTH DEBRIDEMENT (D4355) ON THE SAME DATE OF SERVICES AS A PROPHY (D1110 AND D1201) OR PERIODONTAL SCALING AND ROOT PLANNING (D4341), THE CLAIM BILLING D4355 WILL FAIL AUDIT 783.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DOS	
	FULL MOUTH DEBRIDEMENT	PROPHY AND PERIODONTAL SCALING AND ROOT PLANNING
PROCEDURES MONITORED:	D4355	D1110 D1201 D4341
ESC EOB:	0783 – FULL MOUTH DEBRIDEMENT NOT ALLOWED ON SAME DATE OF SERVICE AS PROPHY OR PERIODONTAL SCALING AND ROOT PLANNING.	
PROCESSING INSTRUCTIONS:	VERIFY THE MAID, PROVIDER NUMBER, PROCEDURE CODE, AND DATE OF SERVICE WERE KEYED CORRECTLY. IF NOT CORRECT THE FIELD IN ERROR.	
	IF RELATED HISTORY INDICATES A PROPHY OR PERIODONAL AND ROOT PLANNING HAS BEEN PAID, DENY THE AUDIT.	

2.92.2 5298 (FORMER LEGACY AUDIT 784)

ESC 5298(FORMER LEGACY AUDIT 784 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
CONTRA **ESC TYPE:** CONTRA	**CLAIM FIELD LABEL:**	PROCEDURE
	C/T:	CT D (PT 60, 61, 31, 35)
IF A PROVIDER BILLS FOR A PROPHY (D1110 AND D1201) OR PERIODONTAL SCALING AND ROOT PLANNING (D4341) ON THE SAME DATE OF SERVICES AS FULL MOUTH DEBRIDEMENT (D4355), THE CLAIM BILLING D1110, D1201 OR D4341 WILL FIAL AUDIT 784.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DOS	
	PROPHY AND PERIODONTAL SCALING AND ROOT PLANNING	FULL MOUTH DEBRIDEMENT
PROCEDURES MONITORED:	D1110 D1201 D4341	D4355
ESC EOB:	783 – FULL MOUTH DEBRIDEMENT NOT ALLOWED ON SAME DATE OF SERVICE AS PROPHY OR PERIODONTAL SCALING AND ROOT PLANNING.	
PROCESSING INSTRUCTIONS:	VERIFY THE MAID, PROVIDER NUMBER, PROCEDURE CODE, AND DATE OF SERVICE WERE KEYED CORRECTLY. IF NOT CORRECT THE FIELD IN ERROR.	
	IF RELATED HISTORY INDICATES A PROPHY OR PERIODONAL AND ROOT PLANNING HAS BEEN PAID, DENY THE AUDIT.	

2.93 5299 (FORMER LEGACY AUDIT 137)

DMS LAST APPROVED: 06/04/2007		
ESC 5299 (FORMER LEGACY EDIT 137)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
REVENUE CODE 230, 231, 233, OR 234 MUST BE BILLED IN CONJUNCTION WITH APPROPRIATE REVENUE CODE.	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: NEGATIVE CONTRA	**C/T:**	I (01, 92, 93)
FAILS IF REVENUE CODES 230, 231, 233, OR 234 ARE BILLED WITHOUT THE APPROPRIATE ROOM CHARGE CODE		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	CODES IN COLUMN A MUST BE BILLED IN CONJUNCTION WITH AN APPROPRIATE CORRESPONDING REVENUE CODE IN COLUMN B. A B 230, 234 210 THROUGH 214 230, 231 170 THROUGH 175 230, 233 200 THROUGH 208	
ESC EOB:	0137 – CLAIM DENIED. SERVICES MUST BE BILLED IN CONJUNCTION WITH APPROPRIATE ROOM CHARGES.	
PROCESSING INSTRUCTIONS:	VERIFY THE REVENUE CODES ARE ENTERED CORRECTLY. IF NOT, CORRECT.	
	IF THE REVENUE CODES ARE ENTERED CORRECTLY DENY WITH EOB CODE 0137.	

2.94 5303

DMS APPROVED: 07/07.2008		
ESC 5303	TYPE OF DOCUMENT:	PAPER, NON-PAPER, ADJUSTMENTS, SPECIAL BATCHES
HYSTER PROC 58565 NOT BILLABLE W/ 58555 OR 58700	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	M, O (PT 01, 31, 35, 36, 64, 65)
IF 58555 OR 58700 IS BILLED ON THE SAME DAY BY THE SAME PROVIDER AS 58565, THE CLAIM WILL POST ESC 5303.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	58555 58565 58700	
ESC EOB:	5303 - CLAIM DETAIL DENIED. HYSTERECTOMY PROCEDURE CODE 58565 IS NOT PAYABLE WHEN BILLED IN CONJUNCTION WITH PROCEDURE CODES 58555 OR 57800 AND VICE-VERSA.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER, PROCEDURE CODE, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF THE CLAIM WAS KEYED CORRECTLY, DENY WITH EOB 5303.	

2.95 5304

DMS APPROVED 02/08/2010		
ESC 5304	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE CODE 29581 NOT PAYABLE ON SAME DATE OF SERVICE AS 29540 OR 29580	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	M (PT 36), O (PT 01)
IF A PROVIDER BILLS PROCEDURE CODE 29581 FOR THE SAME MEMBER AND SAME DATE OF SERVICE AS 29540 OR 29580 (OR VICE VERSA), THE DETAIL WILL FAIL AUDIT 5304.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE NOTE – THIS AUDIT WAS CREATED BY CO 13200	
PROCEDURES MONITORED:	29581 AGAINST 29540, 29580 (AND VICE VERSA)	
ESC EOB:	5304 – CLAIM DENIED. 29581 NOT PAYABLE ON SAME DATE OF SERVICE AS 29540 OR 29580.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, DATE OF SERVICE, AND PROCEDURE CODE ARE KEYED CORRECTLY. IF NOT, DATA CORRECT THE FIELD(S) IN ERROR.	
	IF RELATED HISTORY INDICATES PROCEDURE CODE 29540 OR 29580 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 29581, DENY THE CURRENT DETAIL WITH EOB 5304.	
	IF RELATED HISTORY INDICATES PROCEDURE CODE 29581 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 29540 OR 29580, DENY THE CURRENT CLAIM WITH EOB 5304.	

2.96 5305

DMS APPROVED 02/08/2010		
ESC 5305	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE CODES 36147 AND 36148 NOT PAYABLE ON SAME DOS AS 75791	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	M (PT 36), O (PT 01)
IF A PROVIDER BILLS PROCEDURE CODE 36147 OR 36148 FOR THE SAME MEMBER AND SAME DATE OF SERVICE AS 75791 (OR VICE VERSA), THE DETAIL WILL FAIL AUDIT 5305.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE NOTE – THIS AUDIT WAS CREATED BY CO 13200	
PROCEDURES MONITORED:	36147, 36148 AGAINST 75791 (AND VICE VERSA)	
ESC EOB:	5305 – CLAIM DENIED. 36147 AND 36148 NOT PAYABLE ON SAME DOS AS 75791.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, DATE OF SERVICE, AND PROCEDURE CODE ARE KEYED CORRECTLY. IF NOT, DATA CORRECT THE FIELD(S) IN ERROR.	
	IF RELATED HISTORY INDICATES PROCEDURE CODE 75791 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 36147 OR 36148, DENY THE CURRENT DETAIL WITH EOB 5305.	
	IF RELATED HISTORY INDICATES PROCEDURE CODE 36147 OR 36148 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 75791, DENY THE CURRENT CLAIM WITH EOB 5305.	

2.97 5306

DMS APPROVED 02/08/2010		
ESC 5306	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE CODES 74261 AND 74262 ARE NOT PAYABLE ON THE SAME DATE OF SERVICE AS 72192-72194,74150-74170, 74263, 76376, OR 76377	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	O (PT 01)
IF A PROVIDER BILLS PROCEDURE CODE 74261 OR 74262 FOR THE SAME MEMBER AND SAME DATE OF SERVICE AS 72192-72194, 74150-74170, 74263, 76376, OR 76377 (OR VICE VERSA), THE DETAIL WILL FAIL AUDIT 5306.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE NOTE – THIS AUDIT WAS CREATED BY CO 13200	
PROCEDURES MONITORED:	74261 OR 74262 AGAINST 72192-72194, 74150-74170, 74263, 76376, OR 76377 (OR VICE VERSA)	
ESC EOB:	5306 – CLAIM DENIED. 74261 AND 74262 ARE NOT PAYABLE ON THE SAME DATE OF SERVICE AS 72192-72194,74150-74170, 74263, 76376, OR 76377.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, DATE OF SERVICE, AND PROCEDURE CODE ARE KEYED CORRECTLY. IF NOT, DATA CORRECT THE FIELD(S) IN ERROR.	
	IF RELATED HISTORY INDICATES PROCEDURE CODE 72192-72194, 74150-74170, 74263, 76376, OR 76377 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 74261 OR 74262, DENY THE CURRENT DETAIL WITH EOB 5306.	
	IF RELATED HISTORY INDICATES PROCEDURE CODE 74261 OR 74262 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 72192-72194, 74150-74170, 74263, 76376, OR 76377, DENY THE CURRENT CLAIM WITH EOB 5306.	

2.98 5307

DMS APPROVED 02/08/2010		
ESC 5307	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE CODE 87150 NOT PAYABLE ON THE SAME DATE OF SERVICE AS 83890-83914	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	O (PT 01)
IF A PROVIDER BILLS PROCEDURE CODE 87150 FOR THE SAME MEMBER AND SAME DATE OF SERVICE AS 83890-83914 (OR VICE VERSA), THE DETAIL WILL FAIL AUDIT 5307.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE NOTE – THIS AUDIT WAS CREATED BY CO 13200	
PROCEDURES MONITORED:	87150 AGAINST 83890-83914 (AND VICE VERSA)	
ESC EOB:	5307 – CLAIM DENIED. 87150 NOT PAYABLE ON THE SAME DATE OF SERVICE AS 83890-83914.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, DATE OF SERVICE, AND PROCEDURE CODE ARE KEYED CORRECTLY. IF NOT, DATA CORRECT THE FIELD(S) IN ERROR.	
	IF RELATED HISTORY INDICATES PROCEDURE CODE 83890-83914 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 87150, DENY THE CURRENT DETAIL WITH EOB 5307.	
	IF RELATED HISTORY INDICATES PROCEDURE CODE 87150 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 83890-83914, DENY THE CURRENT CLAIM WITH EOB 5307.	

2.99 5308

DMS APPROVED 02/08/2010		
ESC 5308	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE CODE 88387 NOT PAYABLE ON THE SAME DATE OF SERVICE AS 88388 OR 88329-88334	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	M (PT 36), O (PT 01)
IF A PROVIDER BILLS PROCEDURE CODE 88387 FOR THE SAME MEMBER AND SAME DATE OF SERVICE AS 88388 OR 88329-88334 (OR VICE VERSA), THE DETAIL WILL FAIL AUDIT 5308.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE NOTE – THIS AUDIT WAS CREATED BY CO 13200	
PROCEDURES MONITORED:	88387 AGAINST 88388 OR 88329-88334 (AND VICE VERSA)	
ESC EOB:	5308 – CLAIM DENIED. 88387 NOT PAYABLE ON THE SAME DATE OF SERVICE AS 88388 OR 88329-88334.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, DATE OF SERVICE, AND PROCEDURE CODE ARE KEYED CORRECTLY. IF NOT, DATA CORRECT THE FIELD(S) IN ERROR.	
	IF RELATED HISTORY INDICATES PROCEDURE CODE 88388 OR 88329-88334 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 88387, DENY THE CURRENT DETAIL WITH EOB 5308.	
	IF RELATED HISTORY INDICATES PROCEDURE CODE 88387 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 88388 OR 88329-88334, DENY THE CURRENT CLAIM WITH EOB 5308.	

2.100 5309

DMS APPROVED 02/08/2010		
ESC 5309	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE CODE 74263 IS NOT PAYABLE ON THE SAME DATE OF SERVICE AS 72192-72194, 74150-74170, 76376, OR 76377	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	O (PT 01)
IF A PROVIDER BILLS PROCEDURE CODE 74263 FOR THE SAME MEMBER AND SAME DATE OF SERVICE AS 72192-72194,74150-74170, 76376, OR 76377 (OR VICE VERSA), THE DETAIL WILL FAIL AUDIT 5309.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE NOTE – THIS AUDIT WAS CREATED BY CO 13200	
PROCEDURES MONITORED:	74263 AGAINST 72192-72194, 74150-74170, 76376, OR 76377 (AND VICE VERSA)	
ESC EOB:	5309 – CLAIM DENIED. 74263 IS NOT PAYABLE ON THE SAME DATE OF SERVICE AS 72192-72194, 74150-74170, 76376, OR 76377.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, DATE OF SERVICE, AND PROCEDURE CODE ARE KEYED CORRECTLY. IF NOT, DATA CORRECT THE FIELD(S) IN ERROR.	
	IF RELATED HISTORY INDICATES PROCEDURE CODE 72192-72194, 74150-74170, 76376, OR 76377 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 74263, DENY THE CURRENT DETAIL WITH EOB 5309.	
	IF RELATED HISTORY INDICATES PROCEDURE CODE 74263 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 72192-72194, 74150-74170, 76376, OR 76377, DENY THE CURRENT CLAIM WITH EOB 5309.	

2.101 5310

DMS APPROVED 02/08/2010		
ESC 5310	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE CODE 92540 NOT PAYABLE ON THE SAME DATE OF SERVICE AS 92541, 92542, 92544, OR 92545	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	M (PT 36), O (PT 01)
IF A PROVIDER BILLS PROCEDURE CODE 92540 FOR THE SAME MEMBER AND SAME DATE OF SERVICE AS 92541, 92542, 92544, OR 92545 (OR VICE VERSA), THE DETAIL WILL FAIL AUDIT 5310.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE NOTE – THIS AUDIT WAS CREATED BY CO 13200	
PROCEDURES MONITORED:	92540 AGAINST 92541, 92542, 92544, OR 92545 (AND VICE VERSA)	
ESC EOB:	5310 – CLAIM DENIED. 92540 NOT PAYABLE ON THE SAME DATE OF SERVICE AS 92541, 92542, 92544, OR 92545.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, DATE OF SERVICE, AND PROCEDURE CODE ARE KEYED CORRECTLY. IF NOT, DATA CORRECT THE FIELD(S) IN ERROR.	
	IF RELATED HISTORY INDICATES PROCEDURE CODE 92541, 92542, 92544, OR 92545 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 92540, DENY THE CURRENT DETAIL WITH EOB 5310.	
	IF RELATED HISTORY INDICATES PROCEDURE CODE 92540 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 92541, 92542, 92544, OR 92545, DENY THE CURRENT CLAIM WITH EOB 5310.	

2.102 5311

DMS APPROVED 02/08/2010		
ESC 5311	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE CODE 92550 AND 92570 ARE NOT PAYABLE ON THE SAME DATE OF SERVICE AS 92567 OR 92568	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	M (PT 36), O (PT 01)
IF A PROVIDER BILLS PROCEDURE CODE 92550 OR 92570 FOR THE SAME MEMBER AND SAME DATE OF SERVICE AS 92567 OR 92568 (OR VICE VERSA), THE DETAIL WILL FAIL AUDIT 5311.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE NOTE – THIS AUDIT WAS CREATED BY CO 13200	
PROCEDURES MONITORED:	92550 AND 92570 AGAINST 92567 OR 92568 (AND VICE VERSA)	
ESC EOB:	5311 – CLAIM DENIED. 92550 AND 92570 ARE NOT PAYABLE ON THE SAME DATE OF SERVICE AS 92567 OR 92568.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, DATE OF SERVICE, AND PROCEDURE CODE ARE KEYED CORRECTLY. IF NOT, DATA CORRECT THE FIELD(S) IN ERROR.	
	IF RELATED HISTORY INDICATES PROCEDURE CODE 92567 OR 92568 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 92550 OR 92570, DENY THE CURRENT DETAIL WITH EOB 5311.	
	IF RELATED HISTORY INDICATES PROCEDURE CODE 92550 OR 92570 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 92567 OR 92568, DENY THE CURRENT CLAIM WITH EOB 5311.	

2.103 5312

DMS APPROVED 02/08/2010		
ESC 5312	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE CODE 93750 NOT PAYABLE ON THE SAME DATE OF SERVICE AS 33975, 33976, 33979, OR 33981-33983	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	O (PT 01)
IF A PROVIDER BILLS PROCEDURE CODE 93750 FOR THE SAME MEMBER AND SAME DATE OF SERVICE AS 33975, 33976, 33979, OR 33981-33983 (OR VICE VERSA), THE DETAIL WILL FAIL AUDIT 5312.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE NOTE – THIS AUDIT WAS CREATED BY CO 13200	
PROCEDURES MONITORED:	93750 AGAINST 33975, 33976, 33979, OR 33981-33983 (AND VICE VERSA)	
ESC EOB:	5312 – CLAIM DENIED. 93750 NOT PAYABLE ON THE SAME DATE OF SERVICE AS 33975, 33976, 33979, OR 33981-33983.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, DATE OF SERVICE, AND PROCEDURE CODE ARE KEYED CORRECTLY. IF NOT, DATA CORRECT THE FIELD(S) IN ERROR.	
	IF RELATED HISTORY INDICATES PROCEDURE CODE 33975, 33976, 33979, OR 33981-33983 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 93750, DENY THE CURRENT DETAIL WITH EOB 5312.	
	IF RELATED HISTORY INDICATES PROCEDURE CODE 93750 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 33975, 33976, 33979, OR 33981-33983, DENY THE CURRENT CLAIM WITH EOB 5312.	

2.104 5313

DMS APPROVED 02/08/2010		
ESC 5313	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE CODE 95905 NOT PAYABLE ON THE SAME DATE OF SERVICE AS 95900-95904 OR 95934-95936	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	O (PT 01)
IF A PROVIDER BILLS PROCEDURE CODE 95905 FOR THE SAME MEMBER AND SAME DATE OF SERVICE AS 95900-95904 OR 95934-95936 (OR VICE VERSA), THE DETAIL WILL FAIL AUDIT 5313.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE NOTE – THIS AUDIT WAS CREATED BY CO 13200	
PROCEDURES MONITORED:	95905 AGAINST 95900-95904 OR 95934-95936 (AND VICE VERSA)	
ESC EOB:	5313 – CLAIM DENIED. 95905 NOT PAYABLE ON THE SAME DATE OF SERVICE AS 95900-95904 OR 95934-95936.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, DATE OF SERVICE, AND PROCEDURE CODE ARE KEYED CORRECTLY. IF NOT, DATA CORRECT THE FIELD(S) IN ERROR.	
	IF RELATED HISTORY INDICATES PROCEDURE CODE 95900-95904 OR 95934-95936 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 95905, DENY THE CURRENT DETAIL WITH EOB 5313.	
	IF RELATED HISTORY INDICATES PROCEDURE CODE 95905 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 95900-95904 OR 95934-95936, DENY THE CURRENT CLAIM WITH EOB 5313.	

2.105 5314

DMS APPROVED 02/08/2010		
ESC 5314	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE CODES 64491 AND 64492 MUST BE BILLED IN CONJUNCTION WITH 64490 (SAME DATE OF SERVICE)	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: NEGATIVE CONTRA	**C/T:**	M, (PT 36), O (PT 01)
IF A PROVIDER BILLS PROCEDURE CODE 64491 OR 64492 AND DOES NOT BILL 64490 FOR THE SAME MEMBER AND SAME DATE OF SERVICE, THE DETAIL WILL FAIL AUDIT 5314.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE NOTE – THIS AUDIT WAS CREATED BY CO 13200	
PROCEDURES MONITORED:	64491 AND 64492 MUST BE BILLED IN CONJUNCTION WITH 64490	
ESC EOB:	5314 – CLAIM DENIED. 64491 AND 64492 MUST BE BILLED IN CONJUNCTION WITH 64490 (SAME DATE OF SERVICE).	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, DATE OF SERVICE, AND PROCEDURE CODES ARE KEYED CORRECTLY. IF NOT, DATA CORRECT THE FIELD(S) IN ERROR.	
	IF ALL DATA IS KEYED CORRECTLY, DENY THE CURRENT DETAIL WITH EOB 5314.	

2.106 5315

DMS APPROVED 02/08/2010		
ESC 5315	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE CODE 75557, 75559, 75561, 75563, AND 75565 ARE NOT PAYABLE ON THE SAME DATE OF SERVICE AS 76376 OR 76377	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	O (PT 01)
IF A PROVIDER BILLS PROCEDURE CODE 75557, 75559, 75561, 75563, OR 75565 FOR THE SAME MEMBER AND SAME DATE OF SERVICE AS 76376 OR 76377 (OR VICE VERSA), THE DETAIL WILL FAIL AUDIT 5315.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE NOTE – THIS AUDIT WAS CREATED BY CO 13200	
PROCEDURES MONITORED:	75557, 75559, 75561, 75563, AND 75565 AGAINST 76376 OR 76377 (AND VICE VERSA)	
ESC EOB:	5315 – CLAIM DENIED. 75557, 75559, 75561, 75563, AND 75565 ARE NOT PAYABLE ON THE SAME DATE OF SERVICE AS 76376 OR 76377.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, DATE OF SERVICE, AND PROCEDURE CODE ARE KEYED CORRECTLY. IF NOT, DATA CORRECT THE FIELD(S) IN ERROR.	
	IF RELATED HISTORY INDICATES PROCEDURE CODE 76376 OR 76377 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 75557, 75559, 75561, 75563, OR 75565, DENY THE CURRENT DETAIL WITH EOB 5315.	
	IF RELATED HISTORY INDICATES PROCEDURE CODE 75557, 75559, 75561, 75563, OR 75565 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE 76376 OR 76377, DENY THE CURRENT CLAIM WITH EOB 5315.	

2.107 5316

DMS APPROVED 02/08/2010		
ESC 5316	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE CODES 64494 AND 64495 MUST BE BILLED IN CONJUNCTION WITH 64493 (SAME DATE OF SERVICE)	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: NEGATIVE CONTRA	**C/T:**	M, (PT 36), O (PT 01)
IF A PROVIDER BILLS PROCEDURE CODE 64494 OR 64495 AND DOES NOT BILL 64493 FOR THE SAME MEMBER AND SAME DATE OF SERVICE, THE DETAIL WILL FAIL AUDIT 5316.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE NOTE – THIS AUDIT WAS CREATED BY CO 13200	
PROCEDURES MONITORED:	64494 AND 64495 MUST BE BILLED IN CONJUNCTION WITH 64493	
ESC EOB:	5316 – CLAIM DENIED. 64494 AND 64495 MUST BE BILLED IN CONJUNCTION WITH 64493 (SAME DATE OF SERVICE).	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, DATE OF SERVICE, AND PROCEDURE CODES ARE KEYED CORRECTLY. IF NOT, DATA CORRECT THE FIELD(S) IN ERROR.	
	IF ALL DATA IS KEYED CORRECTLY, DENY THE CURRENT DETAIL WITH EOB 5316.	

2.108 5317

DMS APPROVED 02/08/2010		
ESC 5317	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE CODE 75565 IS ONLY PAYABLE IN CONJUNCTION WITH 75557, 75559, 75561, OR 75563	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: NEGATIVE CONTRA	**C/T:**	M, (PT 36), O (PT 01)
IF A PROVIDER BILLS PROCEDURE CODE 75565 AND DOES NOT BILL 75557, 75559, 75561, OR 75563 FOR THE SAME MEMBER AND SAME DATE OF SERVICE, THE DETAIL WILL FAIL AUDIT 5317.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE NOTE – THIS AUDIT WAS CREATED BY CO 13200	
PROCEDURES MONITORED:	75565 MUST BE BILLED IN CONJUNCTION WITH 75557, 75559, 75561, OR 75563	
ESC EOB:	5316 – CLAIM DENIED. 75565 IS ONLY PAYABLE IN CONJUNCTION WITH 75557, 75559, 75561, OR 75563 (SAME DATE OF SERVICE).	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, DATE OF SERVICE, AND PROCEDURE CODES ARE KEYED CORRECTLY. IF NOT, DATA CORRECT THE FIELD(S) IN ERROR.	
	IF ALL DATA IS KEYED CORRECTLY, DENY THE CURRENT DETAIL WITH EOB 5317.	

2.109 5318

DMS APPROVED 02/08/2010		
ESC 5318	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE CODE 88388 IS ONLY PAYABLE IN CONJUNCTION WITH 88329 THROUGH 88334 (SAME DATE OF SERVICE)	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: NEGATIVE CONTRA	**C/T:**	M, (PT 36), O (PT 01)
IF A PROVIDER BILLS PROCEDURE CODE 88388 AND DOES NOT BILL 88329 THROUGH 88334 (ONLY ONE OF THESE CODES MUST BE BILLED) FOR THE SAME MEMBER AND SAME DATE OF SERVICE, THE DETAIL WILL FAIL AUDIT 5318.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE NOTE – THIS AUDIT WAS CREATED BY CO 13200	
PROCEDURES MONITORED:	88388 MUST BE BILLED IN CONJUNCTION WITH 88329 THROUGH 88334 (ONLY ONE OF THESE CODES MUST BE BILLED)	
ESC EOB:	5318 – CLAIM DENIED. 88388 IS ONLY PAYABLE IN CONJUNCTION WITH 88329 THROUGH 88334 (SAME DATE OF SERVICE).	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, DATE OF SERVICE, AND PROCEDURE CODES ARE KEYED CORRECTLY. IF NOT, DATA CORRECT THE FIELD(S) IN ERROR.	
	IF ALL DATA IS KEYED CORRECTLY, DENY THE CURRENT DETAIL WITH EOB 5318.	

2.110 5319

DMS APPROVED 2/23/2010		
ESC 5319	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE CODES A4351 AND A4352 ARE NOT PAYABLE ON SAME DATE OF SERVICE AS A4353	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	M (PT 90)
IF A PROVIDER BILLS PROCEDURE CODE A4351 OR A4352 FOR THE SAME MEMBER AND SAME DATE OF SERVICE AS A4353 (OR VICE VERSA), THE DETAIL WILL FAIL AUDIT 5319.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME DATE OF SERVICE NOTE – THIS AUDIT WAS CREATED BY CO 13154	
PROCEDURES MONITORED:	A4351, A4352 AGAINST A4353 (AND VICE VERSA)	
ESC EOB:	5319 – CLAIM DENIED. PROCEDURE CODES A4351 AND A4352 ARE NOT PAYABLE ON THE SAME DATE OF SERVICE AS A4353.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, DATE OF SERVICE, AND PROCEDURE CODE ARE KEYED CORRECTLY. IF NOT, DATA CORRECT THE FIELD(S) IN ERROR.	
	IF RELATED HISTORY INDICATES PROCEDURE CODE A4351 OR A4352 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE A4353, DENY THE CURRENT DETAIL WITH EOB 5319.	
	IF RELATED HISTORY INDICATES PROCEDURE CODE A4353 HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING PROCEDURE CODE A4351 OR A4352, DENY THE CURRENT CLAIM WITH EOB 5319.	

2.111 5411 (FORMER LEGACY AUDIT 078)

DMS LAST APPROVED: 06/04/2007		
ESC 5411 (FORMER LEGACY EDIT 078)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
BASE RATE MUST BE BILLED	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: NEGATIVE CONTRA	**C/T:**	M (PT 56)
IF A NON-EMERGENCY TRANSPORTATION CLAIM IS BILLED WITHOUT A BASE RATE CODE THE CLAIM WILL FAIL ESC 5411.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE SPECIALTY 661 ONLY	
PROCEDURES MONITORED:	FAILS IF A CLAIM IS BILLED WITHOUT BASE RATE CODE T2005.	
ESC EOB:	0078 - CLAIM/DETAIL DENIED. BASE RATE OR RATE PER MILE MISSING OR INVALID.	
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODES ARE ENTERED CORRECTLY. IF NOT, CORRECT.	
	IF THE PROCEDURE CODES ARE ENTERED CORRECTLY DENY THE DETAIL WITH EOB CODE 0078.	

2.112 5416 (FORMER LEGACY AUDIT 993)

DMS LAST APPROVED 06/24/2009		
ESC 5416 (FORMER LEGACY AUDIT 993 DUPLICATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENTS
OTHER PROCEDURE CODES NOT PAYABLE ON THE SAME DATE OF SERVICE AS AIR AMBULANCE.	**CLAIM FIELD LABEL:**	DOS, PROCEDURES
ESC TYPE: CONTRA	**C/T:**	M (PT 55)
ONLY PROCEDURE CODES A0435 OR A0436 ARE PAYABLE ON THE SAME DATE OF SERVICE AS AIR AMBULANCE (A0430 AND A0431).		
ESC CRITERIA:	FOR DATES OF SERVICE ON OR AFTER 01/01/02 FAILS IF ANY OTHER PROCEDURE CODE IS BILLED FOR THE SAME DATE OF SERVICE AS AIR AMBULANCE PROCEDURE CODES A0430 AND A0431, OTHER THAN A0435 AND A0436. FOR DATES OF SERVICE PRIOR TO 1/01/02 FAILS IF ANY OTHER PROCEDURE CODE IS BILLED ON THE SAME CLAIM FOR THE SAME DATE OF SERVICE AS A0030. NOTE – PER CO 12322 THIS AUDIT WAS END-DATED EFFECTIVE 12/31/2007.	
PROCEDURES MONITORED:	A0430 AND A0431 AGAINST ALL OTHER TRANSPORTATION CODES EXCEPT A0435 AND A0436	
ESC EOB:	0993 - CLAIM/DETAIL DENIED. SERVICES NOT PAYABLE ON SAME DATE OF SERVICE AS AIR AMUBLANCE	
PROCESSING INSTRUCTIONS:	1. **VERIFY ALL DATES OF SERVICE AND PROCEDURE CODES ON THE CLAIM ARE ENTERED CORRECTLY. IF NOT, CORRECT.**	
	2. **IF THE DATES OF SERVICE AND PROCEDURE CODES ARE ENTERED CORRECTLY, DENY ALL DETAILS WHICH FAILED EDIT 993.**	

2.113 5418 (FORMER LEGACY AUDIT NA)

DMS LAST APPROVED: 08/12/2012		
ESC 5418 (FORMER LEGACY AUDIT NA) EFFECTIVE: 01/01/2011	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE CODE A4264 MUST BE BILLED WITH PROCEDURE CODE 58565	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE CODE, DOS, POS
ESC TYPE: NEGATIVE CONTRA	**C/T:**	M (PTS 64, 65, 78)
IF A PHYSICIAN OR NURSE PRACTITIONER BILLS PROCEDURE CODE A4264 WITHOUT BILLING PROCEDURE CODE 58565 FOR THE SAME MEMBER, SAME DOS, AND SAME POS ESC 5418 WILL FAIL. IF PROCEDURE CODE 58565 IS PAID IN HISTORY WITH A POS DIFFERENT THAN 11, DETAIL WILL FAIL ESC 5418.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DETAIL DATE OF SERVICE SAME DETAIL PLACE OF SERVICE (POS 11)	
PROCEDURES MONITORED:	A4264	
ESC EOB:	5418 – PROCEDURE CODE A4264 MUST BE BILLED WITH PROCEDURE CODE 58565.	
PROCESSING INSTRUCTIONS:	VERIFY THAT THE MEMBER ID, PROVIDER NUMBER, DATE OF SERVICE, PROCEDURE CODE AND PLACE OF SERVICE WERE KEYED CORRECTLY.	
	IF ALL DATA WAS KEYED CORRECTLY, DENY THE CLAIM WITH EOB 5418.	

2.114 5421

DMS LAST APPROVED: 07/06/2012		
ESC 5421	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
99292 MUST BE BILLED IN CONJUNCTION WITH 99291	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: NEGATIVE CONTRA	**C/T:**	M (PT 64, 65, 78)
FAILS PROCEDURE CODE 99292 IF THERE IS NOT A PAID HISTORY CLAIM OR ANOTHER CURRENT DETAIL WITH PROCEDURE CODE 99291 FOR THE SAME DATE OF SERVICE FOR THE SAME MEMBER SUBMITTED BY THE SAME PROVIDER.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	99292 MUST BE BILLED IN CONJUNCTION WITH 99291	
ESC EOB:	5421 - CLAIM/DETAIL DENIED. PROCEDURE CODE 99292 MUST BE BILLED IN CONJUNCTION WITH 99291.	
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODES ARE ENTERED CORRECTLY. IF NOT, CORRECT.	
	IF THE PROCEDURE CODES ARE ENTERED CORRECTLY DENY THE DETAIL WITH EOB CODE 5421.	

2.115 5422 (NO FORMER LEGACY AUDIT – NEW POLICY PER CO 7625)

DMS LAST APPROVED: 06/04/07		
ESC 5222 (NO FORMER LEGACY AUDIT) CONTRA AUDIT	**CLAIM TYPE:**	D
PERI AND ROOT SCALING NOT ALLOWED SDOS AS PROPHY	**PROVIDER TYPE:**	31, 35, 60, 61
	TYPE OF DOCUMENT:	PAPER, NON-PAPER, ADJUSTMENT
	FIELD NAME:	PROCEDURE, DOS, MAID, PROVIDER

EFFECTIVE 6/04/07 IF PROVIDER BILLS ONE OF THE PROCEDURE CODES IN COLUMN B FOR THE SAME MEMBER, SAME DATE OF SERVICE AS THE CORRESPONDING CODE IN COLUMN A, THE DETAIL WILL FAIL ESC 5422.

OR

IF A PROVIDER BILLS ONE OF THE PROCEDURE CODES IN COLUMN A FOR THE SAME MEMBER, SAME DATE OF SERVICE AS THE CORRESPONDING CODE IN COLUMN B, THE DETAIL WILL FAIL ESC 5422.

ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME OR OVERLAPPING DETAIL DOS		
PROCEDURES MONITORED:	**A**		**B**
	D1110	Not Payable With	D4341
	D1120	Not Payable With	D4341
	D1201	Not Payable With	D4341
	D4341	Not Payable With	D1110
	D4341	Not Payable With	D1120
	D4341	Not Payable With	D1201
AUDIT EOB:	5422 – PERI AND ROOT SCALING NOT ALLOWED SDOS AS PROPHY.		
PROCESSING INSTRUCTIONS:	VERIFY THE MAID, PROCEDURE CODE, PROVIDER NUMBER, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, DATA CORRECT EACH FIELD IN ERROR. IF DATA IS KEYED CORRECTLY, DENY THE AUDIT.		
	NOTE: FOR CURRENT TO CURRENT FAILURES **BOTH** DETAILS SHOULD BE DENIED.		

	NOTE: THIS AUDIT IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT-ELECTRONIC CLAIMS.

2.116 5500 (FORMER LEGACY AUDIT 596)

DMS LAST APPROVED: 9/24/2011		
ESC 5500 (FORMER LEGACY AUDIT 596 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS DJUSTMENT
PROCEDURE CANNOT BE BILLED WITHIN 10 DAYS AFTER A SURGICAL PROCEDURE	CLAIM FIELD LABEL:	PROCEDURE, DOS, MEMBER ID, PROV DIAGNOSIS
ESC TYPE: CONTRA	**C/T:**	M (PT 31, 35)
IF A PROVIDER BILLS FOR AN OFFICE PROCEDURE CODE THAT HAS A DATE OF SERVICE WITHIN 10 DAYS FOLLOWING A SURGICAL PROCEDURE FOR THE SAME MEMBER, THE OFFICE VISIT WILL FAIL ESC 5500.		

ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME FIRST DIAGNOSIS CODE (FIRST 3 BYTES) <u>EXCEPTIONS</u> CLAIMS WITH A TYPE OF SERVICE OF “N” OR “D” ARE EXCLUDED FROM THIS ESC. IF THE OFFICE VISIT AND SURGICAL PROCEDURE ARE ON THE SAME DATE, THE ESC DOES NOT FAIL.	
PROCEDURES MONITORED:	**SURGICAL PROCEDURES**	**OFFICE VISIT CODES**
	10040 THRU 36414 36416 THRU 58999 59052 THRU 69999	99211 THRU 99215
	NOTE: PROCEDURE CODES 36416 AND 69210 WERE REMOVED FROM THE AUDIT PER CO1060.	
ESC EOB:	0596 –CLAIM DETAIL DENIED. OFFICE VISITS NOT ALLOWED WITHIN 10 DAYS FOLLOWING A SURGICAL PROCEDURE.	
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE, DATE OF SERVICE, MEMBER ID, DIAGNOSIS, AND PROVIDER NUMBER WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF DATA IS KEYED CORRECTLY, DENY THE DETAIL WITH EOB 0596.	

2.117 5510

DMS LAST APPROVED: 06/08/2010		
ESC 5510 (FORMER LEGACY N/A)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
SUSPECT DUPE AGAINST DENTAL (AUDIT CREATED UNDER CO 12401)	**CLAIM FIELD LABEL:**	PROVIDER ID, PROCEDURE CODE, MEMBER ID, DOS
ESC TYPE: CONFLICT	**C/T:**	M (PT 20, 37)
IF THE SAME PROCEDURE CODE IS BILLED FOR THE SAME MEMBER, SAME DATE OF SERVICE, BY PROVIDER ID 20901211/NPI 1295923183 AND A PROVIDER TYPE 37 THIS AUDIT WILL FAIL.		
ESC CRITERIA:	SAME MEMBER SAME DATE OF SERVICE SAME PROCEDURE CODE PROVIDER ID 20901211/NPI 1295923183	
PROCEDURES MONITORED:	ALL	
ESC EOB:	5510 - DUPLICATE CLAIM DPH AND OTHER PROVIDER.	
PROCESSING INSTRUCTIONS:	1. VERIFY PROVIDER ID, MEMBER ID, DATE OF SERVICE, AND PROCEDURE CODE IS KEYED CORRECTLY. IF NOT, CORRECT DATA. 2. IF FAILING CURRENT TO CURRENT CLAIM, OVERRIDE EARLIER ICN AND DENY THE LATER ICN WITH EOB 5510. 3. IF RELATED HISTORY INDICATES THAT THE SAME PROCEDURE CODE HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM BILLING THE PROCEDURE CODE, DENY THE CURRENT DETAIL WITH EOB 5510.	

2.118 5511 (FORMER LEGACY AUDIT 596)

DMS LAST APPROVED: 9/24/2011		
ESC 5511 (FORMER LEGACY AUDIT 596 RELATIONSHIP) PROCEDURE CANNOT BE BILLED WITHIN 10 DAYS AFTER A SURGICAL PROCEDURE	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS DJUSTMENT
	CLAIM FIELD LABEL:	PROCEDURE, DOS, MEMBER ID, PROV, DIAGNOSIS
ESC TYPE: CONTRA	**C/T:**	M (PT 31, 35)
IF A PROVIDER BILLS A SURGICAL PROCEDURE THAT HAS A DATE OF SERVICE THAT IS WITHIN 10 DAYS **PRIOR TO** A PAID OFFICE VISIT IN HISTORY FOR THE SAME MEMBER, THE SURGICAL PROCEDURE(S) WILL FAIL ESC 5511. ESC 5511 IS THE REVERSE FOR AUDIT 5500 AND WAS CREATED UNDER DEFECT 15446.		

ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME FIRST DIAGNOSIS CODE (FIRST 3 BYTES) <u>EXCEPTIONS</u> CLAIMS WITH A TYPE OF SERVICE OF “N” OR “D” ARE EXCLUDED FROM THIS ESC. IF THE OFFICE VISIT AND SURGICAL PROCEDURE ARE ON THE SAME DATE, THE ESC DOES NOT FAIL.	
PROCEDURES MONITORED:	**SURGICAL PROCEDURES**	**OFFICE VISIT CODES**
	10040 THRU 36414 36416 THRU 58999 59052 THRU 69999	99211 THRU 99215
	NOTE: PROCEDURE CODES 36416 AND 69210 WERE REMOVED FROM THE AUDIT PER CO1060.	
ESC EOB:	0596 –CLAIM DETAIL DENIED. OFFICE VISITS NOT ALLOWED WITHIN 10 DAYS FOLLOWING A SURGICAL PROCEDURE.	
PROCESSING INSTRUCTIONS:	1. VERIFY THE PROCEDURE CODE, DATE OF SERVICE, MEMBER ID, DIAGNOSIS, AND PROVIDER NUMBER WERE KEYED CORRECTLY. 2. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR. 3. IF DOS ON CURRENT DETAIL FOR SURGICAL PROCEDURE IS WITHIN 10 DAYS PRIOR TO THE OFFICE VISIT PAID DOS IN HISTORY, DENY CURRENT DETAIL WITH EOB 0596.	

2.119 ESC 5515

DMS APPROVED 06/2007		
ESC 5515	**TYPE OF DOCUMENT:**	ALL
ESC TYPE: CONFLICT	CLAIM FIELD LABEL:	CLAIM TYPE, PROVIDER
	C/T:	M (PT 31, 35), B (PT 31, 35), C (PT 31, 35), D (PT 31, 35),
PCC/RHC CAN NOT BILL MULT CLAIM TYPES SDOS		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER DIFFERENT CLAIM TYPES	
PROCEDURES MONITORED:		
ESC EOB:	9998 - CLAIM WAS PRICED IN ACCORDANCE WITH CURRENT KENTUCKY HEALTH COVERAGE PROGRAM POLICY	
PROCESSING INSTRUCTIONS:	VERIFY CLAIM TYPES KEYED CORRECTLY. DENY CLAIM WITH EOB 9998 THIS AUDIT HAS BEEN SET TO INACTIVE PER DEFECT 10139.	

2.120 5601 (FORMER LEGACY AUDIT 489)

DMS LAST APPROVED: 12/19/03		
ESC 5601 (FORMER LEGACY AUDIT 489 DUPLICATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
SUSPECT DUPE -CHC AGAINST PROFESSIONAL (AND VICE VERSA) **ESC TYPE:** CONFLICT	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, TOOTH NUMBER, DOS, TYPE OF SERVICE
	C/T:	M – PT 22, AGAINST M – PT 20, M (PT13, 40, 45, 50, 52, 64, 65, 70, 77, 85), D

IF A PROCEDURE CODE BILLED BY A CHC PROVIDER (PROV TYPE 22) HAS BEEN PREVIOUSLY PAID TO A PREVENTIVE CARE, PHYSICIAN, EPSDT, DENTAL, HEARING, OR VISION PROVIDER FOR THE SAME DATE OF SERVICE, THE DETAIL WILL FAIL ESC 5601.

OR

IF A PROCEDURE CODE BILLED BY A PREVENTATIVE CARE, PHYSICIAN, EPSDT, DENTAL, HEARING, OR VISION PROVIDER HAS BEEN PREVIOUSLY PAID TO A CHC PROVIDER FOR THE SAME DATE OF SERVICE, THE DETAIL WILL FAIL ESC 5601.

ESC CRITERIA:	SAME MEMBER SAME DATE OF SERVICE SAME PROCEDURE DIFFERENT PROVIDER SAME TYPE OF SERVICE SAME TOOTH NUMBER, IT REQUIRED					
PROCEDURES MONITORED:	**PROCEDURES REQUIRING TOOTH NUMBERS**					
	D2140	D2150	D2160	D2161	D2330	D2331
	D2332	D2335	D2930	D2931	D2932	D3110
	D3220	D3310	D3320	D3330	D3410	D5520
	D5620	D5640	D5820	D5821	D7111	D7140
	D7210	D7220	D7230	D7240	D7241	D7250
	D7260					
	02110	02160	02930	03320	07110	07240
	02120	02161	02931	03330	07120	07241
	02130	02330	02932	03410	07130	07250
	02131	02331	03110	05520	07210	07260

DMS LAST APPROVED: 12/19/03	
	02140 02332 03220 05620 07220 05820 02150 02335 03310 05640 07230 05821
ESC EOB:	0489 –THIS SERVICE WAS PREVIOUSLY PAID TO ANOTHER PROVIDER.
PROCESSING INSTRUCTIONS:	VERIFY THE DATE OF SERVICE, MEMBER ID, PROCEDURE CODE, TYPE OF SERVICE, PROVIDER NUMBER, AND TOOTH NUMBER (IF REQUIRED) WERE KEYED CORRECTLY. IF NOT, DATA CORRECT EACH FIELD IN ERROR.
	IF A PROVIDER HAS REFUNDED OR HAS HAD A RECOUPMENT FOR AN INCORRECT PAYMENT AND IS REBILLING, BUT HISTORY HAS NOT BEEN CORRECTED, OVERRIDE THE ESC, IF: INSTRUCTIONS FROM DMS TO OVERRIDE ARE ATTACHED, OR PROOF OF REFUND OR RECOUPMENT IS ATTACHED. COPY OF RA WITH CASH/FINANCE UNIT'S CASH CONTROL NUMBER ON FACE, AND ICN IN RELATED HISTORY IS THE SAME ICN ON RA.
	IF RELATED HISTORY INDICATES A PAID CLAIM FOR SAME PROCEDURE CODE, SAME MEMBER, SAME DATE OF SERVICE, AND SAME TOS AND SAME TOOTH NUMBER (IF REQUIRED), DENY CURRENT CLAIM WITH EOB 0489.
DMS LAST APPROVED: 04/01/96	
	IF A PROVIDER HAS REFUNDED OR HAS HAD A RECOUPMENT FOR AN INCORRECT PAYMENT AND IS REBILLING, BUT HISTORY HAS NOT BEEN CORRECTED, OVERRIDE THE ESC, IF: INSTRUCTIONS FORM DMS TO OVERRIDE ARE ATTACHED, OR PROOF OF REFUND OR RECOUPMENT IS ATTACHED. COPY OF RA WITH CASH/FINANCE UNIT'S CASH CONTROL NUMBER ON FACE, AND ICN IN RELATED HISTORY IS THE SAME ICN ON RA.
	IF RELATED HISTORY INDICATES A PAID CLAIM FOR SAME PROCEDURE CODE, SAME MEMBER, SAME DATE OF SERVICE, AND SAME TOS AND SAME TOOTH NUMBER (IF REQUIRED), DENY CURRENT CLAIM WITH EOB 0489.

2.121 5602 (FORMER LEGACY AUDIT 501)

DMS APPROVED 9/24/2011		
ESC 5602 (FORMER LEGACY AUDIT 501 MISCELLANEOUS) END DATED 01/01/2004	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT, ENCOUNTER
MULTIPLE SURGERIES SAME DATE OF SERVICE MAY NOT BE BILLED ON DIFFERENT CLAIMS	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONTRA	**C/T:**	M (PT 13, 15, 20, 21, 22, 23, 24, 29, 36, 64, 65, 78, 85)
IF A PROVIDER BILLS FOR MULTIPLE SURGERY PROCEDURES ON SEPARATE CLAIMS, THE CLAIM WILL FAIL ESC 5602.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE DIFFERENT PROCEDURE DIFFERENT CLAIM **NOTE: PROCEDURES BILLED WITH A MODIFIER "26" ARE EXCLUDED**	
PROCEDURES MONITORED:	**PROCEDURE CODES MONITORED PRIOR TO 01/02/04** 10000-69999 92975 - 99199 **EXCEPTIONS:** PRIOR TO 01/02/04 THE FOLLOWING PROCEDURE CODES ARE EXCLUDED FROM ESC 5602. (PROCEDURE CODES LISTED ON HCPCS PROCEDURE GROUP TYPE 3014 HAS BEEN HARD CODED TO BYPASS AUDIT 5602 PER DEFECT 14553. PLEASE REVIEW LIST 3014 FOR ALL THE PROCEDURES CODES THAT BYPASS AUDIT 5602.)	

10040-17999	33517-33530	54150	64623
19001	33960	54160	64727
19126	33961	56606	64778
19291	33972-35390	58611	64783
19340	35681	59050	64787
20690	35700	59025	64830
20692	36218	59412	64832
20930-20938	36248	59425	64837
20974	36430	59426	64859

	20975	36488-36491	59525	64872
	22145	36620	61106	64874
	22148	36625	61130	64876
	22230	36660	61609-61612	64901
	22585	37206	61712	64902
	22614	37208	61795	67335
	22632	38102	63035	69300
	22650	38746	63048	92977
	22820	38747	63057	92984
	22840	43635	63066	92996
	22842	44015	63076	93000-93350
	22845	44500	63078	93503
	26861	44955	63082	93539-93545
	26863	47001	63086	93555-93740
	27692	47550	63088	93770
	31500	48400	63091	93797-96400
	32000	49568	63308	96408-96542
	32002	49905	64443	96549-99186
	32020	54000	64550	
ESC EOB:	0545 – MULTIPLE MEDICAL/SURGICAL PROCEDURES FOR THE SAME DATE OF SERVICE MUST BE BILLED ON SAME CLAIM. FILE AN ADJUSTMENT TO ADD ADDITIONAL PROCEDURES TO RELATED PAID CLAIM.			
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 5602, VERIFY THAT THE PROCEDURE, DATE OF SERVICE, PROVIDER NUMBER, MODIFIER, AND MEMBER ID WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.			
	FOR PROV TYPE 36: A. IF THE CURRENT CLAIM HAS A MODIFIER OF “59” AND THE HISTORY CLAIM OR OTHER CURRENT CLAIM DOES NOT, OVERRIDE THE ESC. B. IF THE HISTORY CLAIM OF OTHER CURRENT CLAIM HAS A MODIFIER OF “59” BUT THE CURRENT CLAIM DOES NOT, OVERRIDE THE ESC.			
	IF ITEM #2 DOES NOT APPLY AND RELATED HISTORY INDICATES ONE OF THE ABOVE MONITORED SURGERY PROCEDURES PAID FOR THE SAME MEMBER, SAME PROVIDER AND SAME DATE OF SERVICE AS THE CURRENT DETAIL DENY THE DETAIL WITH EOB 0545.			

2.122 5603 (FORMER LEGACY AUDIT 474)

DMS LAST APPROVED: 06/17/2010		
ESC 5603 (FORMER LEGACY AUDIT 474 DUPLICATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
EPSDT RELATED SERVICES VS. OTHER PROFESSIONAL	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONFLICT	**C/T:**	M (PT 45) VS. D (PT 60, 61), H (PT 34) M, (PT 13, 15, 17, 20 – 24, 27 – 37, 40, 43, 45, 50, 52, 64, 65, 70, 74, 77, 78, 80, 85, 86, 90) O (PT 01, 39) AND VICE VERSA
IF AN EPSDT RELATED SERVICES PROVIDER BILLS A PROCEDURE FOR THE SAME MEMBER, ON THE SAME DATE OF SERVICE AS ANY OTHER PROVIDER, THE CLAIM WILL FAIL FOR ESC 5603.		
ESC CRITERIA:	SAME MEMBER SAME PROCEDURE SAME OR OVERLAPPING DATE OF SERVICE DIFFERENT PROVIDER	
PROCEDURES MONITORED:	ALL PROCEDURES	
ESC EOB:	0482 – CLAIM/DETAIL DENIED. DUPLICATE SERVICE BILLED.	
PROCESSING INSTRUCTIONS:	1. VERIFY THAT THE MEMBER ID, PROCEDURE CODE, DATES OF SERVICE, AND PROVIDER NUMBER ARE KEYED CORRECTLY. 2. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR. 3. IF ALL DATA IS KEYED CORRECTLY FORWARD TO DMS FOR REVIEW.	

2.123 5604 (FORMER LEGACY AUDIT 484)

DMS APPROVED 6/16/2004		
ESC 5604 (FORMER LEGACY AUDIT 484 DUPLICATION)	TYPE OF DOCUMENT:	ALL EXCEPT MASS ADJUSTMENT, ENCOUNTER
EXACT DUPLICATION CLAIM – EPSDT	CLAIM FIELD LABEL:	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: CONFLICT	**C/T:**	M (PT 40)
IF A PROVIDER BILLS DUPLICATE EPSDT PROCEDURE CODES FOR SAME MEMBER, SAME DATE OF SERVICE, THE CLAIM WILL FAIL ESC 5604.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	EPSDT PROCEDURE CODES	
ESC EOB:	0482 – CLAIM/DETAIL DENIED. DUPLICATE SERVICE BILLED.	
PROCESSING INSTRUCTIONS:	VERIFY THAT THE DATES OF SERVICE, MEMBER ID, AND PROVIDER NUMBER WERE KEYED CORRECTLY. IF NOT, DATA CORRECT THE FIELD IN ERROR.	
	THE FOLLOWING DOCUMENTATION IS ACCEPTABLE FOR OVERRIDING THE ESC: INSTRUCTIONS FROM DMS TO OVERRIDE PROOF OF REFUND OR RECOUPMENT RA COPY WITH FINANCIAL SERVICES UNIT CASH CONTROL NUMBER ON FACE, AND THE ICN IN RELATED HISTORY MATCHES THE ICN ON THE RA FINANCIAL SERVICES UNIT CASH CONTROL NUMBER (CCN) IS DOCUMENTED ON THE FACE OF THE CLAIM AND THE ICN DOCUMENTATION MATCHES THE ICN IN RELATED HISTORY	
	IF KEYED CORRECTLY AND NO OVERRIDE DOCUMENTION IS PRESENT, DENY THE ESC WITH EOB 0482	

2.124 5606 (FORMER LEGACY AUDIT 722)

DMS LAST APPROVED: 05/23/96		
ESC 5606 (FORMER LEGACY AUDIT 722 MISCELLANEOUS)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE NOT ALLOWED FOR THE SAME PROVIDER, SAME DATE OF SERVICE, AND SAME TOOTH NUMBER.	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER NUMBER, DOS, TOOTH NUMBER, TOOTH SURFACE
ESC TYPE: CONFLICT	**C/T:**	D
IF A PROVIDER BILLS BUCCAL AND FACIAL SURFACES OR OCCLUSAL AND INCISAL TOOTH SURFACES TOGETHER FOR THE SAME DATE OF SERVICE, SAME TOOTH NUMBER, AND SAME MEMBER, THE CLAIM WILL FAIL ESC 5606.		
ESC CRITERIA:	SAME MEMBER SAME TOOTH NUMBER SAME PROVIDER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	N/A	
ESC EOB:	0722 – CLAIM/DETAIL DENIED. BUCCAL AND FACIAL TOOTH SURFACES OR OCCLUSAL AND INCISAL TOOTH SURFACES NOT ALLOWED FOR SAME MEMBER, SAME PROVIDER, SAME DATE OF SERVICE, AND SAME TOOTH NUMBER.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, DATES OF SERVICE, TOOTH NUMBER, AND SURFACES ARE KEYED CORRECTLY. IF NOT, CORRECT EACH FIELD IN ERROR.	
	IF ALL DATA WAS KEYED CORRECTLY, DENY THE DETAIL WITH EOB 0722.	

2.125 5608 (FORMER LEGACY AUDIT 478)

DMS LAST APPROVED: 09/19/08		
ESC 5608 (FORMER LEGACY AUDIT 478 DUPLICATION) SUSPECT DUPE AGAINST INSTITUTIONAL	**TYPE OF DOCUMENT:** **CLAIM FIELD LABEL:**	ALL EXCEPT MASS ADJUSTMENT AND CLAIM CREDIT PROCEDURE, MEMBER ID, DOS
ESC TYPE: CONFLICT	**C/T:**	H (PT 34, 42), M (PT 17, 33, 37, 90), O (PT 41, 46, 47) AGAINST A, I, L
IF ONE OF THE INDICATED MONITORED PROCEDURES IS BILLED FOR A MEMBER WHO IS IN AN INSTITUTIONAL SETTING ON SAME DATE OF SERVICE, THE CLAIM WILL FAIL ESC 5608.		
ESC CRITERIA:	SAME MEMBER CLAIM TYPE H, M, O AGAINST CLAIM TYPES A, I AND L **<u>EXCLUSIONS</u>** CLAIMS WITH A DOS EQUAL TO THE ADMIT OR DISCHARGE DATE OF THE A, I OR L CLAIM ARE EXCLUDED FROM ESC 5608.	
PROCEDURES MONITORED:	HOME HEALTH CODES SCL PROCEDURE CODES HOME CARE WAIVER REVENUE CODES PERSONAL CARE WAIVER REVENUE CODES INDEPENDENT LAB PROCEDURE CODES DME SUPPLIER CODES MODEL WAIVER SERVICES BRAIN INJURY PROCEDURE CODES	
ESC EOB:	0505 – MEMBER IN INSTITUTIONAL SETTING DURING SAME DATE OF SERVICE.	
PROCESSING INSTRUCTIONS:	VERIFY THAT THE DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, DATA CORRECT THE FIELD.	

	IF A DME CLAIM (PT 90) IS FAILING AGAINST AN INPATIENT HOSPITAL CLAIM (CT S/PT 01) WITH A FINAL TYPE OF BILL (3RD DIGIT = 1, 4) AND A STATUS CODE OF 01, SEE IF THE CLAIM ATTACHMENTS INCLUDE A DME DELIVERY TICKET (OR OTHER DOCUMENTATION SHOWING THE DATE THE EQUIPMENT WAS DELIVERED). IF THE DELIVERY DATE ON THE DELIVERY TICKET IS WITHIN 2 DAYS PRIOR TO THE TO DATE OF SERVICE (TDOS) ON THE INPATIENT HOSPITAL CLAIM, FORCE THE ESC. FOR EXAMPLE, IF THE DELIVERY DATE IS MARCH 1ST AND THE TO DATE OF SERVICE ON THE HOSPITAL CLAIM IS MARCH 3RD, YOU WOULD FORCE THE ESC. IF CLAIM DATES OF SERVICE IS THE SAME AS MEMBER'S DATE OF ADMISSION OR DATE OF DISCHARGE FROM AN INSTITUTION, OVERRIDE THE ESC. IF #2, 3, OR 4 DO NOT APPLY AND THE DATE OF SERVICE ON THE CLAIM IS **BETWEEN** THE MEMBER'S DATE OF ADMISSION AND DATE OF DISCHARGE FROM AN INSTITUTION, DENY WITH EOB 0505. AUDIT 5608 END DATED EFFECTIVE 08/31/2007 DUE TO CO 9658

2.126 5609 (FORMER LEGACY AUDIT 495)

DMS LAST APPROVED: 4/22/2010		
ESC 5609 (FORMER LEGACY AUDIT 495 DUPLICATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENTS
SUSPECT DUPLICATE-NURSING FACILITY BED RESERVE CLAIMS AGAINST PSYCHIATRIC HOSPITAL AND PRTF CLAIMS	**CLAIM FIELD LABEL:**	REVENUE CODE, MEMBER ID, DOS
ESC TYPE: CONFLICT	**C/T:**	L AGAINST I,A (PT 02, 04) AND VICE VERSA
IF A NURSING FACILITY BILLS REVENUE CODE 180 OR 185 FOR THE SAME MEMBER AND SAME (OR OVERLAPPING) DATES OF SERVICE AS A PSYCHIATRIC HOSPITAL OR PRTF, THE NURSING FACILITY CLAIM WILL FAIL ESC 5609.		
ESC CRITERIA:	SAME MEMBER SAME/OVERLAPPING DATES OF SERVICE NURSING FACILITY CLAIMS THAT DO NOT INCLUDE REVENUE CODE 180 OR 185 ARE EXCLUDED FROM AUDIT 5609 HISTORY CLAIMS WITH THE FOLLOWING TYPES OF BILL ARE EXCLUDED FROM AUDIT 5609: 121 131 122 132 123 133 124 134	
PROCEDURES MONITORED:	N/A	
ESC EOB:	0477 – MEMBER IN ANOTHER INSTITUTIONAL SETTING DURING THE SAME DATES OF SERVICE.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, DATES OF SERVICE, AND REVENUE CODES ARE KEYED CORRECTLY. IF NOT, CORRECT FIELDS IN ERROR.	
	IF ONLY ONE DATE OVERLAPS, DETERMINE IF THE OVERLAPPING DATE IS THE ADMISSION DATE TO ONE FACILITY AND THE DATE OF DISCHARGE FROM THE OTHER FACILITY. IF SO, OVERRIDE THE ESC.	
	IF THE CLAIM IS KEYED CORRECTLY AND THE DATES OF SERVICE ON THE CURRENT CLAIM OVERLAP THE DATES OF SERVICE ON THE HISTORY CLAIM BY MORE THAN ONE DATE, DENY THE ESC WITH EOB 0477.	

2.127 5610 (FORMER LEGACY AUDIT 936)

DMS APPROVED 12/21/2004		
ESC 5610 (FORMER LEGACY AUDIT 936 DUPLICATE)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
INSTITUTIONAL SUSPECT DUPLICATE	**CLAIM FIELD LABEL:**	MEMBER ID, DOS, REVENUE CODE
ESC TYPE: CONFLICT	**C/T:**	I AGAINST I, A (AND VICE VERSA)
IF A INPATIENT HOSPITAL, REHABILITATION DISTINCT PART UNIT OR PSYCHIATRIC DISTINCT PART UNIT BILL FOR THE SAME MEMBER AND SAME (OR OVERLAPPING) DATES OF SERVICE AS AN INPATIENT HOSPITAL, REHABILITATION DISTINCT PART UNIT OR PSYCHIATRIC DISTINCT PART UNIT, CLAIM FAILS ESC 5610.		
ESC CRITERIA:	SAME MEMBER SAME/OVERLAPPING DATES OF SERVICE	
ESC EOB:	0936 – CLAIM DENIED. MEMBER IN ANOTHER INSTITUTIONAL SETTING DURING THE SAME DATES OF SERVICE.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, DATES OF SERVICE, AND REVENUE CODE ARE KEYED CORRECTLY. IF NOT, CORRECT THE FIELDS IN ERROR.	
	IF THE CLAIM IS KEYED CORRECTLY AND THE DATES OF SERVICE ON THE CURRENT CLAIM OVERLAP THE DATES OF SERVICE ON THE HISTORY CLAIM BY MORE THAN ONE DATE, DENY THE ESC WITH EOB 0936.	
	IF ONLY ONE DATE OVERLAPS, DETERMINE IF THE OVERLAPPING DATE IS THE ADMISSION DATE TO ONE FACILITY AND THE DATE OF DISCHARGE FROM THE OTHER FACILITY. IF SO, OVERRIDE. IF NOT, DENY WITH EOB 0936	

2.128 5611 (FORMER LEGACY AUDIT 734)

DMS LAST APPROVED: 12/19/03		
ESC 5611 (FORMER LEGACY AUDIT 734)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENTS
OTHER PROCEDURES NOT ALLOWED FOR SAME DATE OF SERVICE AS SEALANT	**CLAIM FIELD LABEL:**	MEMBER ID, DOS, PROCEDURE, TOOTH NUMBER
ESC TYPE: CONTRA	**C/T:**	D, M (PT 31, 35)
IF A PROVIDER BILLS PROCEDURE CODES OTHER THAN 00220,00220,00230 OR D0230 FOR THE SAME TOOTH NUMBER ON THE SAME DATE OF SERVICE AS PROCEDURE CODE 01351 OR D1351, THAT PROCEDURE CODE WILL FAIL ESC 5611.		
ESC CRITERIA:	SAME MEMBER SAME DATE OF SERVICE SAME TOOTH NUMBER NOTE – THIS AUDIT WAS SET TO INACTIVE ON 10/10/2008 PER DEFECT #11424	
PROCEDURES MONITORED:	D0140 – D9420	00140 - 09420
	D1351	01351
ESC EOB:	0734 – CLAIM/DETAIL DENIED. PROCEDURE IS NOT ALLOWED TO THE SAME TOOTH ON THE SAME DATE	
PROCESSING INSTRUCTIONS:	VERIFY THAT THE MEMBER ID, DATE OF SERVICE, PROCEDURE CODE AND TOOTH NUMBER WERE KEYED CORRECTLY. IF NOT CORRECT FIELDS IN ERROR.	
	IF DATA KEYED, CORRECTLY DENY THE DETAIL.	
	NOTE: IF OTHER PROCEDURE CODES HAVE BEEN PAID FOR SAME DATE OF SERVICE FOR THE SAME TOOTH NUMBER, THEN PROCEDURE CODE 01351/ D1351 WILL FAIL THE ESC AND SHOULD BE DENIED	

2.129 5613 (FORMER LEGACY AUDIT 479)

DMS LAST APPROVED: 10/30/2009		
ESC 5613 (FORMER LEGACY AUDIT 479 DUPLICATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT AND CLAIM CREDIT
SUSPECT DUPE - HOSPICE AGAINST INSTITUTIONAL/ PROFESSIONAL	**CLAIM FIELD LABEL:**	PROCEDURE, MEMBER ID, DOS
ESC TYPE: CONFLICT	**C/T:**	H (PT 44) AGAINST A, B (PT 31, 35), C (PT 01), H (PT 34, 42), I, L, M (PT 22, 30, 31, 33, 35, 37, 43, 90), O (01, 41, 46, 47), P AND Q (PT 54)
IF CLAIMS BILLED BY CERTAIN PROVIDER TYPES HAVE BEEN PAID FOR THE SAME MEMBER, SAME/OVERLAPPING DATES OF SERVICE, CLAIM WILL FAIL ESC 5613.		
ESC CRITERIA:	SAME MEMBER SAME/OVERLAPPING DATES OF SERVICE HOSPICE DETAIL “FROM” AND “TO” DATES OF SERVICE ARE COMPARED TO THE HEADER “FROM” AND “TO” DATES OF CLAIM TYPES A, B, I, L, M AND P/Q. HOSPICE DETAIL “FROM” AND “TO” DATES OF SERVICE ARE COMPARED TO THE DETAIL “FROM” AND “TO” DATES CLAIM TYPE I, M, AND O.	
PROCEDURES MONITORED:	**HOSPICE PROCEDURES**	
	115 135 182 184 651 653 655 659 125 155 183 185 652 654 656 658	
ESC EOB:	0479 – CLAIM DENIED. SERVICES FOR THESE DATES OF SERVICE HAVE BEEN PAID TO A NON-HOSPICE PROVIDER.	
PROCESSING INSTRUCTIONS:	1. VERIFY THAT THE DETAIL DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE FIELDS IN ERROR. 2. VERIFY THAT THE PROCEDURE CODE WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA. 3. IF THE RELATED HISTORY CLAIM IS AN A, I, OR L, AND THE DATE OF DISCHARGE ON THE RELATED HISTORY CLAIM IS EQUAL TO THE “FROM” DATE OF SERVICE ON THE HOSPICE DETAIL, OVERRIDE THE DETAIL. 4. HOSPICE DETAILS FAILING AGAINST A PRIMARY CARE (PROV TYPE 31) OR RURAL HEALTH (PROV TYPE 35) CLAIM SHOULD ONLY BE DENIED IF THE PRIMARY CARE OR RURAL HEALTH CLAIM HAS ONE (OR MORE) LAB OR DRUG DETAIL. LAB	

DMS LAST APPROVED: 10/30/2009	
	DETAILS HAVE PROCEDURE CODES WHICH BEGIN WITH AN “8”. DRUG DETAILS HAVE A 11-DIGIT NDC CODE. IF THE HOSPICE CLAIM FAILS AGAINST A PRIMARY CARE OR RURAL HEALTH CLAIM WHICH DOES **NOT** HAVE EITHER A LAB OR DRUG DETAIL, OVERRIDE THE ESC. 5. IF THE HOSPICE (PROV TYPE 44) CLAIM IS FAILING AGAINST A HCB WAIVER (PROV TYPE 42) CLAIM, AND THE WAIVER CLAIM HAS REVENUE CODE 580 (ATTENDANT CARE SERVICES) OVERRIDE THE ESC FOR THE HOSPICE PROVIDER. 6. IF A COPY OF THE CERTIFICATION OF UNRELATED CONDITION (MAP-383 OR MAP-397) IS ATTACHED AND DATE(S) ON THE CERTIFICATION FALL WITHIN THE DATE SPAN ON THE CLAIM, OVERRIDE THE ESC. 7. IF THE HOSPICE (PROV TYPE 44) CLAIM IS FAILING AGAINST A SCL WAIVER (PROV TYPE 33) CLAIM AND THE WAIVER CLAIM HAS PROCEDURE CODE H0043, S5140, S5126, OR T2016 (RESIDENTIAL SERVICES) AND DOS IS ON, OR AFTER, 06/01/2007, OVERRIDE THE HOSPICE PROVIDER CLAIM. 8. IF THE HOSPICE (PROV TYPE 44) CLAIM IS FAILING AGAINST PROV TYPE 22 CLAIM AND THE DETAIL PROCEDURE CODE IS V5010, 90465, 90466, 90669, 90698, 90716, 90744, 92567, 92585, 92588, 92593, 97803, 99203, 99204, 99205, 99212, 99213, 99214, 99391 AND 99392 AND DOS IS ON, OR AFTER, 1/1/2008 OVERRIDE THE HOSPICE PROVIDER CLAIM. 9. IF THE CLAIM WAS KEYED CORRECTLY AND ITEMS #3, #4, #5, #6, #7 OR #8 DO NOT APPLY, DENY THE DETAIL WITH EOB 0479. THIS AUDIT WAS END DATED 03/22/2010 PER CO 14843. SEE AUDIT 5646 FOR DOS 03/23/2010 AND AFTER.

2.130 5614 (FORMER LEGACY AUDIT 491)

DMS LAST APPROVED: 04/01/96		
ESC 5614 (FORMER LEGACY AUDIT 491 DUPLICATE)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
SUSPECT DUPLICATE - NURSING FACILITY AGAINST OTHER INSTITUTIONAL (AND VICE VERSA)	**CLAIM FIELD LABEL:**	MEMBER ID, DOS, REVENUE CODE
ESC TYPE: CONFLICT	**C/T:**	L (PT 11,12), A (PT 11, 12) AGAINST I (PT 01, 02), A (PT 01, 02)

IF A NURSING FACILITY BILLS FOR THE SAME MEMBER AND SAME (OR OVERLAPPING) DATES OF SERVICE AS AN INPATIENT HOSPITAL, PSYCHIATRIC HOSPITAL, OR PRTF, CLAIM WILL FAIL HEADER FOR ESC 5614.

OR

IF AN INPATIENT HOSPITAL, PSYCHIATRIC HOSPITAL, OR PRTF BILLS FOR THE SAME MEMBER AND SAME (OR OVERLAPPING) DATES OF SERVICE AS NURSING FACILITY, CLAIM WILL FAIL HEADER FOR ESC 5614.

ESC CRITERIA:	SAME MEMBER SAME/OVERLAPPING DATES OF SERVICE **EXCLUSIONS:**				
	TYPE A (PT 11, 12) CURRENT AND HISTORY CLAIMS WITH THE FOLLOWING TYPES OF BILL ARE NOT AUDITED:				
	221	651	661	821	831
	222	652	662	822	832
	223	653	663	823	833
	224	654	664	824	834
	TYPE A (PT 01, 02) CURRENT AND HISTORY CLAIMS WITH THE FOLLOWING TYPES OF BILLS ARE NOT AUDITED:				
	121		131		
	122		132		
	123		133		
	124		134		
	TYPE L (PT 11, 12) CURRENT AND HISTORY CLAIMS WITH A CHARGE TO REVENUE CODE 180 OR 185 ARE NOT AUDITED				
PROCEDURES MONITORED:	N/A				

DMS LAST APPROVED: 04/01/96	
ESC EOB:	0491 – CLAIM DENIED. MEMBER IN ANOTHER INSTITUTIONAL SETTING DURING THE SAME DATES OF SERVICE.
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, DATES OF SERVICE, AND REVENUE CODE ARE KEYED CORRECTLY. IF NOT, CORRECT THE FIELDS IN ERROR.
	IF THE CLAIM IS KEYED CORRECTLY AND THE DATES OF SERVICE ON THE CURRENT CLAIM OVERLAP THE DATES OF SERVICE ON THE HISTORY CLAIM BY MORE THAN ONE DATE, DENY THE ESC WITH EOB 0491.
	IF ONLY ONE DATE OVERLAPS, DETERMINE IF THE OVERLAPPING DATE IS THE ADMISSION DATE TO ONE FACILITY AND THE DATE OF DISCHARGE FROM THE OTHER FACILITY. IF SO, OVERRIDE THE ESC. IF NOT, DENY THE ESC WITH EOB 0491.

2.131 5615 (FORMER LEGACY AUDIT 477)

DMS LAST APPROVED: 4/22/2010		
ESC 5615 (FORMER LEGACY AUDIT 477 DUPLICATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
SUSPECT DUPLICATE - NURSING FACILITY AGAINST NURSING FACILITY	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS
ESC TYPE: CONFLICT	**C/T:**	L, A (PT 11, 12) AGAINST L, A (PT 11,12)
IF DIFFERENT NURSING FACILITIES BILL CLAIMS FOR THE SAME MEMBER FOR THE SAME OR OVERLAPPING DATES OF SERVICE, HEADER FAILS ESC 5615.		
ESC CRITERIA:	SAME MEMBER SAME/OVERLAPPING DATES OF SERVICE DIFFERENT PROVIDER* **EXCLUSIONS:** TYPE A (PT 11, 12) CLAIMS WITH THE FOLLOWING TYPES OF BILLS ARE NOT ESCED: 221 651 661 821 831 222 652 662 822 832 223 653 663 823 833 224 654 664 824 834	
PROCEDURES MONITORED:	N/A	
ESC EOB:	*0477 - MEMBER IN ANOTHER INSTITUTIONAL SETTING DURING THE SAME DATES OF SERVICE. *NOTE – AUDIT 5615 WAS CHANGED TO 'DIFFERENT PROVIDER' AND EOB 0478 WAS DELETED PER DEFECT 11319	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID NUMBER AND DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE FIELDS IN ERROR.	
	IF THE CLAIM IS KEYED CORRECTLY AND THE DATES OF SERVICE ON THE CURRENT CLAIM OVERLAP THE DATES OF SERVICE ON THE HISTORY CLAIM BY MORE THAN ONE DATE, DENY WITH EOB 477.	
	IF ONLY ONE DATE OVERLAPS, DETERMINE IF THE OVERLAPPING DATE IS THE ADMISSION DATE TO ONE FACILITY AND THE DATE OF DISCHARGE FROM THE OTHER FACILITY. IF SO, OVERRIDE. IF NOT, DENY WITH EOB 477	

2.132 5616 (FORMER LEGACY AUDIT 501)

DMS APPROVED 07/8/2012		
ESC 5616 (FORMER LEGACY AUDIT 501 DUPLICATION) EFFECTIVE DATE: 01/02/2004	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENTS
CONFLICT	**CLAIM FIELD LABEL:**	MAID, DOS
ESC TYPE: CONFLICT	**C/T:**	CT M (PT 13, 36, 64, 65, 78, 80, 85)
IF A PROVIDER BILLS FOR MULTIPLE SURGERY PROCEDURES ON SEPARATE CLAIMS, THE CLAIM WILL FAIL AUDIT 5616.		
AUDIT CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE DIFFERENT PROCEDURE DIFFERENT CLAIM **NOTE: PROCEDURES BILLED WITH A MODIFIER "26" ARE EXCLUDED** **NOTE: PROVIDER TYPE 80 ADDED UNDER CO 16402**	
PROCEDURES MONITORED:	**PROCEDURE CODES MONITORED EFFECTIVE 01/02/04** 10000 – 69999 **EXCEPTIONS:** EFFECTIVE 01/02/04, PROCEDURE CODES LISTED ON HCPCS PROCEDURE GROUP TYPE 3013 ARE EXCLUDED FROM AUDIT 5616. (THIS LIST HAS BEEN HARD CODED TO BYPASS AUDIT 5616 PER DEFECT 14553.) PROCEDURES CODES ON HCPCS PROCEDURE GROUP TYPE 3013 CAN BE FOUND AT THE END OF THIS AUDIT. THE FOLLOWING CODES ARE EXCLUDED CODES FROM AUDIT 5616 PER DCR01327. 11008 22534 31620 31632 31633 31637 35697 36476 36479 57267 59025 61864 61868 63103 63295	
AUDIT EOB:	0545 – MULTIPLE MEDICAL/SURGICAL PROCEDURES FOR THE SAME DATE OF SERVICE MUST BE BILLED ON SAME CLAIM. FILE AN ADJUSTMENT TO ADD ADDITIONAL PROCEDURES TO RELATED PAID CLAIM.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS AUDIT 5616, VERIFY THAT THE PROCEDURE, DATE OF SERVICE, PROVIDER NUMBER, MODIFIER, AND MEMBER ID WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	

	FOR PROV TYPE 36: A. IF THE CURRENT CLAIM HAS A MODIFIER OF “59” AND THE HISTORY CLAIM OR OTHER CURRENT CLAIM DOES NOT, OVERRIDE THE AUDIT. B. IF THE HISTORY CLAIM OF OTHER CURRENT CLAIM HAS A MODIFIER OF “59” BUT THE CURRENT CLAIM DOES NOT, OVERRIDE THE AUDIT.
	IF ITEM #2 DOES NOT APPLY AND RELATED HISTORY INDICATES ONE OF THE ABOVE MONITORED SURGERY PROCEDURES PAID FOR THE SAME MEMBER, SAME PROVIDER AND SAME DATE OF SERVICE AS THE CURRENT DETAIL DENY THE DETAIL WITH EOB 0545.

HCPCS PROCEDURE GROUP TYPE 3013

11001	15301	20987	31633	35683	44121	61781	64494
11008	15321	22103	31637	35685	44128	61782	64495
11045	15331	22116	32501	35686	44139	61783	64623
11046	15336	22208	33141	35697	44203	61795	64627
11047	15341	22216	33225	35700	44213	61797	64727
11101	15343	22226	33257	36148	44701	61799	64778
11201	15351	22328	33258	36218	44955	61800	64783
11732	15361	22522	33259	36248	47001	61864	64787
11922	15366	22525	33508	36476	47550	61868	64832
13102	15401	22527	33517	36479	48400	62148	64837
13122	15421	22534	33518	36591	49326	62160	64859
13133	15431	22552	33519	36592	49327	63035	64872
13153	15787	22585	33521	37185	49412	63043	64874
14302	15847	22614	33522	37186	49435	63044	64876
15001	16036	22632	33523	37206	49568	63048	64901
15003	17003	22840	33530	37208	49905	63057	64902
15005	17310	22841	33572	37222	51797	63066	65757
15101	17312	22842	33768	37223	54150	63076	66990
15111	17314	22843	33884	37232	56606	63078	67225
15116	17315	22844	33924	37233	57267	63082	67320
15121	19001	22845	33961	37234	58110	63086	67331
15131	19126	22846	34806	37235	58611	63088	67332
15136	19291	22847	34808	37250	59025	63091	67334
15151	19295	22848	34813	37251	59525	63103	67335
15152	19297	22851	34826	38102	60512	63295	67340
15156	20697	26125	35306	38746	61316	63308	69999
15157	20930	26861	35390	38747	61517	63621	
15171	20931	26863	35400	38900	61609	64472	
15176	20936	27358	35500	43273	61610	64476	
15201	20937	27692	35572	43283	61611	64480	
15221	20938	31620	35600	43338	61612	64484	
15241	20985	31627	35681	43635	61641	64491	
15261	20986	31632	35682	44015	61642	64492	

2.133 5617 (FORMER LEGACY AUDIT 495)

DMS LAST APPROVED: 4/22/2010		
ESC 5617 (FORMER LEGACY AUDIT 495 DUPLICATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENTS
SUSPECT DUPLICATE-PSYCIATRIC HOSPITAL OR PRTF CLAIM AGAINST BED RESERVE NURSING FACILITY CLAIMS	**CLAIM FIELD LABEL:**	REVENUE CODE, MEMBER ID, DOS
ESC TYPE: CONFLICT	**C/T:**	I, A (PT 02, 04) AGAINST l, A (PT 11, 12)
IF A PSYCHIATRIC HOSPITAL OR PRTF BILLS FOR THE SAME MEMBER AND SAME (OR OVERLAPPING) DATES OF SERVICE AS A NURSING FACILITY CLAIM WITH REVENUE CODE 180 OR 185, THE PSYCH/PRTF CLAIM WILL FAIL ESC 5617.		
ESC CRITERIA:	SAME MEMBER SAME/OVERLAPPING DATES OF SERVICE NURSING FACILITY CLAIMS THAT DO NOT INCLUDE REVENUE CODE 180 OR 185 ARE EXCLUDED FROM AUDIT 5617 CLAIMS WITH THE FOLLOWING TYPES OF BILL ARE EXCLUDED FROM AUDIT 5617: 121 131 122 132 123 133 124 134	
PROCEDURES MONITORED:	N/A	
ESC EOB:	0477 – MEMBER IN ANOTHER INSTITUTIONAL SETTING DURING THE SAME DATES OF SERVICE.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, DATES OF SERVICE, AND REVENUE CODES ARE KEYED CORRECTLY. IF NOT, CORRECT FIELDS IN ERROR.	
	IF ONLY ONE DATE OVERLAPS, DETERMINE IF THE OVERLAPPING DATE IS THE ADMISSION DATE TO ONE FACILITY AND THE DATE OF DISCHARGE FROM THE OTHER FACILITY. IF SO, OVERRIDE THE ESC.	
	IF THE CLAIM IS KEYED CORRECTLY AND THE DATES OF SERVICE ON THE CURRENT CLAIM OVERLAP THE DATES OF SERVICE ON THE HISTORY CLAIM BY MORE THAN ONE DATE, DENY THE ESC WITH EOB 0477.	

2.134 5618 (FORMER LEGACY AUDIT 495)

DMS LAST APPROVED: 4/22/2010		
ESC 5618 (FORMER LEGACY AUDIT 495 DUPLICATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENTS
SUSPECT DUPLICATE-NURSING FACILITY CLAIM TYPE L AGAINST l AND A (VICE VERSA)	**CLAIM FIELD LABEL:**	REVENUE CODE, MEMBER ID, DOS
ESC TYPE: CONFLICT	**C/T:**	L AGAINST I,A (PT 02, 04) AND VICE VERSA

IF A NURSING FACILITY REVENUE CODE 180 OR 185 BILLS FOR THE SAME MEMBER AND SAME (OR OVERLAPPING) DATES OF SERVICE AS A PSYCHIATRIC HOSPITAL, OR PRTF, CLAIM WILL FAIL THE HEADER FOR ESC 5609.

OR

IF A PSYCHIATRIC HOSPITAL, OR PRTF BILLS FOR THE SAME MEMBER AND SAME (OR OVERLAPPING) DATES OF SERVICE AS A NURSING FACILITY. (REVENUE CODE 180 OR 185), CLAIM WILL FAIL THE HEADER FOR ESC 5609.

NOTE – THIS AUDIT WAS CONSIDERED REDUNDANT AND WAS END-DATED EFFECTIVE 12/31/2009 PER DEFECT 11319

ESC CRITERIA:	SAME MEMBER SAME/OVERLAPPING DATES OF SERVICE TYPE V CURRENT AND HISTORY CLAIMS WITH THE FOLLOWING TYPES OF BILL ARE NOT ESCED: 121 131 122 132 123 133 124 134
PROCEDURES MONITORED:	N/A
ESC EOB:	0477 – MEMBER IN ANOTHER INSTITUTIONAL SETTING DURING THE SAME DATES OF SERVICE.
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, DATES OF SERVICE, AND REVENUE CODES ARE KEYED CORRECTLY. IF NOT, CORRECT FIELDS IN ERROR.
	IF ONLY ONE DATE OVERLAPS, DETERMINE IF THE OVERLAPPING DATE IS THE ADMISSION DATE TO ONE FACILITY AND THE DATE OF DISCHARGE FROM THE OTHER FACILITY. IF SO, OVERRIDE THE ESC.

2.135 5619 (FORMER LEGACY AUDIT 491)

DMS APPROVED 2/11/2004		
ESC 5619 (FORMER LEGACY AUDIT 491 DUPLICATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENTS
CONFLICT	**CLAIM FIELD LABEL:**	MAID, DOS
ESC TYPE: CONFLICT	**C/T:**	CT L(PT 11, 12), CT A(PT 11, 12) AGAINST CT I(PT 01, 02, 92, 93), CT A(PT 01, 02)
FAILS IN THE HEADER IF A NURSING FACILITY BILLS FOR THE SAME MEMBER AND SAME (OR OVERLAPPING) DATES OF SERVICE AS AN INPATIENT HOSPITAL, PSYCHIATRIC HOSPITAL, OR PRTF. **OR** FAILS IN THE HEADER IF AN INPATIENT HOSPITAL, PSYCHIATRIC HOSPITAL, OR PRTF BILLS FOR THE SAME MEMBER AND SAME (OR OVERLAPPING) DATES OF SERVICE AS NURSING FACILITY.		
AUDIT CRITERIA:	SAME MEMBER SAME/OVERLAPPING DATES OF SERVICE EXCLUSION	
	TYPE X CURRENT AND HISTORY CLAIMS WITH THE FOLLOWING TYPES OF BILL ARE NOT AUDITED:	
	221 651 661 821 831 222 652 662 822 832 223 653 663 823 833 224 654 664 824 834	
	TYPE V CURRENT AND HISTORY CLAIMS WITH THE FOLLOWING TYPES OF BILLS ARE NOT AUDITED:	
	121 131 122 132 123 133 124 134	
	TYPE T CURRENT AND HISTORY CLAIMS WITH A CHARGE TO REVENUE CODE 180 OR 185 ARE NOT AUDITED	
PROCEDURES MONITORED:	N/A	
AUDIT EOB:	0491 – CLAIM DENIED. MEMBER IN ANOTHER INSTITUTIONAL SETTING DURING THE SAME DATES OF SERVICE.	

DMS APPROVED 2/11/2004	
PROCESSING INSTRUCTIONS:	VERIFY THE MAID, DATES OF SERVICE, AND REVENUE CODE ARE KEYED CORRECTLY. IF NOT, CORRECT THE FIELDS IN ERROR.
	IF THE CLAIM IS KEYED CORRECTLY AND THE DATES OF SERVICE ON THE CURRENT CLAIM OVERLAP THE DATES OF SERVICE ON THE HISTORY CLAIM BY MORE THAN ONE DATE, DENY THE AUDIT.
	IF ONLY ONE DATE OVERLAPS, DETERMINE IF THE OVERLAPPING DATE IS THE ADMISSION DATE TO ONE FACILITY AND THE DATE OF DISCHARGE FROM THE OTHER FACILITY. IF SO, OVERRIDE THE AUDIT. IF NOT, DENY THE AUDIT.

2.136 5620 (FORMER LEGACY AUDIT 477)

DMS LAST APPROVED: 4/22/2010		
ESC 5620 (FORMER LEGACY AUDIT 477 DUPLICATE)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
CONFLICT **ESC TYPE:** CONFLICT	**CLAIM FIELD LABEL:**	MAID, PROVIDER, FDOS, TDOS
	C/T:	L (PT 11,12), A (PT 11, 12) AGAINST L (PT 11,12), A (PT 11, 12)
FAILS IN THE HEADER IF THE SAME NURSING FACILITY BILLS CLAIMS FOR THE SAME MEMBER FOR THE SAME OR OVERLAPPING DATES OF SERVICE.		
AUDIT CRITERIA:	SAME MEMBER SAME/OVERLAPPING DATES OF SERVICE SAME PROVIDER* **EXCLUSIONS:** TYPE X CLAIMS WITH THE FOLLOWING TYPES OF BILLS ARE NOT AUDITED: 221 651 661 821 831 222 652 662 822 832 223 653 663 823 833 224 654 664 824 834	
PROCEDURES MONITORED:	N/A	
AUDIT EOB:	*0478 - YOUR FACILITY HAS PREVIOUSLY BILLED AND RECEIVED PAYMENT FOR ALL OR A PORTION OF THESE DATES OF SERVICE. *NOTE – AUDIT 5620 WAS CHANGED TO ‘SAME PROVIDER’ AND EOB 0477 WAS DELETED PER DEFECT 11319	
PROCESSING INSTRUCTIONS:	VERIFY THE MAID NUMBER AND DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE FIELDS IN ERROR.	
	IF THE CLAIM IS KEYED CORRECTLY AND THE DATES OF SERVICE ON THE CURRENT CLAIM OVERLAP THE DATES OF SERVICE ON THE HISTORY CLAIM BY MORE THAN ONE DATE, DENY WITH EOB 0478	
	IF ONLY ONE DATE OVERLAPS, DETERMINE IF THE OVERLAPPING DATE IS THE ADMISSION DATE TO ONE FACILITY AND THE DATE OF DISCHARGE FROM THE OTHER FACILITY. IF SO, OVERRIDE. IF NOT, DENY WITH EOB 0478.	

2.137 5621 (FORMER LEGACY AUDIT 491)

DMS APPROVED 2/11/2004		
ESC 5621 (FORMER LEGACY AUDIT 491 DUPLICATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENTS
CONFLICT	**CLAIM FIELD LABEL:**	MAID, DOS
ESC TYPE: CONFLICT	**C/T:**	CT L(PT 11, 12), CT A(PT 11, 12) AGAINST CT I(PT 01, 02, 92, 93), CT A(PT 01, 02)
FAILS IN THE HEADER IF A NURSING FACILITY BILLS FOR THE SAME MEMBER AND SAME (OR OVERLAPPING) DATES OF SERVICE AS AN INPATIENT HOSPITAL, PSYCHIATRIC HOSPITAL, OR PRTF. **OR** FAILS IN THE HEADER IF AN INPATIENT HOSPITAL, PSYCHIATRIC HOSPITAL, OR PRTF BILLS FOR THE SAME MEMBER AND SAME (OR OVERLAPPING) DATES OF SERVICE AS NURSING FACILITY.		
AUDIT CRITERIA:	SAME MEMBER SAME/OVERLAPPING DATES OF SERVICE EXCLUSION	
	TYPE X CURRENT AND HISTORY CLAIMS WITH THE FOLLOWING TYPES OF BILL ARE NOT AUDITED:	
	221 651 661 821 831 222 652 662 822 832 223 653 663 823 833 224 654 664 824 834	
	TYPE V CURRENT AND HISTORY CLAIMS WITH THE FOLLOWING TYPES OF BILLS ARE NOT AUDITED:	
	121 131 122 132 123 133 124 134	
	TYPE T CURRENT AND HISTORY CLAIMS WITH A CHARGE TO REVENUE CODE 180 OR 185 ARE NOT AUDITED	
PROCEDURES MONITORED:	N/A	
AUDIT EOB:	0491 – CLAIM DENIED. MEMBER IN ANOTHER INSTITUTIONAL SETTING DURING THE SAME DATES OF SERVICE.	

DMS APPROVED 2/11/2004	
PROCESSING INSTRUCTIONS:	VERIFY THE MAID, DATES OF SERVICE, AND REVENUE CODE ARE KEYED CORRECTLY. IF NOT, CORRECT THE FIELDS IN ERROR.
	IF THE CLAIM IS KEYED CORRECTLY AND THE DATES OF SERVICE ON THE CURRENT CLAIM OVERLAP THE DATES OF SERVICE ON THE HISTORY CLAIM BY MORE THAN ONE DATE, DENY THE AUDIT.
	IF ONLY ONE DATE OVERLAPS, DETERMINE IF THE OVERLAPPING DATE IS THE ADMISSION DATE TO ONE FACILITY AND THE DATE OF DISCHARGE FROM THE OTHER FACILITY. IF SO, OVERRIDE THE AUDIT. IF NOT, DENY THE AUDIT.

2.138 5622 (FORMER LEGACY AUDIT 491)

DMS LAST APPROVED: 4/22/2010		
ESC 5622 (FORMER LEGACY AUDIT 491) DUPLICATE AUDIT	**C/T:**	L AGAINST I AND A AND VICE VERSA
SUSPECT DUPLICATE - NURSING FACILITY AGAINST OTHER INSTITUTIONAL (AND VICE VERSA)	**PROVIDER TYPE:**	11, 12 AGAINST 01, 02, 04 AND VICE VERSA
	TYPE OF DOCUMENT:	ALL EXCEPT MASS ADJUSTMENT
	FIELD NAME:	MAID, DOS

FAILS IN THE HEADER IF A NURSING FACILITY BILLS FOR THE SAME MEMBER AND SAME (OR OVERLAPPING) DATES OF SERVICE AS AN INPATIENT HOSPITAL, PSYCHIATRIC HOSPITAL, OR PRTF.

OR

FAILS IN THE HEADER IF AN INPATIENT HOSPITAL, PSYCHIATRIC HOSPITAL, OR PRTF BILLS FOR THE SAME MEMBER AND SAME (OR OVERLAPPING) DATES OF SERVICE AS NURSING FACILITY.

NOTE – THIS AUDIT WAS CONSIDERED REDUNDANT AND WAS END-DATED EFFECTIVE 12/31/2009 PER DEFECT 11319

AUDIT CRITERIA:	SAME MEMBER SAME/OVERLAPPING DATES OF SERVICE EXCLUSION				
	TYPE A CURRENT AND HISTORY CLAIMS WITH THE FOLLOWING TYPES OF BILL ARE NOT AUDITED:				
	221	651	661	821	831
	222	652	662	822	832
	223	653	663	823	833
	224	654	664	824	834
	TYPE I CURRENT AND HISTORY CLAIMS WITH THE FOLLOWING TYPES OF BILLS ARE NOT AUDITED:				
	121		131		
	122		132		
	123		133		
	124		134		

DMS LAST APPROVED: 4/22/2010	
	TYPE L CURRENT AND HISTORY CLAIMS WITH A CHARGE TO REVENUE CODE 180 OR 185 ARE NOT AUDITED
PROCEDURES MONITORED:	N/A
AUDIT EOB:	0491 – CLAIM DENIED. MEMBER IN ANOTHER INSTITUTIONAL SETTING DURING THE SAME DATES OF SERVICE.
PROCESSING INSTRUCTIONS:	VERIFY THE MAID, DATES OF SERVICE, AND REVENUE CODE ARE KEYED CORRECTLY. IF NOT, CORRECT THE FIELDS IN ERROR.
	IF THE CLAIM IS KEYED CORRECTLY AND THE DATES OF SERVICE ON THE CURRENT CLAIM OVERLAP THE DATES OF SERVICE ON THE HISTORY CLAIM BY MORE THAN ONE DATE, DENY THE AUDIT.
	IF ONLY ONE DATE OVERLAPS, DETERMINE IF THE OVERLAPPING DATE IS THE ADMISSION DATE TO ONE FACILITY AND THE DATE OF DISCHARGE FROM THE OTHER FACILITY. IF SO, OVERRIDE THE AUDIT. IF NOT, DENY THE AUDIT.

2.139 5623 (FORMER LEGACY AUDIT 491)

DMS LAST APPROVED: 4/22/2010		
ESC 5623 (FORMER LEGACY AUDIT 491 DUPLICATE)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
SUSPECT DUPLICATE - NURSING FACILITY AGAINST OTHER INSTITUTIONAL (AND VICE VERSA)	**CLAIM FIELD LABEL:**	MEMBER ID, DOS, REVENUE CODE
ESC TYPE: CONFLICT	**C/T:**	L (PT 11,12), A (PT 11, 12) AGAINST I (PT 01, 02), A (PT 01, 02)

IF A NURSING FACILITY BILLS FOR THE SAME MEMBER AND SAME (OR OVERLAPPING) DATES OF SERVICE AS AN INPATIENT HOSPITAL, PSYCHIATRIC HOSPITAL, OR PRTF, CLAIM WILL FAIL HEADER FOR ESC 5614.

OR

IF AN INPATIENT HOSPITAL, PSYCHIATRIC HOSPITAL, OR PRTF BILLS FOR THE SAME MEMBER AND SAME (OR OVERLAPPING) DATES OF SERVICE AS NURSING FACILITY, CLAIM WILL FAIL HEADER FOR ESC 5614.

NOTE – THIS AUDIT WAS CONSIDERED REDUNDANT AND WAS END-DATED EFFECTIVE 12/31/2009 PER DEFECT 11319

ESC CRITERIA:	SAME MEMBER SAME/OVERLAPPING DATES OF SERVICE **EXCLUSIONS:**				
	TYPE A (PT 11, 12) CURRENT AND HISTORY CLAIMS WITH THE FOLLOWING TYPES OF BILL ARE NOT AUDITED:				
	221	651	661	821	831
	222	652	662	822	832
	223	653	663	823	833
	224	654	664	824	834
	TYPE A (PT 01, 02) CURRENT AND HISTORY CLAIMS WITH THE FOLLOWING TYPES OF BILLS ARE NOT AUDITED:				
	121		131		
	122		132		
	123		133		
	124		134		
	TYPE L (PT 11, 12) CURRENT AND HISTORY CLAIMS WITH A CHARGE TO REVENUE CODE 180 OR 185 ARE NOT AUDITED				

DMS LAST APPROVED: 4/22/2010	
PROCEDURES MONITORED:	N/A
ESC EOB:	0491 – CLAIM DENIED. MEMBER IN ANOTHER INSTITUTIONAL SETTING DURING THE SAME DATES OF SERVICE.
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, DATES OF SERVICE, AND REVENUE CODE ARE KEYED CORRECTLY. IF NOT, CORRECT THE FIELDS IN ERROR.
	IF THE CLAIM IS KEYED CORRECTLY AND THE DATES OF SERVICE ON THE CURRENT CLAIM OVERLAP THE DATES OF SERVICE ON THE HISTORY CLAIM BY MORE THAN ONE DATE, DENY THE ESC WITH EOB 0491.
	IF ONLY ONE DATE OVERLAPS, DETERMINE IF THE OVERLAPPING DATE IS THE ADMISSION DATE TO ONE FACILITY AND THE DATE OF DISCHARGE FROM THE OTHER FACILITY. IF SO, OVERRIDE THE ESC. IF NOT, DENY THE ESC WITH EOB 0491.

2.140 5624 (FORMER LEGACY AUDIT 478)

DMS LAST APPROVED: 09/19/08		
ESC 5624 (FORMER LEGACY AUDIT 478 DUPLICATION) EFFECTIVE 09/01/2007 (DEFECT 10340)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT AND CLAIM CREDIT
SUSPECT DUPE AGAINST INSTITUTIONAL	**CLAIM FIELD LABEL:**	PROCEDURE, MEMBER ID, DOS
ESC TYPE: CONFLICT	**C/T:**	H (PT 34, 42), M (PT 17, 33, 37), O (PT 41, 46, 47) AGAINST A, I, L
IF ONE OF THE INDICATED MONITORED PROCEDURES IS BILLED FOR A MEMBER WHO IS IN AN INSTITUTIONAL SETTING ON SAME DATE OF SERVICE, THE CLAIM WILL FAIL ESC 5624.		
ESC CRITERIA:	SAME MEMBER CLAIM TYPE H, M, O AGAINST CLAIM TYPES A, I AND L PROVIDER TYPE 90 REMOVED FROM ESC 5624 UNDER DEFECT 10340; SEE ESC 5633 AND 5634 FOR PT 90. **<u>EXCLUSIONS</u>** CLAIMS WITH A DOS EQUAL TO THE ADMIT OR DISCHARGE DATE OF THE A, I OR L CLAIM ARE EXCLUDED FROM ESC 5624.	
PROCEDURES MONITORED:	HOME HEALTH CODES SCL PROCEDURE CODES HOME CARE WAIVER REVENUE CODES PERSONAL CARE WAIVER REVENUE CODES INDEPENDENT LAB PROCEDURE CODES MODEL WAIVER SERVICES BRAIN INJURY PROCEDURE CODES	
ESC EOB:	0505 – MEMBER IN INSTITUTIONAL SETTING DURING SAME DATE OF SERVICE.	
PROCESSING INSTRUCTIONS:	VERIFY THAT THE DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, DATA CORRECT THE FIELD. IF CLAIM DATES OF SERVICE IS THE SAME AS MEMBER'S DATE OF ADMISSION OR DATE OF DISCHARGE FROM AN INSTITUTION, OVERRIDE THE ESC.	

	IF THE DATE OF SERVICE ON THE CLAIM IS **BETWEEN** THE MEMBER'S DATE OF ADMISSION AND DATE OF DISCHARGE FROM AN INSTITUTION, DENY WITH EOB 0505.

2.141 5625 (FORMER LEGACY AUDIT 590)

DMS LAST APPROVED: 11/20/06		
ESC 5625 (FORMER LEGACY AUDIT 590 MISCELLANEOUS)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENTS
PROFESSIONAL AGAINST INSTITUTIONAL AND VICE VERSA	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS, ADMIT DOS, DISCHARGE DOS
ESC TYPE: CONTRA	**C/T:**	O (PT 01), I (01, 04, 92, 93, 02)
IFAN OUTPATIENT HOSPITAL CLAIM WITH DATE OF SERVICE EQUAL TO OR BETWEEN THE ADMIT DATE AND TDOS OF AN INPATIENT HOSPITAL CLAIM SUBMITTED BY THE SAME PROVIDER FOR THE SAME MEMBER, CLAIM FAILS ESC 5625. IT ALSO FAILS INPATIENT CLAIMS* PROCESSED AFTER 4/27/05 IF THE CLAIM DATES OF SERVICE ARE EQUAL TO OR OVERLAP THE OUTPATIENT CLAIM DATES OF SERVICE. FOR INPATIENT HOSPITAL CLAIMS PROCESSED PRIOR TO 4/28/05 AND HAVING AN INITIAL OR INTERIM TYPE OF BILL, THE DAY AFTER THE TDOS IS USED INSTEAD OF TDOS**. *NOTE – THE FAILURE OF INPATIENT CLAIMS FOR THIS ESC WAS ADDED PER DCR 01349. **NOTE – THE LOGIC RELATING TO THE USE OF 1 DAY AFTER THE TDOS FOR INITIAL AND INTERIM TYPES OF BILLS WAS MODIFIED PER DCR 01349. **THIS AUDIT WAS INACTIVATED UNDER DEFECT 11360. SEE AUDIT 5231.**		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME/OVERLAPPING DATES OF SERVICE **NOTE:** CRITICAL ACCESS HOSPITALS BYPASS ESC 5625 PER CO1191. PROVIDER NUMBER 01000454 IS EXCLUDED FROM THE ESC PER CO1188. FREE STANDING REHAB FACILITIES BYPASS ESC 5625 PER CO1228 PROVIDERS 01000447 AND 01000439 BYPASS ESC 5625 PER CO1228.	
PROCEDURES MONITORED:	N/A	
ESC EOB:	0490 –CONSECUTIVE OUTPATIENT SERVICES ARE NON-PAYABLE DURING A HOSPITAL INPATIENT STAY. 0590 – HOSPITAL OUTPATIENT SERVICES NON-PAYABLE DURING A HOSPITAL INPATIENT STA Y.	
PROCESSING INSTRUCTIONS:	**FOR CLAIMS PROCESSED AFTER 4/27/05:**	
	VERIFY THAT THE MEMBER ID, PROVIDER AND DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, DATA CORRECT EACH FIELD IN ERROR.	

	IF THE CLAIM IS AN OUTPATIENT CLAIM THAT HAS A DATES SPAN OF MORE THAN ONE DAY IN FIELD 6 (I.E., FDOS 06/15/05-TDOS 06/25/05), DENY THE CLAIM WITH EOB 0490.
	IF THE CLAIM IS KEYED CORRECTLY AND INSTRUCTION #2 ABOVE DOES NOT APPLY, DENY THE CLAIM WITH EOB 0590.
	THE FOLLOWING PROCESSING INSTRUCTION WERE APPLIED TO CLAIMS PROCESSED PRIOR TO 4/28/05 BUT ARE NO LONGER APPLIED (PER DCR 01349):
	VERIFY THAT THE DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, DATA CORRECT EACH FIELD IN ERROR.
	IF THE INPATIENT IS A “FINAL BILL” (TYPE OF BILL 110, 111 OR 114), AND THE FROM DATE OF SERVICE OF THE OUTPATIENT CLAIM IS THE SAME AS THE “DATE OF ADMISSION” OR THE “THROUGH DATE OF SERVICE” ON THE INPATIENT CLAIM, OVERRIDE THE OUTPATIENT CLAIM.
	IF THE INPATIENT CLAIM IS AN “INITIAL BILL” OR “INTERIM BILL” (TYPE OF BILL 112 OR 113), AND THE FROM DATE OF SERVICE OF THE OUTPATIENT CLAIM IS THE SAME AS THE “DATE OF ADMISSION” OR 1 (ONE) OR MORE DAYS AFTER THE TO DATE OF SERVICE ON THE INPATIENT CLAIM, OVERRIDE THE OUTPATIENT CLAIM.
	IF THE INPATIENT CLAIM IN RELATED HISTORY INDICATES A “FINAL BILL” AND THE OUTPATIENT CLAIM FROM DATE OF SERVICE FALLS BETWEEN THE FROM DATE OF SERVICE AND THE TO DATE OF SERVICE ON THE INPATIENT, DENY THE OUTPATIENT CLAIM WITH EOB 0590.
	IF THE INPATIENT CLAIM IN RELATED HISTORY INDICATES AN “INTERIM BILL” AND THE OUTPATIENT CLAIM FROM DATE OF SERVICE FALLS BETWEEN THE INPATIENT FROM THE DATE OF SERVICE AND 1 (ONE) DAY AFTER THE TO DATE OF SERVICE, DENY THE OUTPATIENT CLAIM WITH EOB 0590.
	IF THE OUTPATIENT CLAIM IS THE CURRENT CLAIM AND HAS SPAN DATES IN FIELD 6 AND/OR A NUMBER IN FIELD 7 (I.E., FDOS 06/15/97-TDOS 06/19/87 COVERED DAYS 4) DENY THE CLAIM WITH EOB 0490.

2.142 5626 (FORMER LEGACY AUDIT 670)

DMS LAST APPROVED: 06/22/2009		
ESC 5626 (FORMER LEGACY AUDIT 670) LIMITATION	TYPE OF DOCUMENT:	ALL EXCEPT MASS ADJUSTMENT
READMISSION IS NOT ALLOWED WITHIN 14 DAYS OF LAST DISCHARGE DATE	FIELD NAME:	DOS, ADMIT, DISCHARGE
	PROVIDER TYPE:	01, 92, 93
	C/T:	I
FOR DOS ON OR AFTER 11/01/2003, INPATIENT HOSPITAL CLAIMS FOR READMISSION WILL FAIL ESC 670 WHEN THE MEMBER HAD NOT BEEN DISCHARGED FROM THE HOSPITAL FOR 14 DAYS. READMISSION WITHIN 14 DAYS IS ALLOWED ONLY WHEN AN ACUTE EXACERBATION OF AN EXISTING CONDITION OCCURS, OR WHEN A NEW CONDITION DEVELOPS.		
ESC CRITERIA:	CLAIM TYPE I CATEGORY OF SERVICE = 02 (ACUTE CARE) 92 (PSYCH DPU) 93 (REHAB DPU) NOTE - PER CO 9860, PROVIDER TYPES 92 AND 93 ARE REMOVED FROM THIS AUDIT FOR CLAIMS PROCESSED 1/16/2008 AND AFTER. SAME PROVIDER NOTE – PER CO 8612 THE AUDIT WAS CHANGED TO SAME PROVIDER FROM SAME OR DIFFERENT PROVIDER FOR CLAIMS PROCESSED 07/12/2007 AND AFTER SAME MEMBER NOTE- PER CO 12211 THIS ESC IS SET TO PAY AND LIST	
ESC EXCLUSIONS:	PER CO 9860, PROVIDERS WITH A SPECIALTY OF 012 (REHABILITATION), 014 (CRITICAL ACCESS) AND 17 (VENTILATOR) ARE EXCLUDED FROM THIS AUDIT FOR CLAIMS PROCESSED 1/16/2008 AND AFTER.	
	FOR DOS AFTER 6/30/91 CLAIMS FILED ON MEMBERS UNDER AGE SIX BY DISPROPORTIONATE SHARE HOSPITALS (PAYMENT MODE OF “3” OR “4” FOR FDOS ON PR FILE) ARE EXCLUDED FROM THIS ESC. ALSO, CLAIMS FILED ON MEMBERS UNDER AGE ONE BY NON-DISPROPORTIONATE SHARE HOSPITALS ARE EXCLUDED.	
	CLAIMS SUBMITTED BY THE FOLLOWING PROVIDERS BYPASS ESC 5626:	

DMS LAST APPROVED: 06/22/2009		
	PROVIDER	**PROVIDER NUMBER**
	VANDERBILT STALLWORTH REHAB	01621895
	CARDINAL HILL	01021237
	FRAZIER REHABILITATION CENTER	01016435
	AMERICAN HOSPITAL FOR REHABILITATION	01022144
	LAKEVIEW REHABILITATION	01022136
	MEDIPLEX REHABILITATION	01022243
	JEWISH HOSPITAL	01022367
	HEALTH SOUTH NORTHERN KY REHAB	01022540
	HEALTHSOUTH REHAB OF CENTRAL KY	01022326
	SOUTHERN KY REHAB	01000272
	GATEWAY REHAB OF NORTHERN KY	01000173
	GATEWAY REHAB AT NORTON	01000314
	KINDRED HOSPITAL LOUISVILLE	01022532
	SELECT SPECIALITY HOSPITAL @ SAMARITAN	01000322
	CONTINUING CARE @ ST. JOSEPH EAST	01000256
	CARDINAL HILL SPECIALTY HOSPITAL	01000306
	NOTE: 01022326, 01000272, 01000173, 01000314, 01022532, 01000322, 01000256 & 01000306 WERE ADDED TO THE EXCLUSIONS LIST PER DCR 01339	
	NOTE: 01000363, 01000355, AND 01600691 WERE ADDED AS EXCLUSIONS BY CHANGE ORDER 307.	
	NOTE: 01021781, 01014232, 01000389, 01022482, 01000348, 01015338, AND 01009042 WERE ADDED AS EXCLUSIONS BY CHANGE ORDER 312.	
PROCEDURES MONITORED:		
ESC EOB:	0113 - CLAIM DENIED. REQUIRED DOCUMENTATION MISSING/INCOMPLETE.	

DMS LAST APPROVED: 06/22/2009	
	0661 – CLAIM DENIED. READMISSION WITHIN 14 DAYS OF LAST DISCHARGE DATE/THROUGH DATE. PLEASE RESUBMIT WITH MEDICAL DOCUMENTATION.
	0681 – EVEN WITH DOCUMENTATION OF PATIENT'S CONDITION NECESSITATING ADMISSION TO A LESSER FACILITY, REIMBURSEMENT FOR BOTH FACILITIES CANNOT EXCEED A MAXIMUM OF 14 DAYS.
	0682 – CLAIM DENIED. REIMBURSEMENT CANNOT EXCEED A MAXIMUM OF 14 DAYS PER ADMISSION.
	0389 - PAID CLAIM BASED UPON MEDICAL REVIEW.
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 5626, VERIFY THE MAID, THE DATES OF SERVICE AND ADMISSION DATE WERE KEYED CORRECTLY; IF NOT, CORRECT EACH FIELD IN ERROR.
	TYPE OF BILL 110 (MOTHER/BABY) IF CURRENT CLAIM IS TYPE OF BILL 110 AND RELATED HISTORY IS TYPE OF BILL 111, 112, 113, OR 114 OVERRIDE THE ESC. IF CURRENT CLAIM IS TYPE OF BILL 111, 112, 113, OR 114 AND RELATED HISTORY IS TYPE OF BILL 110 WITH A ZERO PAID AMOUNT OVERRIDE THE ESC.
	IF THE CLAIM IN RELATED HISTORY IS CURRENT CLAIM (IT WILL ALSO SUSPEND) FOR ANOTHER PROVIDER AND THE CURRENT CLAIM IS FROM CARDINAL HILL, FRAZIER REHABILITATION CENTER, AMERICAN HOSPITAL FOR REHABILITATION, LAKEVIEW REHABILITATION, HEALTH SOUTH NORTHERN KY REHAB, OR MEDIPLEX REHAB (SEE ABOVE), OVERRIDE ESC 5626 FOR BOTH CLAIMS.
	IF HISTORY SERVICE DATE INDICATES A CLAIMS PREVIOUSLY PAID TO ANOTHER PROVIDER AND THE CURRENT CLAIM IS FROM CARDINAL HILL, FRAZIER REHABILITATION CENTER, AMERICAN HOSPITAL FOR REHABILITATION, LAKEVIEW REHABILITATION, HEALTH SOUTH NORTHERN KY REHAB, OR MEDIPLEX REHAB (SEE ABOVE), OVERRIDE ESC 5626.
	IF BOTH THE CURRENT CLAIMS AND ALL RELATED HISTORY CLAIMS ARE FOR THE SAME PROVIDER AND HAVE THE SAME **ADMIT DATE**, CALCULATE THE TOTAL NUMBER OF COVERED DAYS FOR ALL CLAIMS. IF TOTAL DAYS ARE 14 DAYS OR LESS, OVERRIDE THE CURRENT CLAIM. IF THE TOTAL DAYS OF ALL CLAIMS ARE GREATER THAN 14, THEN DENY THE CURRENT CLAIM WITH EOB 0682.

DMS LAST APPROVED: 06/22/2009	
	IF CLAIM IN RELATED HISTORY IS A CURRENT CLAIM AND DATE OF SERVICE ARE BILLED WITHIN 14 DAYS BUT CURRENT CLAIM IS FOR A DIFFERENT DIAGNOSIS CODE, OVERRIDE ESC 5626 FOR BOTH CLAIMS.
	IF HISTORY SERVICE DATES INDICATES A CLAIM PREVIOUSLY PAID WITHIN 14 DAYS BUT CURRENT CLAIM IS FOR A DIFFERENT DIAGNOSIS CODE, OVERRIDE ESC 5626.
	IF HISTORY SERVICE DATE INDICATES A CLAIM PREVIOUSLY PAID 14 DAYS FROM CURRENT CLAIM (3/1/87 AND 4/1/87) FOR SAME/DIFFERENT DIAGNOSIS CODE, OVERRIDE THE CURRENT CLAIM.
	IF HISTORY SERVICE DATE INDICATES A CLAIM PREVIOUSLY PAID WITHIN 30 DAYS AND CURRENT CLAIM IS FOR THE SAME DIAGNOSIS CODE, FORWARD TO PRIOR AUTHORIZATION IF CLAIM IN RELATED HISTORY IS ALSO A CURRENT CLAIM AND THE CURRENT CLAIMS WITHIN 30 DAYS AND FOR THE SAME DIAGNOSIS CODE, FORWARD BOTH TO PRIOR AUTHORIZATION.
PRIOR AUTHORIZATION ANALYST	IF A CLAIM IN RELATED HISTORY IS A CURRENT CLAIM BILLED BY A LESSER FACILITY WITHIN 30 DAYS AND THE CURRENT CLAIM IS FROM A GREATER FACILITY, OVERRIDE ESC 5626 FOR BOTH CLAIMS AND CHANGE EOB FIELD TO 0389.
	IF HISTORY SERVICE DATE INDICATES A CLAIM PREVIOUSLY PAID TO A LESSER FACILITY WITHIN 14 DAYS AND THE CURRENT CLAIM IS FROM A GREATER FACILITY, OVERRIDE ESC 5626 AND CHANGE EOB FIELD TO 0389.
	IF PAID CLAIM IN RELATED HISTORY IS FROM A GREATER FACILITY, AND THE CURRENT CLAIM IS FROM A LESSER FACILITY, AND DOCUMENTATION OF THE PATIENT'S CONDITION WHICH NECESSITATED THE ADMISSION TO THE LESSER FACILITY IS ATTACHED, PAYMENT FOR BOTH FACILITIES CANNOT EXCEED THE 14 DAY MAXIMUM. IF THE COMBINATION OF BOTH ADMISSIONS IS 14 DAYS OR LESS, OVERRIDE THE ESC AND CHANGE EOB FIELD TO 0389.
	IF THE TOTAL OF BOTH ADMISSIONS IS GREATER THAN 14 DAYS, THEN THE ADMISSION COVERING THE TRANSFER TO THE LESSER FACILITY SHOULD BE DENIED WITH EOB 681 AND RETURN THE CLAIM TO THE PROVIDER USING RETURN REASON INDICATING, "YOUR CLAIM HAS BEEN DENIED. YOU ARE ELIGIBLE FOR REIMBURSEMENT FOR ____ DAYS ONLY. PLEASE RESUBMIT YOUR CLAIM WITH NUMBER OF BILLED DAYS CORRECTED."
	PRIOR AUTHORIZATION REGISTERED NURSE REVIEWS READMISSION FOR ACUTE EXACERBATION OF ANY EXISTING CONDITION:

DMS LAST APPROVED: 06/22/2009	
	IF THE READMISSIONS QUESTIONABLE, REQUEST ADDITIONAL DOCUMENTATION OF THE PATIENT'S CONDITION WHICH NECESSITATED THE READMISSION DENY WITH EOB 0661. IF AN ACUTE EXACERBATION OF AN EXISTING CONDITION HAD OCCURRED, OVERRIDE ESC 5626. IF AN ACUTE EXACERBATION OF AN EXISTING CONDITION **HAD** NOT OCCURRED, DENY WITH EOB 0113.

2.143 5627 (FORMER LEGACY AUDIT 670)

DMS LAST APPROVED: 04/27/2012		
ESC 5627 (FORMER LEGACY AUDIT 670)	TYPE OF DOCUMENT:	ALL EXCEPT MASS ADJUSTMENT
READMISSION IS NOT ALLOWED WITHIN 30 DAYS OF LAST DISCHARGE DATE	FIELD NAME:	DOS, ADMIT, DISCHARGE
	PROVIDER TYPE:	01, 92, 93
LIMITATION	**C/T:**	I
INPATIENT HOSPITAL CLAIMS FOR READMISSION WILL FAIL AUDIT 5627 WHEN THE MEMBER HAD NOT BEEN DISCHARGED FROM THE HOSPITAL FOR 30 DAYS. READMISSION WITHIN 30 DAYS IS ALLOWED ONLY WHEN AN ACUTE EXACERBATION OF AN EXISTING CONDITION OCCURS, OR WHEN A NEW CONDITION DEVELOPS.		
ESC CRITERIA:	CLAIM TYPE I CATEGORY OF SERVICE = 02 (ACUTE CARE) 92 (PSYCH DPU) 93 (REHAB DPU) SAME PROVIDER NOTE THIS AUDIT WAS END DATED 10/31/2003 PER DCR 00792.	
ESC EXCLUSIONS:	FOR DOS AFTER 6/30/91 CLAIMS FILED ON MEMBERS UNDER AGE SIX BY DISPROPORTIONATE SHARE HOSPITALS (PAYMENT MODE OF “3” OR “4” FOR FDOS ON PR FILE) ARE EXCLUDED FROM THIS ESC. ALSO, CLAIMS FILED ON MEMBERS UNDER AGE ONE BY NON-DISPROPORTIONATE SHARE HOSPITALS ARE EXCLUDED. **CLAIMS SUBMITTED BY THE FOLLOWING PROVIDERS BYPASS ESC 5627:**	

PROVIDER	**PROVIDER NUMBER**
VANDERBILT STALLWORTH REHAB	01621895
CARDINAL HILL	01021237
FRAZIER REHABILITATION CENTER	01016435
AMERICAN HOSPITAL FOR REHABILITATION	01022144
LAKEVIEW REHABILITATION	01022136
MEDIPLEX REHABILITATION	01022243
JEWISH HOSPITAL	01022367

DMS LAST APPROVED: 04/27/2012		
	HEALTH SOUTH NORTHERN KY REHAB	01022540
	HEALTHSOUTH REHAB OF CENTRAL KY	01022326
	SOUTHERN KY REHAB	01000272
	GATEWAY REHAB OF NORTHERN KY	01000173
	GATEWAY REHAB AT NORTON	01000314
	KINDRED HOSPITAL LOUISVILLE	01022532
	SELECT SPECIALITY HOSPITAL @ SAMARITAN	01000322
	CONTINUING CARE @ ST. JOSEPH EAST	01000256
	CARDINAL HILL SPECIALTY HOSPITAL	01000306
	NOTE: 01022326, 01000272, 01000173, 01000314, 01022532, 01000322, 01000256 & 01000306 WERE ADDED TO THE EXCLUSIONS LIST PER DCR 01339 NOTE: 01000363, 01000355, AND 01600691 WERE ADDED AS EXCLUSIONS BY CHANGE ORDER 307. NOTE: 01021781, 01014232, 01000389, 01022482, 01000348, 01015338, AND 01009042 WERE ADDED AS EXCLUSIONS BY CHANGE ORDER 312.	
PROCEDURES MONITORED:		
ESC EOBS:	0113 - CLAIM DENIED. REQUIRED DOCUMENTATION MISSING/INCOMPLETE. 0389 - PAID CLAIM BASED UPON MEDICAL REVIEW. 0661 – CLAIM DENIED. READMISSION WITHIN 30 DAYS OF LAST DISCHARGE DATE/THROUGH DATE. PLEASE RESUBMIT WITH MEDICAL DOCUMENTATION. 0681 – EVEN WITH DOCUMENTATION OF PATIENT'S CONDITION NECESSITATING ADMISSION TO A LESSER FACILITY, REIMBURSEMENT FOR BOTH FACILITIES CANNOT EXCEED A MAXIMUM OF 30 DAYS. 0682 – CLAIM DENIED. REIMBURSEMENT CANNOT EXCEED A MAXIMUM OF 30 DAYS PER ADMISSION.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 5627, VERIFY THAT THE MAID, DATES OF SERVICE AND ADMISSION DATE WERE KEYED CORRECTLY. IF NOT, CORRECT EACH FIELD IN ERROR.	

DMS LAST APPROVED: 04/27/2012	
	TYPE OF BILL 110 (MOTHER/BABY) IF CURRENT CLAIM IS TYPE OF BILL 110 AND RELATED HISTORY IS TYPE OF BILL 111, 112, 113 OR 114 OVERRIDE ESC 5627. IF CURRENT CLAIM IS TYPE OF BILL 111, 112, 113, OR 114 AND RELATED HISTORY IS TYPE OF BILL 110 WITH A ZERO PAID AMOUNT OVERRIDE THE ESC.
	IF THE CLAIM IN RELATED HISTORY IS CURRENT CLAIM (IT WILL ALSO SUSPEND) FOR ANOTHER PROVIDER AND THE CURRENT CLAIM IS FROM CARDINAL HILL, FRAZIER REHABILITATION CENTER, AMERICAN HOSPITAL FOR REHABILITATION, LAKEVIEW REHABILITATION, HEALTH SOUTH NORTHERN KY REHAB, OR MEDIPLEX REHAB (SEE ABOVE), OVERRIDE ESC 5627 FOR BOTH CLAIMS.
	IF HISTORY SERVICE DATE INDICATES A CLAIMS PREVIOUSLY PAID TO ANOTHER PROVIDER AND THE CURRENT CLAIM IS FROM CARDINAL HILL, FRAZIER REHABILITATION CENTER, AMERICAN HOSPITAL FOR REHABILITATION, LAKEVIEW REHABILITATION, HEALTH SOUTH NORTHERN KY REHAB, OR MEDIPLEX REHAB (SEE ABOVE), OVERRIDE ESC 5627.
	IF BOTH THE CURRENT CLAIMS AND ALL RELATED HISTORY CLAIMS ARE FOR THE SAME PROVIDER AND HAVE THE SAME **ADMIT DATE**, CALCULATE THE TOTAL NUMBER OF COVERED DAYS FOR ALL CLAIMS. IF TOTAL DAYS ARE 30 DAYS OR LESS, OVERRIDE THE CURRENT CLAIM. IF THE TOTAL DAYS OF ALL CLAIMS ARE GREATER THAN 30, THEN DENY THE CURRENT CLAIM WITH EOB 0682.
	IF CLAIM IN RELATED HISTORY IS A CURRENT CLAIM AND DATE OF SERVICE ARE BILLED WITHIN 30 DAYS BUT CURRENT CLAIM IS FOR A DIFFERENT DIAGNOSIS CODE, OVERRIDE ESC 5627 FOR BOTH CLAIMS.
	IF HISTORY SERVICE DATES INDICATES A CLAIM PREVIOUSLY PAID WITHIN 30 DAYS BUT CURRENT CLAIM IS FOR A DIFFERENT DIAGNOSIS CODE, OVERRIDE ESC 5627.
	IF HISTORY SERVICE DATE INDICATES A CLAIM PREVIOUSLY PAID 30 DAYS FROM CURRENT CLAIM (3/1/87 AND 4/1/87) FOR SAME/DIFFERENT DIAGNOSIS CODE, OVERRIDE THE CURRENT CLAIM.

DMS LAST APPROVED: 04/27/2012	
	IF HISTORY SERVICE DATE INDICATES A CLAIM PREVIOUSLY PAID WITHIN 30 DAYS AND CURRENT CLAIM IS FOR THE SAME DIAGNOSIS CODE, FORWARD TO PRIOR AUTHORIZATION IF CLAIM IN RELATED HISTORY IS ALSO A CURRENT CLAIM AND THE CURRENT CLAIMS WITHIN 30 DAYS AND FOR THE SAME DIAGNOSIS CODE, FORWARD BOTH TO PRIOR AUTHORIZATION.
PRIOR AUTHORIZATION ANALYST	IF A CLAIM IN RELATED HISTORY IS A CURRENT CLAIM BILLED BY A LESSER FACILITY WITHIN 30 DAYS AND THE CURRENT CLAIM IS FROM A GREATER FACILITY, OVERRIDE ESC 5627 FOR BOTH CLAIMS AND CHANGE EOB FIELD TO 0389.
	IF HISTORY SERVICE DATE INDICATES A CLAIM PREVIOUSLY PAID TO A LESSER FACILITY WITHIN 30 DAYS AND THE CURRENT CLAIM IS FROM A GREATER FACILITY, OVERRIDE ESC 5627 AND CHANGE EOB FIELD TO 0389.
	IF PAID CLAIM IN RELATED HISTORY IS FROM A GREATER FACILITY, AND THE CURRENT CLAIM IS FROM A LESSER FACILITY, AND DOCUMENTATION OF THE PATIENT'S CONDITION WHICH NECESSITATED THE ADMISSION TO THE LESSER FACILITY IS ATTACHED, PAYMENT FOR BOTH FACILITIES CANNOT EXCEED THE 30 DAY MAXIMUM. IF THE COMBINATION OF BOTH ADMISSIONS IS 30 DAYS OR LESS, OVERRIDE THE ESC AND CHANGE EOB FIELD TO 0389.
	IF THE TOTAL OF BOTH ADMISSIONS IS GREATER THAN 30 DAYS, THEN THE ADMISSION COVERING THE TRANSFER TO THE LESSER FACILITY SHOULD BE DENIED WITH EOB 681 AND RETURN THE CLAIM TO THE PROVIDER USING RETURN REASON INDICATING, "YOUR CLAIM HAS BEEN DENIED. YOU ARE ELIGIBLE FOR REIMBURSEMENT FOR ____ DAYS ONLY. PLEASE RESUBMIT YOUR CLAIM WITH NUMBER OF BILLED DAYS CORRECTED."
	PRIOR AUTHORIZATION REGISTERED NURSE REVIEWS READMISSION FOR ACUTE EXACERBATION OF ANY EXISTING CONDITION: IF THE READMISSIONS QUESTIONABLE, REQUEST ADDITIONAL DOCUMENTATION OF THE PATIENT'S CONDITION WHICH NECESSITATED THE READMISSION DENY WITH EOB 0661. IF AN ACUTE EXACERBATION OF AN EXISTING CONDITION HAD OCCURRED, OVERRIDE ESC 5627. IF AN ACUTE EXACERBATION OF AN EXISTING CONDITION **HAD** NOT OCCURRED, DENY WITH EOB 0113.

2.144 5628 (FORMER LEGACY AUDIT 437)

ADDED 03/26/2008		
ESC 5628 (FORMER LEGACY AUDIT 437) (OP NOT PAY W/I 3 DAYS IP > 6/18/05) DUPLICATION/CONTRA	**TYPE OF DOCUMENT:**	ALL
CERTAIN OUTPATIENT HOSPITAL CHARGES ARE NOT PAYABLE WITHIN 3 DAYS PRIOR TO AN INPATIENT ADMISSION	**FIELD NAME:**	MAID, DOS
	PROVIDER TYPE:	01, 02, 04, 92, 93
	C/T:	I, O
THIS AUDIT FAILS OUTPATIENT HOSPITAL CLAIMS WITH A DATE OF SERVICE WITHIN 3 DAYS PRIOR TO THE ADMIT DATE OF AN INPATIENT HOSPITAL CLAIM SUBMITTED BY THE SAME PROVIDER FOR THE SAME MEMBER.		
AUDIT CRITERIA:	DOS ON OR AFTER 6/18/05	
EXCLUSIONS:	SAME PROVIDER SAME MEMBER OUTPATIENT HOSPITAL CLAIM WITH A DATE OF SERVICE WITHIN 3 DAYS PRIOR TO THE ADMIT DATE OF AN INPATIENT HOSPITAL CLAIM. OUTPATIENT DETAILS WITH ONE OF THE FOLLOWING REVENUE CODES - 254, 255, 30X, 31X, 32X, 40X, 46X, 53X, 61X, 62X, 73X, 74X, 92X. CRITICAL ACCESS HOSPITALS, PT 01 AND SPECIALITY 014 ARE EXLCUDED FROM AUDIT 5628.	
AUDIT EOB:	0437 – CLAIM DENIED. CERTAIN OUTPATIENT HOSPITAL CHARGES ARE NOT PAYABLE WITHIN 3 DAYS PRIOR TO AN INPATIENT HOSPITAL ADMISSION (AND VICE VERSA).	
METHOD OF CORRECTION:	VERIFY PROVIDER, MAID AND DATE OF SERVICE IS KEYED CORRECTLY. IF NOT, CORRECT DATA.	
	IF FAILING CURRENT TO CURRENT CLAIM, OVERRIDE EARLIER ICN. AND DENY THE LATER ICN.	

	IF NOT CURRENT TO CURRENT CLAIMS AND DATA IS KEYED CORRECTLY, DENY THE AUDIT.

2.145 5629 (FORMER LEGACY AUDIT 437)

ADDED 03/26/2008		
ESC 5629 (FORMER LEGACY AUDIT 437) (IP NOT PAYABLE AFTER 3 DAYS CERTAIN OP > 6/18/05) DUPLICATION/CONTRA	**TYPE OF DOCUMENT:**	ALL
INPATIENT HOSPITAL CHARGES PERFORMED 3 DAYS AFTER CERTAIN OUTPATIENT HOSPITAL SERVICES ARE NOT PAYABLE	**FIELD NAME:**	MAID, DOS
	PROVIDER TYPE:	01, 02, 04, 92, 93
	C/T:	I, O
THIS AUDIT FAILS INPATIENT HOSPITAL CLAIMS PERFORMED WITHIN 3 DAYS AFTER CERTAIN OUTPATIENT HOSPITAL SERVICES (WHEN THE OUTPATIENT CLAIM IS PAID FIRST) SUBMITTED BY THE SAME PROVIDER FOR THE SAME MEMBER.		
AUDIT CRITERIA:	DOS ON OR AFTER 6/18/05 SAME PROVIDER SAME MEMBER INPATIENT HOSPITAL CHARGES PERFORMED 3 DAYS AFTER THE FOLLOWING OUTPATIENT HOSPITAL SERVICES ARE NOT PAYABLE: OUTPATIENT DETAILS WITH ONE OF THE FOLLOWING REVENUE CODES - 254, 255, 30X, 31X, 32X, 40X, 46X, 53X, 61X, 62X, 73X, 74X, 92X.	
EXCLUSIONS:	CRITICAL ACCESS HOSPITALS, PT 01 AND SPECIALITY 014 ARE EXLCUDED FROM AUDIT 5629.	
AUDIT EOB:	0437 – CLAIM DENIED. CERTAIN OUTPATIENT HOSPITAL CHARGES ARE NOT PAYABLE WITHIN 3 DAYS PRIOR TO AN INPATIENT HOSPITAL ADMISSION (AND VICE VERSA).	
METHOD OF CORRECTION:	VERIFY PROVIDER, MAID AND DATE OF SERVICE IS KEYED CORRECTLY. IF NOT, CORRECT DATA.	
	IF FAILING CURRENT TO CURRENT CLAIM, OVERRIDE EARLIER ICN. AND DENY THE LATER ICN.	
	IF NOT CURRENT TO CURRENT CLAIMS AND DATA IS KEYED CORRECTLY, DENY THE AUDIT.	

2.146 5630 (FORMER LEGACY AUDIT 437)

ADDED 03/26/2008		
ESC 5630 (FORMER LEGACY AUDIT 437) ESC 5630 (OP NOT PAY W/I 3 DAYS IP > 6/18/05) DUPLICATION/CONTRA	**TYPE OF DOCUMENT:**	ALL
CERTAIN OUTPATIENT HOSPITAL CHARGES ARE NOT PAYABLE WITHIN 3 DAYS PRIOR TO AN INPATIENT ADMISSION	**FIELD NAME:**	MAID, DOS
	PROVIDER TYPE:	01, 02, 04, 92, 93
	C/T:	I, O
THIS AUDIT FAILS OUTPATIENT HOSPITAL CLAIMS WITH A DATE OF SERVICE WITHIN 3 DAYS PRIOR TO THE ADMIT DATE OF AN INPATIENT HOSPITAL CLAIM SUBMITTED BY THE SAME PROVIDER FOR THE SAME MEMBER		
AUDIT CRITERIA:	DOS ON OR AFTER 6/18/05 SAME PROVIDER SAME MEMBER OUTPATIENT HOSPITAL CLAIM WITH A DATE OF SERVICE WITHIN 3 DAYS PRIOR TO THE ADMIT DATE OF AN INPATIENT HOSPITAL CLAIM. OUTPATIENT DETAILS WITH REVENUE CODE 48X WITH HCPCS 93015, 93307, 93308, 93320, 93501, 93526, 93541, 93542, 93543, 93544-93552, 93561OR 93562.	
EXCLUSIONS:	CRITICAL ACCESS HOSPITALS, PT 01 AND SPECIALITY 014 ARE EXLCUDED FROM AUDIT 5630.	
AUDIT EOB:	0437 – CLAIM DENIED. CERTAIN OUTPATIENT HOSPITAL CHARGES ARE NOT PAYABLE WITHIN 3 DAYS PRIOR TO AN INPATIENT HOSPITAL ADMISSION (AND VICE VERSA).	
METHOD OF CORRECTION:	VERIFY PROVIDER, MAID AND DATE OF SERVICE IS KEYED CORRECTLY. IF NOT, CORRECT DATA.	
	IF FAILING CURRENT TO CURRENT CLAIM, OVERRIDE EARLIER ICN. AND DENY THE LATER ICN.	
	IF NOT CURRENT TO CURRENT CLAIMS AND DATA IS KEYED CORRECTLY, DENY THE AUDIT.	

2.147 5631 (FORMER LEGACY AUDIT 437)

ADDED 03/26/2008		
ESC 5631 (FORMER LEGACY AUDIT 437) (IP NOT PAYABLE AFTER 3 DAYS CERTAIN OP >6/18/05) DUPLICATION/CONTRA	**TYPE OF DOCUMENT:**	ALL
INPATIENT HOSPITAL CHARGES PERFORMED 3 DAYS AFTER CERTAIN OUTPATIENT HOSPITAL SERVICES ARE NOT PAYABLE	**FIELD NAME:**	MAID, DOS
	PROVIDER TYPE:	01, 02, 04, 92, 93
	C/T:	I, O
THIS AUDIT FAILS INPATIENT HOSPITAL CLAIMS PERFORMED WITHIN 3 DAYS AFTER CERTAIN OUTPATIENT HOSPITAL SERVICES (WHEN THE OUTPATIENT CLAIM IS PAID FIRST) SUBMITTED BY THE SAME PROVIDER FOR THE SAME MEMBER.		
AUDIT CRITERIA:	DOS ON OR AFTER 6/18/05 SAME PROVIDER SAME MEMBER INPATIENT HOSPITAL CHARGES PERFORMED 3 DAYS AFTER THE FOLLOWING OUTPATIENT HOSPITAL SERVICES ARE NOT PAYABLE: OUTPATIENT DETAILS WITH REVENUE CODE 48X WITH HCPCS 93015, 93307, 93308, 93320, 93501, 93526, 93541, 93542, 93543, 93544-93552, 93561OR 93562.	
EXCLUSIONS:	CRITICAL ACCESS HOSPITALS, PT 01 AND SPECIALITY 014 ARE EXLCUDED FROM AUDIT 5631.	
AUDIT EOB:	0437 – CLAIM DENIED. CERTAIN OUTPATIENT HOSPITAL CHARGES ARE NOT PAYABLE WITHIN 3 DAYS PRIOR TO AN INPATIENT HOSPITAL ADMISSION (AND VICE VERSA).	
METHOD OF CORRECTION:	VERIFY PROVIDER, MAID AND DATE OF SERVICE IS KEYED CORRECTLY. IF NOT, CORRECT DATA.	
	IF FAILING CURRENT TO CURRENT CLAIM, OVERRIDE EARLIER ICN. AND DENY THE LATER ICN.	
	IF NOT CURRENT TO CURRENT CLAIMS AND DATA IS KEYED CORRECTLY, DENY THE AUDIT.	

2.148 5632 (NO FORMER LEGACY AUDIT – NEW POLICY EFFECTIVE 1/1/107)

DMS LAST APPROVED: 06/04/07		
ESC 5632 (NO FORMER LEGACY AUDIT) CONTRA AUDIT	**CLAIM TYPE:**	I, M, A, B
LAP HYSTER NOT BILLABLE WITH OTHER HYSTER PROC	**PROVIDER TYPE:**	01, 31, 35, 64, 65
	TYPE OF DOCUMENT:	PAPER, NON-PAPER, ADJUSTMENT
	FIELD NAME:	PROCEDURE, DOS, MAID, PROVIDER

EFFECTIVE 1/01/07 IF PROVIDER BILLS ONE OF THE PROCEDURE CODES IN COLUMN B FOR THE SAME MEMBER, SAME DATE OF SERVICE AS THE CORRESPONDING CODE IN COLUMN A, THE DETAIL WILL FAIL ESC 5632.

OR

IF A PROVIDER BILLS ONE OF THE PROCEDURE CODES IN COLUMN A FOR THE SAME MEMBER, SAME DATE OF SERVICE AS THE CORRESPONDING CODE IN COLUMN B, THE DETAIL WILL FAIL ESC 5632.

ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DETAIL DOS		
PROCEDURES MONITORED:	**A**		**B**
	58541-58544	NOT PAYABLE WITH	49320
	58541-58544	NOT PAYABLE WITH	57410
	58541-58544	NOT PAYABLE WITH	58140
	58541-58544	NOT PAYABLE WITH	58150
	58541-58544	NOT PAYABLE WITH	58661
	58541-58544	NOT PAYABLE WITH	58671
AUDIT EOB:	5632 – LAP HYSTER NOT BILLABLE WITH OTHER HYSTER PROC.		
PROCESSING INSTRUCTIONS:	VERIFY THE MAID, PROCEDURE CODE, PROVIDER NUMBER, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, DATA CORRECT EACH FIELD IN ERROR. IF DATA IS KEYED CORRECTLY, DENY THE AUDIT.		
	NOTE: FOR CURRENT TO CURRENT FAILURES **BOTH** DETAILS SHOULD BE DENIED.		

	NOTE: THIS AUDIT IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT-ELECTRONIC CLAIMS.

2.149 5633 (FORMER LEGACY AUDIT 478)

DMS LAST APPROVED: 09/19/08		
ESC 5633 (FORMER LEGACY AUDIT 478 DUPLICATION) SUSPECT DUPE DME AGAINST INSTITUTIONAL (AGE <1)	**TYPE OF DOCUMENT:** **CLAIM FIELD LABEL:**	ALL EXCEPT MASS ADJUSTMENT AND CLAIM CREDIT PROCEDURE, MEMBER ID, DOS
ESC TYPE: CONFLICT	**C/T:**	M (PT 90) AGAINST A, I, L
IF ONE OF THE INDICATED MONITORED PROCEDURES IS BILLED FOR A MEMBER WHO IS IN AN INSTITUTIONAL SETTING ON SAME DATE OF SERVICE, THE CLAIM WILL FAIL ESC 5633.		
ESC CRITERIA:	SAME MEMBER ; MEMBER UNDER 1 YEAR OF AGE CLAIM TYPE M AGAINST CLAIM TYPES A, I, AND L ESC 5633 CREATED UNDER CO 9658 ESC 5633 MODIFIED UNDER DEFECT 10340 **EXCLUSIONS** PROCEDURE CODE E0604, MODIFER RR, IS EXCLUDED FOR MEMBERS UNDER THE AGE OF 1 EFFECTIVE 09/01/2007 PER CO 9658. CLAIMS WITH A DOS EQUAL TO THE ADMIT OR DISCHARGE DATE OF THE A, I OR L CLAIM ARE EXCLUDED FROM ESC 5633.	
PROCEDURES MONITORED:	DME SUPPLIER CODES	
ESC EOB:	0505 – MEMBER IN INSTITUTIONAL SETTING DURING SAME DATE OF SERVICE.	
PROCESSING INSTRUCTIONS:	VERIFY THAT THE DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, DATA CORRECT THE FIELD. IF A DME CLAIM (PT 90) IS FAILING AGAINST AN INPATIENT HOSPITAL CLAIM (CT S/PT 01) WITH A FINAL TYPE OF BILL (3RD DIGIT = 1, 4) AND A STATUS CODE OF 01, SEE IF THE CLAIM ATTACHMENTS INCLUDE A DME DELIVERY TICKET (OR OTHER DOCUMENTATION SHOWING THE DATE THE EQUIPMENT WAS DELIVERED). IF THE DELIVERY DATE ON THE DELIVERY TICKET IS WITHIN 2 DAYS PRIOR TO THE TO DATE OF SERVICE (TDOS) ON THE INPATIENT HOSPITAL CLAIM, FORCE THE ESC. FOR EXAMPLE, IF THE DELIVERY DATE IS MARCH 1ST AND THE TO DATE OF SERVICE ON THE HOSPITAL CLAIM IS MARCH 3RD, YOU WOULD FORCE THE ESC. IF CLAIM DATES OF SERVICE IS THE SAME AS MEMBER'S DATE OF ADMISSION OR DATE OF DISCHARGE FROM AN INSTITUTION, OVERRIDE THE ESC.	

	IF #2, 3, OR 4 DO NOT APPLY AND THE DATE OF SERVICE ON THE CLAIM IS **BETWEEN** THE MEMBER'S DATE OF ADMISSION AND DATE OF DISCHARGE FROM AN INSTITUTION, DENY WITH EOB 0505.

2.150 5634 (FORMER LEGACY AUDIT 478)

DMS LAST APPROVED: 09/19/08		
ESC 5634 (FORMER LEGACY AUDIT 478 DUPLICATION) SUSPECT DUPE DME AGAINST INSTITUTIONAL (AGE > 0)	**TYPE OF DOCUMENT:** **CLAIM FIELD LABEL:**	ALL EXCEPT MASS ADJUSTMENT AND CLAIM CREDIT PROCEDURE, MEMBER ID, DOS
ESC TYPE: CONFLICT	**C/T:**	M (PT 90) AGAINST A, I, L
IF ONE OF THE INDICATED MONITORED PROCEDURES IS BILLED FOR A MEMBER WHO IS IN AN INSTITUTIONAL SETTING ON SAME DATE OF SERVICE, THE CLAIM WILL FAIL ESC 5634.		
ESC CRITERIA:	SAME MEMBER; MEMBER'S AGE GREATER THAN 0 CLAIM TYPE M AGAINST CLAIM TYPES A, I, AND L ESC 5634 CREATED UNDER CO 9658 ESC 5634 MODIFIED UNDER DEFECT 10340 **EXCLUSIONS** CLAIMS WITH A DOS EQUAL TO THE ADMIT OR DISCHARGE DATE OF THE A, I, OR L CLAIM ARE EXCLUDED FROM ESC 5634.	
PROCEDURES MONITORED:	DME SUPPLIER CODES	
ESC EOB:	0505 – MEMBER IN INSTITUTIONAL SETTING DURING SAME DATE OF SERVICE.	
PROCESSING INSTRUCTIONS:	VERIFY THAT THE DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, DATA CORRECT THE FIELD. IF A DME CLAIM (PT 90) IS FAILING AGAINST AN INPATIENT HOSPITAL CLAIM (CT S/PT 01) WITH A FINAL TYPE OF BILL (3RD DIGIT = 1, 4) AND A STATUS CODE OF 01, SEE IF THE CLAIM ATTACHMENTS INCLUDE A DME DELIVERY TICKET (OR OTHER DOCUMENTATION SHOWING THE DATE THE EQUIPMENT WAS DELIVERED). IF THE DELIVERY DATE ON THE DELIVERY TICKET IS WITHIN 2 DAYS PRIOR TO THE TO DATE OF SERVICE (TDOS) ON THE INPATIENT HOSPITAL CLAIM, FORCE THE ESC. FOR EXAMPLE, IF THE DELIVERY DATE IS MARCH 1ST AND THE TO DATE OF SERVICE ON THE HOSPITAL CLAIM IS MARCH 3RD, YOU WOULD FORCE THE ESC. IF CLAIM DATES OF SERVICE IS THE SAME AS MEMBER'S DATE OF ADMISSION OR DATE OF DISCHARGE FROM AN INSTITUTION, OVERRIDE THE ESC.	
	IF #2, 3, OR 4 DO NOT APPLY AND THE DATE OF SERVICE ON THE CLAIM IS **BETWEEN** THE MEMBER'S DATE OF ADMISSION AND DATE OF DISCHARGE FROM AN INSTITUTION, DENY WITH EOB 0505.	

2.151 5635 (FORMER LEGACY AUDIT 437)

ADDED 03/26/2008		
ESC 5635 (FORMER LEGACY AUDIT 437) (OP NOT PAY W/I 3 DAYS IP 5/10/05-6/17/05) DUPLICATION/CONTRA	**TYPE OF DOCUMENT:**	ALL
CERTAIN OUTPATIENT HOSPITAL CHARGES ARE NOT PAYABLE WITHIN 3 DAYS PRIOR TO AN INPATIENT ADMISSION	**FIELD NAME:**	MAID, DOS
	PROVIDER TYPE:	01, 02, 04, 92, 93
	C/T:	I, O
THIS AUDIT FAILS OUTPATIENT HOSPITAL CLAIMS WITH A DATE OF SERVICE WITHIN 3 DAYS PRIOR TO THE ADMIT DATE OF AN INPATIENT HOSPITAL CLAIM SUBMITTED BY THE SAME PROVIDER FOR THE SAME MEMBER WITH THE SAME PRINCIPAL DIAGNOSIS.		
AUDIT CRITERIA:	DOS 5/10/05 – 6/17/05 SAME PROVIDER SAME MEMBER SAME PRINCIPLE DIAGNOSIS CODE OUTPATIENT HOSPITAL CLAIM WITH A DATE OF SERVICE WITHIN 3 DAYS PRIOR TO THE ADMIT DATE OF AN INPATIENT HOSPITAL CLAIM. OUTPATIENT DETAILS WITH ONE OF THE FOLLOWING REVENUE CODES - 254, 255, 30X, 31X, 32X, 40X, 46X, 53X, 61X, 62X, 73X, 74X, 92X.	
EXCLUSIONS:	CRITICAL ACCESS HOSPITALS, PT 01 AND SPECIALITY 014 ARE EXLCUDED FROM AUDIT 5635.	
AUDIT EOB:	0437 – CLAIM DENIED. CERTAIN OUTPATIENT HOSPITAL CHARGES ARE NOT PAYABLE WITHIN 3 DAYS PRIOR TO AN INPATIENT HOSPITAL ADMISSION (AND VICE VERSA).	
METHOD OF CORRECTION:	VERIFY PROVIDER, MAID AND DATE OF SERVICE IS KEYED CORRECTLY. IF NOT, CORRECT DATA.	
	IF FAILING CURRENT TO CURRENT CLAIM, OVERRIDE EARLIER ICN. AND DENY THE LATER ICN.	
	IF NOT CURRENT TO CURRENT CLAIMS AND DATA IS KEYED CORRECTLY, DENY THE AUDIT.	

2.152 5636 (FORMER LEGACY AUDIT 437)

ADDED 03/26/2008		
ESC 5636 (FORMER LEGACY AUDIT 437) (IP NOT PAYABLE AFTER 3 DAYS CERTAIN OP 5/10/05 – 6/17/05) DUPLICATION/CONTRA	**TYPE OF DOCUMENT:**	ALL
INPATIENT HOSPITAL CHARGES PERFORMED 3 DAYS AFTER CERTAIN OUTPATIENT HOSPITAL SERVICES ARE NOT PAYABLE	**FIELD NAME:**	MAID, DOS
	PROVIDER TYPE:	01, 02, 04, 92, 93
	C/T:	I, O
THIS AUDIT FAILS INPATIENT HOSPITAL CLAIMS PERFORMED WITHIN 3 DAYS AFTER CERTAIN OUTPATIENT HOSPITAL SERVICES (WHEN THE OUTPATIENT CLAIM IS PAID FIRST) SUBMITTED BY THE SAME PROVIDER FOR THE SAME MEMBER AND SAME PRINCIPAL DIAGNOSIS CODE.		
AUDIT CRITERIA: **EXCLUSIONS:**	DOS 5/10/05 – 6/17/05 SAME PROVIDER SAME MEMBER SAME PRINCIPLE DIAGNOSIS CODE INPATIENT HOSPITAL CHARGES PERFORMED 3 DAYS AFTER THE FOLLOWING OUTPATIENT HOSPITAL SERVICES ARE NOT PAYABLE: OUTPATIENT DETAILS WITH ONE OF THE FOLLOWING REVENUE CODES - 254, 255, 30X, 31X, 32X, 40X, 46X, 53X, 61X, 62X, 73X, 74X, 92X. CRITICAL ACCESS HOSPITALS, PT 01 AND SPECIALITY 014 ARE EXLCUDED FROM AUDIT 5636.	
AUDIT EOB:	0437 – CLAIM DENIED. CERTAIN OUTPATIENT HOSPITAL CHARGES ARE NOT PAYABLE WITHIN 3 DAYS PRIOR TO AN INPATIENT HOSPITAL ADMISSION (AND VICE VERSA).	
METHOD OF CORRECTION:	VERIFY PROVIDER, MAID AND DATE OF SERVICE IS KEYED CORRECTLY. IF NOT, CORRECT DATA.	
	IF FAILING CURRENT TO CURRENT CLAIM, OVERRIDE EARLIER ICN. AND DENY THE LATER ICN.	

	IF NOT CURRENT TO CURRENT CLAIMS AND DATA IS KEYED CORRECTLY, DENY THE AUDIT.

2.153 5637 (FORMER LEGACY AUDIT 437)

ADDED 03/26/2008		
ESC 5637 (FORMER LEGACY AUDIT 437) (OP NOT PAY W/I 3 DAYS IP 5/10/05-6/17/05) DUPLICATION/CONTRA	**TYPE OF DOCUMENT:**	ALL
CERTAIN OUTPATIENT HOSPITAL CHARGES ARE NOT PAYABLE WITHIN 3 DAYS PRIOR TO AN INPATIENT ADMISSION	**FIELD NAME:**	MAID, DOS
	PROVIDER TYPE:	01, 02, 04, 92, 93
	C/T:	I, O
THIS AUDIT FAILS OUTPATIENT HOSPITAL CLAIMS WITH A DATE OF SERVICE WITHIN 3 DAYS <u>PRIOR</u> <u>TO</u> THE ADMIT DATE OF AN INPATIENT HOSPITAL CLAIM SUBMITTED BY THE SAME PROVIDER FOR THE SAME MEMBER.		
AUDIT CRITERIA:	DOS 5/10/05 – 6/17/05 SAME PROVIDER SAME MEMBER SAME PRINCIPLE DIAGNOSIS CODE OUTPATIENT HOSPITAL CLAIM WITH A DATE OF SERVICE WITHIN 3 DAYS PRIOR TO THE ADMIT DATE OF AN INPATIENT HOSPITAL CLAIM. OUTPATIENT DETAILS WITH REVENUE CODE 48X WITH HCPCS 93015, 93307, 93308, 93320, 93501, 93526, 93541, 93542, 93543, 93544-93552, 93561OR 93562.	
EXCLUSIONS:	CRITICAL ACCESS HOSPITALS, PT 01 AND SPECIALITY 014 ARE EXLCUDED FROM AUDIT 5637.	
AUDIT EOB:	437 – CLAIM DENIED. CERTAIN OUTPATIENT HOSPITAL CHARGES ARE NOT PAYABLE WITHIN 3 DAYS PRIOR TO AN INPATIENT HOSPITAL ADMISSION (AND VICE VERSA).	
METHOD OF CORRECTION:	VERIFY PROVIDER, MAID AND DATE OF SERVICE IS KEYED CORRECTLY. IF NOT, CORRECT DATA.	
	IF FAILING CURRENT TO CURRENT CLAIM, OVERRIDE EARLIER ICN. AND DENY THE LATER ICN.	
	IF NOT CURRENT TO CURRENT CLAIMS AND DATA IS KEYED CORRECTLY, DENY THE AUDIT.	

2.154 5638 (FORMER LEGACY AUDIT 437)

ADDED 03/26/2008		
ESC 5638 (FORMER LEGACY AUDIT 437) ESC 5638 (IP NOT PAYABLE AFTER 3 DAYS CERTAIN OP 5/10/05 – 6/17/05) DUPLICATION/CONTRA	**TYPE OF DOCUMENT:**	ALL
INPATIENT HOSPITAL CHARGES PERFORMED 3 DAYS AFTER CERTAIN OUTPATIENT HOSPITAL SERVICES ARE NOT PAYABLE	**FIELD NAME:**	MAID, DOS
	PROVIDER TYPE:	01, 02, 04, 92, 93
	C/T:	I, O
THIS AUDIT FAILS INPATIENT HOSPITAL CLAIMS PERFORMED WITHIN 3 DAYS AFTER CERTAIN OUTPATIENT HOSPITAL SERVICES (WHEN THE OUTPATIENT CLAIM IS PAID FIRST) SUBMITTED BY THE SAME PROVIDER FOR THE SAME MEMBER AND SAME PRINCIPAL DIAGNOSIS CODE.		
AUDIT CRITERIA:	DOS 5/10/05 – 6/17/05 SAME PROVIDER SAME MEMBER SAME PRINCIPLE DIAGNOSIS CODE INPATIENT HOSPITAL CHARGES PERFORMED 3 DAYS AFTER THE FOLLOWING OUTPATIENT HOSPITAL SERVICES ARE NOT PAYABLE: OUTPATIENT DETAILS WITH REVENUE CODE 48X WITH HCPCS 93015, 93307, 93308, 93320, 93501, 93526, 93541, 93542, 93543, 93544-93552, 93561OR 93562.	
EXCLUSIONS:	CRITICAL ACCESS HOSPITALS, PT 01 AND SPECIALITY 014 ARE EXLCUDED FROM AUDIT 5638.	
AUDIT EOB:	437 – CLAIM DENIED. CERTAIN OUTPATIENT HOSPITAL CHARGES ARE NOT PAYABLE WITHIN 3 DAYS PRIOR TO AN INPATIENT HOSPITAL ADMISSION (AND VICE VERSA).	
METHOD OF CORRECTION:	VERIFY PROVIDER, MAID AND DATE OF SERVICE IS KEYED CORRECTLY. IF NOT, CORRECT DATA.	
	IF FAILING CURRENT TO CURRENT CLAIM, OVERRIDE EARLIER ICN. AND DENY THE LATER ICN.	

	IF NOT CURRENT TO CURRENT CLAIMS AND DATA IS KEYED CORRECTLY, DENY THE AUDIT.

2.155 5639 (FORMER LEGACY AUDIT 437)

ADDED 03/26/2008		
ESC 5639 (FORMER LEGACY AUDIT 437) ESC 5639 (OP NOT PAY W/I 3 DAYS IP < 5/10/05) DUPLICATION/CONTRA	**TYPE OF DOCUMENT:**	ALL
CERTAIN OUTPATIENT HOSPITAL CHARGES ARE NOT PAYABLE WITHIN 3 DAYS PRIOR TO AN INPATIENT ADMISSION	**FIELD NAME:**	MAID, DOS
	PROVIDER TYPE:	01, 02, 04, 92, 93
	C/T:	I, O
THIS AUDIT FAILS OUTPATIENT HOSPITAL CLAIMS WITH A DATE OF SERVICE WITHIN 3 DAYS PRIOR TO THE ADMIT DATE OF AN INPATIENT HOSPITAL CLAIM SUBMITTED BY THE SAME PROVIDER FOR THE SAME MEMBER.		
AUDIT CRITERIA:	DOS < 5/10/05	
EXCLUSIONS:	SAME PROVIDER SAME MEMBER OUTPATIENT HOSPITAL CLAIM WITH A DATE OF SERVICE WITHIN 3 DAYS PRIOR TO THE ADMIT DATE OF AN INPATIENT HOSPITAL CLAIM. OUTPATIENT DETAILS WITH ONE OF THE FOLLOWING REVENUE CODES - 254, 255, 30X, 31X, 32X, 40X, 46X, 53X, 61X, 62X, 73X, 74X, 92X. CRITICAL ACCESS HOSPITALS, PT 01 AND SPECIALITY 014 ARE EXLCUDED FROM AUDIT 5639.	
AUDIT EOB:	0437 – CLAIM DENIED. CERTAIN OUTPATIENT HOSPITAL CHARGES ARE NOT PAYABLE WITHIN 3 DAYS PRIOR TO AN INPATIENT HOSPITAL ADMISSION (AND VICE VERSA).	
METHOD OF CORRECTION:	VERIFY PROVIDER, MAID AND DATE OF SERVICE IS KEYED CORRECTLY. IF NOT, CORRECT DATA.	
	IF FAILING CURRENT TO CURRENT CLAIM, OVERRIDE EARLIER ICN. AND DENY THE LATER ICN.	
	IF NOT CURRENT TO CURRENT CLAIMS AND DATA IS KEYED CORRECTLY, DENY THE AUDIT.	

2.156 5640 (FORMER LEGACY AUDIT 437)

ADDED 03/26/2008		
ESC 5640 (FORMER LEGACY AUDIT 437) (IP NOT PAYABLE AFTER 3 DAYS CERTAIN OP < 5/10/05) DUPLICATION/CONTRA	**TYPE OF DOCUMENT:**	ALL
INPATIENT HOSPITAL CHARGES PERFORMED 3 DAYS AFTER CERTAIN OUTPATIENT HOSPITAL SERVICES ARE NOT PAYABLE	**FIELD NAME:**	MAID, DOS
	PROVIDER TYPE:	01, 02, 04, 92, 93
	C/T:	I, O
THIS AUDIT FAILS INPATIENT HOSPITAL CLAIMS PERFORMED WITHIN 3 DAYS AFTER CERTAIN OUTPATIENT HOSPITAL SERVICES (WHEN THE OUTPATIENT CLAIM IS PAID FIRST) SUBMITTED BY THE SAME PROVIDER FOR THE SAME MEMBER AND SAME PRINCIPAL DIAGNOSIS CODE.		
AUDIT CRITERIA:	DOS < 5/10/05	
EXCLUSIONS:	SAME PROVIDER SAME MEMBER INPATIENT HOSPITAL CHARGES PERFORMED 3 DAYS AFTER THE FOLLOWING OUTPATIENT HOSPITAL SERVICES ARE NOT PAYABLE: OUTPATIENT DETAILS WITH ONE OF THE FOLLOWING REVENUE CODES - 254, 255, 30X, 31X, 32X, 40X, 46X, 53X, 61X, 62X, 73X, 74X, 92X. CRITICAL ACCESS HOSPITALS, PT 01 AND SPECIALITY 014 ARE EXLCUDED FROM AUDIT 5640	
AUDIT EOB:	0437 – CLAIM DENIED. CERTAIN OUTPATIENT HOSPITAL CHARGES ARE NOT PAYABLE WITHIN 3 DAYS PRIOR TO AN INPATIENT HOSPITAL ADMISSION (AND VICE VERSA).	
METHOD OF CORRECTION:	VERIFY PROVIDER, MAID AND DATE OF SERVICE IS KEYED CORRECTLY. IF NOT, CORRECT DATA.	
	IF FAILING CURRENT TO CURRENT CLAIM, OVERRIDE EARLIER ICN. AND DENY THE LATER ICN.	
	IF NOT CURRENT TO CURRENT CLAIMS AND DATA IS KEYED CORRECTLY, DENY THE AUDIT.	

2.157 5641 (FORMER LEGACY AUDIT 437)

ADDED 03/26/2008		
ESC 5641 (FORMER LEGACY AUDIT 437) (OP NOT PAY W/I 3 DAYS IP < 5/10/05) DUPLICATION/CONTRA	**TYPE OF DOCUMENT:**	ALL
CERTAIN OUTPATIENT HOSPITAL CHARGES ARE NOT PAYABLE WITHIN 3 DAYS PRIOR TO AN INPATIENT ADMISSION	**FIELD NAME:**	MAID, DOS
	PROVIDER TYPE:	01, 02, 04, 92, 93
	C/T:	I, O
THIS AUDIT FAILS OUTPATIENT HOSPITAL CLAIMS WITH A DATE OF SERVICE WITHIN 3 DAYS PRIOR TO THE ADMIT DATE OF AN INPATIENT HOSPITAL CLAIM SUBMITTED BY THE SAME PROVIDER FOR THE SAME MEMBER.		
AUDIT CRITERIA:	DOS < 5/10/05	
EXCLUSIONS:	SAME PROVIDER SAME MEMBER OUTPATIENT HOSPITAL CLAIM WITH A DATE OF SERVICE WITHIN 3 DAYS PRIOR TO THE ADMIT DATE OF AN INPATIENT HOSPITAL CLAIM. OUTPATIENT DETAILS WITH REVENUE CODE 48X WITH HCPCS 93015, 93307, 93308, 93320, 93501, 93526, 93541, 93542, 93543, 93544-93552, 93561OR 93562. CRITICAL ACCESS HOSPITALS, PT 01 AND SPECIALITY 014 ARE EXLCUDED FROM AUDIT 5641.	
AUDIT EOB:	0437 – CLAIM DENIED. CERTAIN OUTPATIENT HOSPITAL CHARGES ARE NOT PAYABLE WITHIN 3 DAYS PRIOR TO AN INPATIENT HOSPITAL ADMISSION (AND VICE VERSA).	
METHOD OF CORRECTION:	VERIFY PROVIDER, MAID AND DATE OF SERVICE IS KEYED CORRECTLY. IF NOT, CORRECT DATA.	
	IF FAILING CURRENT TO CURRENT CLAIM, OVERRIDE EARLIER ICN. AND DENY THE LATER ICN.	
	IF NOT CURRENT TO CURRENT CLAIMS AND DATA IS KEYED CORRECTLY, DENY THE AUDIT.	

2.158 5642 (FORMER LEGACY AUDIT 437)

ADDED 03/26/2008		
ESC 5642 (FORMER LEGACY AUDIT 437 (IP NOT PAYABLE AFTER 3 DAYS CERTAIN OP < 5/10/05) DUPLICATION/CONTRA	**TYPE OF DOCUMENT:**	ALL
INPATIENT HOSPITAL CHARGES PERFORMED 3 DAYS AFTER CERTAIN OUTPATIENT HOSPITAL SERVICES ARE NOT PAYABLE	**FIELD NAME:**	MAID, DOS
	PROVIDER TYPE:	01, 02, 04, 92, 93
	C/T:	I, O
THIS AUDIT FAILS INPATIENT HOSPITAL CLAIMS PERFORMED WITHIN 3 DAYS AFTER CERTAIN OUTPATIENT HOSPITAL SERVICES (WHEN THE OUTPATIENT CLAIM IS PAID FIRST) SUBMITTED BY THE SAME PROVIDER FOR THE SAME MEMBER.		
AUDIT CRITERIA:	DOS < 5/10/05	
EXCLUSIONS:	SAME PROVIDER SAME MEMBER INPATIENT HOSPITAL CHARGES PERFORMED 3 DAYS AFTER THE FOLLOWING OUTPATIENT HOSPITAL SERVICES ARE NOT PAYABLE: OUTPATIENT DETAILS WITH REVENUE CODE 48X WITH HCPCS 93015, 93307, 93308, 93320, 93501, 93526, 93541, 93542, 93543, 93544-93552, 93561OR 93562. CRITICAL ACCESS HOSPITALS, PT 01 AND SPECIALITY 014 ARE EXLCUDED FROM AUDIT 5642.	
AUDIT EOB:	0437 – CLAIM DENIED. CERTAIN OUTPATIENT HOSPITAL CHARGES ARE NOT PAYABLE WITHIN 3 DAYS PRIOR TO AN INPATIENT HOSPITAL ADMISSION (AND VICE VERSA).	
METHOD OF CORRECTION:	VERIFY PROVIDER, MAID AND DATE OF SERVICE IS KEYED CORRECTLY. IF NOT, CORRECT DATA.	
	IF FAILING CURRENT TO CURRENT CLAIM, OVERRIDE EARLIER ICN. AND DENY THE LATER ICN.	
	IF NOT CURRENT TO CURRENT CLAIMS AND DATA IS KEYED CORRECTLY, DENY THE AUDIT.	

2.159 5643 (FORMER LEGACY AUDIT 478

DMS LAST APPROVED: 09/19/08		
ESC 5643 (FORMER LEGACY AUDIT 478 DUPLICATION) SUSPECT DUPE CMH AGAINST INSTITUTIONAL	**TYPE OF DOCUMENT:** **CLAIM FIELD LABEL:**	ALL EXCEPT MASS ADJUSTMENT AND CLAIM CREDIT PROCEDURE, MEMBER ID, DOS
ESC TYPE: CONFLICT	**C/T:**	M (PT 30) AGAINST A, I, L
IF ONE OF THE INDICATED MONITORED PROCEDURES IS BILLED FOR A MEMBER WHO IS IN AN INSTITUTIONAL SETTING ON SAME DATE OF SERVICE, THE CLAIM WILL FAIL ESC 5643.		
ESC CRITERIA:	SAME MEMBER CLAIM TYPE M AGAINST CLAIM TYPES A, I, AND L ESC 5643 APPLIES ONLY TO CLAIMS WITH DIAGNOSIS CODES 300 THROUGH 319. ESC 5643 CREATED UNDER DEFECT 10340. **EXCLUSIONS** CLAIMS WITH PROCEDURE CODES 90816, 99221, X0111, X0110 OR X0010 ARE EXCLUDED FROM THIS ESC. CLAIMS WITH A DOS EQUAL TO THE ADMIT OR DISCHARGE DATE OF THE A, I OR L CLAIM ARE EXCLUDED FROM ESC 5643.	
PROCEDURES MONITORED:	CMHC PROCEDURE CODES	
ESC EOB:	0505 – MEMBER IN INSTITUTIONAL SETTING DURING SAME DATE OF SERVICE.	
PROCESSING INSTRUCTIONS:	VERIFY THAT THE DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, DATA CORRECT THE FIELD. IF CLAIM DATES OF SERVICE IS THE SAME AS MEMBER'S DATE OF ADMISSION OR DATE OF DISCHARGE FROM AN INSTITUTION, OVERRIDE THE ESC. IF THE DATE OF SERVICE ON THE CLAIM IS **BETWEEN** THE MEMBER'S DATE OF ADMISSION AND DATE OF DISCHARGE FROM AN INSTITUTION, DENY WITH EOB 0505.	

2.160 5644 (FORMER LEGACY AUDIT 478)

DMS LAST APPROVED: 09/19/08		
ESC 5644 (FORMER LEGACY AUDIT 478 DUPLICATION) SUSPECT DUPE CHC AGAINST INSTITUTIONAL	**TYPE OF DOCUMENT:** **CLAIM FIELD LABEL:**	ALL EXCEPT MASS ADJUSTMENT AND CLAIM CREDIT PROCEDURE, MEMBER ID, DOS
ESC TYPE: CONFLICT	**C/T:**	M (PT 22) AGAINST A, I, L
IF ONE OF THE INDICATED MONITORED PROCEDURES IS BILLED FOR A MEMBER WHO IS IN AN INSTITUTIONAL SETTING ON SAME DATE OF SERVICE, THE CLAIM WILL FAIL ESC 5644.		
ESC CRITERIA:	SAME MEMBER EFFECTIVE 10/01/1990 CLAIM TYPE M, PT 22, DME PROCEDURE CODES ONLY, AGAINST A, I, AND L ESC 5644 CREATED UNDER DEFECT 10340. **<u>EXCLUSIONS</u>** CLAIMS WITH A DOS EQUAL TO THE ADMIT OR DISCHARGE DATE OF THE A, I, OR L CLAIM ARE EXCLUDED FROM ESC 5644.	
PROCEDURES MONITORED:	CHC DURABLE MEDICAL EQUIPMENT CODES (A4206 – B9999; E0100 – E8002; K0001 – L9999; XZ001 – XZ058; XZ100; XZ215; XZ299; XZ691 – XZ703; XZ857 – XZ889, Z4351, Z4557)	
ESC EOB:	0505 – MEMBER IN INSTITUTIONAL SETTING DURING SAME DATE OF SERVICE.	
PROCESSING INSTRUCTIONS:	VERIFY THAT THE DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, DATA CORRECT THE FIELD. IF CLAIM DATES OF SERVICE IS THE SAME AS MEMBER'S DATE OF ADMISSION OR DATE OF DISCHARGE FROM AN INSTITUTION, OVERRIDE THE ESC. IF THE DATE OF SERVICE ON THE CLAIM IS **BETWEEN** THE MEMBER'S DATE OF ADMISSION AND DATE OF DISCHARGE FROM AN INSTITUTION, DENY WITH EOB 0505.	

2.161 5645 (FORMER LEGACY AUDIT 478)

DMS LAST APPROVED: 09/19/08		
ESC 5645 (FORMER LEGACY AUDIT 478 DUPLICATION) SUSPECT DUPE PHARMACY AGAINST INSTITUTIONAL	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT AND CLAIM CREDIT
	CLAIM FIELD LABEL:	PROCEDURE, MEMBER ID, DOS
ESC TYPE: CONFLICT	**C/T:**	P, Q AGAINST A, I, L
IF ONE OF THE INDICATED MONITORED PROCEDURES IS BILLED FOR A MEMBER WHO IS IN AN INSTITUTIONAL SETTING ON SAME DATE OF SERVICE, THE CLAIM WILL FAIL ESC 5645.		
ESC CRITERIA:	SAME MEMBER CLAIM TYPE P AND Q AGAINST CLAIM TYPES A, I, AND L ESC 5645 CREATED UNDER DEFECT 10340. **<u>EXCLUSIONS</u>** CLAIM TYPES P AND Q DO NOT FAIL AGAINST PRTF (PT 04) CLAIMS. CLAIMS WITH A DOS EQUAL TO THE ADMIT OR DISCHARGE DATE OF THE A, I OR L CLAIM ARE EXCLUDED FROM ESC 5645.	
PROCEDURES MONITORED:	PHARMACY CODES	
ESC EOB:	0505 – MEMBER IN INSTITUTIONAL SETTING DURING SAME DATE OF SERVICE.	
PROCESSING INSTRUCTIONS:	VERIFY THAT THE DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, DATA CORRECT THE FIELD. IF CLAIM DATES OF SERVICE IS THE SAME AS MEMBER'S DATE OF ADMISSION OR DATE OF DISCHARGE FROM AN INSTITUTION, OVERRIDE THE ESC. IF THE DATE OF SERVICE ON THE CLAIM IS **BETWEEN** THE MEMBER'S DATE OF ADMISSION AND DATE OF DISCHARGE FROM AN INSTITUTION, DENY WITH EOB 0505.	

2.162 5646 (FORMER LEGACY AUDIT 479)

DMS LAST APPROVED:		
ESC 5646 (FORMER LEGACY AUDIT 479 DUPLICATION) EFFECTIVE 03/23/2010 PER CO 14843	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT AND CLAIM CREDIT
SUSPECT DUPE - HOSPICE AGAINST INSTITUTIONAL/ PROFESSIONAL	**CLAIM FIELD LABEL:**	PROCEDURE, MEMBER ID, DOS
ESC TYPE: CONFLICT	**C/T:**	H (PT 44) AGAINST A, B (PT 31, 35), C (PT 01), H (PT 34, 42), I, L, M (PT 22, 30, 31, 33, 35, 37, 43, 90), O (01, 41, 46, 47), P AND Q (PT 54)
IF CLAIMS BILLED BY CERTAIN PROVIDER TYPES HAVE BEEN PAID FOR THE SAME MEMBER, SAME/OVERLAPPING DATES OF SERVICE, CLAIM WILL FAIL ESC 5646.		
ESC CRITERIA:	SAME MEMBER MEMBER OVER THE AGE OF 20 SAME/OVERLAPPING DATES OF SERVICE HOSPICE DETAIL “FROM” AND “TO” DATES OF SERVICE ARE COMPARED TO THE HEADER “FROM” AND “TO” DATES OF CLAIM TYPES A, B, I, L, M AND P/Q. HOSPICE DETAIL “FROM” AND “TO” DATES OF SERVICE ARE COMPARED TO THE DETAIL “FROM” AND “TO” DATES CLAIM TYPE I, M, AND O.	
PROCEDURES MONITORED:	**HOSPICE PROCEDURES**	
	115 135 182 184 651 653 655 659 125 155 183 185 652 654 656 658	
ESC EOB:	0479 – CLAIM DENIED. SERVICES FOR THESE DATES OF SERVICE HAVE BEEN PAID TO A NON-HOSPICE PROVIDER.	
PROCESSING INSTRUCTIONS:	1. VERIFY THAT THE DETAIL DATES OF SERVICE AND MEMBER ID WERE KEYED CORRECTLY. IF NOT, CORRECT THE FIELDS IN ERROR. 2. VERIFY THAT THE PROCEDURE CODE WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA. 3. IF THE RELATED HISTORY CLAIM IS AN A, I, OR L, AND THE DATE OF DISCHARGE ON THE RELATED HISTORY CLAIM IS EQUAL TO THE “FROM” DATE OF SERVICE ON THE HOSPICE DETAIL, OVERRIDE THE DETAIL.	

DMS LAST APPROVED:	
	4. HOSPICE DETAILS FAILING AGAINST A PRIMARY CARE (PROV TYPE 31) OR RURAL HEALTH (PROV TYPE 35) CLAIM SHOULD ONLY BE DENIED IF THE PRIMARY CARE OR RURAL HEALTH CLAIM HAS ONE (OR MORE) LAB OR DRUG DETAIL. LAB DETAILS HAVE PROCEDURE CODES WHICH BEGIN WITH AN "8". DRUG DETAILS HAVE A 11-DIGIT NDC CODE. IF THE HOSPICE CLAIM FAILS AGAINST A PRIMARY CARE OR RURAL HEALTH CLAIM WHICH DOES **NOT** HAVE EITHER A LAB OR DRUG DETAIL, OVERRIDE THE ESC. 5. IF THE HOSPICE (PROV TYPE 44) CLAIM IS FAILING AGAINST A HCB WAIVER (PROV TYPE 42) CLAIM, AND THE WAIVER CLAIM HAS REVENUE CODE 580 (ATTENDANT CARE SERVICES) OVERRIDE THE ESC FOR THE HOSPICE PROVIDER. 6. IF A COPY OF THE CERTIFICATION OF UNRELATED CONDITION (MAP-383 OR MAP-397) IS ATTACHED AND DATE(S) ON THE CERTIFICATION FALL WITHIN THE DATE SPAN ON THE CLAIM, OVERRIDE THE ESC. 7. IF THE HOSPICE (PROV TYPE 44) CLAIM IS FAILING AGAINST A SCL WAIVER (PROV TYPE 33) CLAIM AND THE WAIVER CLAIM HAS PROCEDURE CODE H0043, S5140, S5126, OR T2016 (RESIDENTIAL SERVICES) AND DOS IS ON, OR AFTER, 06/01/2007, OVERRIDE THE HOSPICE PROVIDER CLAIM. 8. IF THE HOSPICE (PROV TYPE 44) CLAIM IS FAILING AGAINST PROV TYPE 22 CLAIM AND THE DETAIL PROCEDURE CODE IS V5010, 90465, 90466, 90669, 90698, 90716, 90744, 92567, 92585, 92588, 92593, 97803, 99203, 99204, 99205, 99212, 99213, 99214, 99391 AND 99392 AND DOS IS ON, OR AFTER, 1/1/2008 OVERRIDE THE HOSPICE PROVIDER CLAIM. 9. IF THE CLAIM WAS KEYED CORRECTLY AND ITEMS #3, #4, #5, #6, #7 OR #8 DO NOT APPLY, DENY THE DETAIL WITH EOB 0479.

2.163 5700

DMS LAST APPROVED: 01/04/2011		
ESC 5700	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
NCCI COLUMN 1/COLUMN 2 AUDIT	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS

DMS LAST APPROVED: 01/04/2011		
ESC TYPE: NCCI CONTRA	**C/T:**	O (PT 01)
FAILS OUTPATIENT HOSPITAL DETAILS IF THE CURRENT PROCEDURE CODE IS A NATIONAL CORRECT CODING INITIATIVE (NCCI) COLUMN 1 CODE AND THERE IS A PAID CONFLICTING NCCI COLUMN 2 CODE IN HISTORY FOR THE SAME MEMBER, SAME PROVIDER, SAME DATE OF SERVICE.		
ESC CRITERIA:	SAME MEMBER NCCI COLUMN 1 PROCEDURE CODE CONFLICTS WITH A NCCI COLUMN 2 PROCEDURE CODE SAME OR OVERLAPPING DATE OF SERVICE SAME PROVIDER DIFFERENT CLAIM (DOES NOT FAIL CURRENT TO CURRENT) **EXCLUSIONS:** CRITICAL ACCESS HOSPITALS ARE EXCLUDED FROM THIS AUDIT PROCEDURE COMBINATIONS THAT INCLUDE ONE OF THE FOLLOWING MODIFIERS ON EITHER THE HISTORY OR CURRENT DETAIL BYPASS THIS AUDIT IF THE PROCEDURE CONFLICT HAS ‘1’ IN THE MODIFIER OVERRIDES FIELD - 25, 27, 58, 59, 78, 79, 91, LT, RT, E1-E4, FA, F1-F9, LC, LD, RC, TA, T1-T9. THESE ARE DISPLAYED IN MODIFIER GROUP TYPE 3014. NOTE – THIS AUDIT WAS CREATED PER CO 15004 AND OUTPATIENT HOSPITAL WAS REMOVED FROM GMIS AUDITS 7292 AND 7293.	
PROCEDURES MONITORED:	ALL OUTPATIENT HOSPITAL PROCEDURE COMBINATIONS DISPLAYED ON THE “NCCI PROCEDURE TO PROCEDURE” PANEL (SEE ‘REFERENCE/RELATED DATA/OTHER’).	
ESC EOB:	5700 – CLAIM/DETAIL DENIED. THIS NCCI COLUMN 1 PROCEDURE CODE IS INCIDENTAL OR MUTUALLY EXCLUSIVE TO A PREVIOUSLY PAID NCCI COLUMN 2 PROCEDURE CODE. TO BE PAID FOR THE COLUMN 1 CODE RATHER THAN THE COLUMN 2 CODE, SUBMIT/REQUEST A VOID/ADJUSTMENT OF THE PREVIOSULY PAID CLAIM AND ADJUST OR RESUBMIT THIS DENIED CLAIM.	
PROCESSING INSTRUCTIONS:	4. VERIFY THAT THE MEMBER ID, PROCEDURE CODE, DATES OF SERVICE, MODIFIER, AND PROVIDER NUMBER ARE KEYED CORRECTLY. 5. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR. 6. IF ALL DATA IS KEYED CORRECTLY DENY WITH EOB CODE 5700.	

2.164 5701

DMS LAST APPROVED: 01/04/2011		
ESC 5701	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
NCCI COLUMN 1/COLUMN 2 AUDIT	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: NCCI CONTRA	**C/T:**	O (PT 01)
FAILS OUTPATIENT HOSPITAL DETAILS IF THE CURRENT PROCEDURE CODE IS A NATIONAL CORRECT CODING INITIATIVE (NCCI) COLUMN 2 CODE AND THERE IS A CONFLICTING CURRENT OR HISTORY NCCI COLUMN 1 CODE FOR THE SAME MEMBER, SAME PROVIDER, SAME DATE OF SERVICE.		
ESC CRITERIA:	SAME MEMBER NCCI COLUMN 2 PROCEDURE CODE CONFLICTS WITH AN NCCI COLUMN 1 PROCEDURE CODE SAME OR OVERLAPPING DATE OF SERVICE SAME PROVIDER SAME OR DIFFERENT CLAIM **EXCLUSIONS:** CRITICAL ACCESS HOSPITALS ARE EXCLUDED FROM THIS AUDIT PROCEDURE COMBINATIONS THAT INCLUDE ONE OF THE FOLLOWING MODIFIERS ON EITHER THE HISTORY OR CURRENT DETAIL BYPASS THIS AUDIT IF THE PROCEDURE CONFLICT HAS '1' IN THE MODIFIER OVERRIDES FIELD - 25, 27, 58, 59, 78, 79, 91, LT, RT, E1-E4, FA, F1-F9, LC, LD, RC, TA, T1-T9. THESE ARE DISPLAYED IN MODIFIER GROUP TYPE 3014. NOTE – THIS AUDIT WAS CREATED PER CO 15004 AND OUTPATIENT HOSPITAL WAS REMOVED FROM GMIS AUDITS 7292 AND 7293.	
PROCEDURES MONITORED:	ALL OUTPATIENT HOSPITAL PROCEDURE COMBINATIONS DISPLAYED ON THE "NCCI PROCEDURE TO PROCEDURE" PANEL (SEE 'REFERENCE/RELATED DATA/OTHER').	
ESC EOB:	5701 – CLAIM/DETAIL DENIED. THIS NCCI COLUMN 2 PROCEDURE CODE IS INCIDENTAL OR MUTUALLY EXCLUSIVE TO AN NCCI COLUMN 1 PROCEDURE CODE.	

DMS LAST APPROVED: 01/04/2011	
PROCESSING INSTRUCTIONS:	7. VERIFY THAT THE MEMBER ID, PROCEDURE CODE, DATES OF SERVICE, MODIFIER, AND PROVIDER NUMBER ARE KEYED CORRECTLY. 8. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR. 9. IF ALL DATA IS KEYED CORRECTLY DENY WITH EOB 5701.

2.165 6001 (FORMER LEGACY AUDIT 130)

DMS LAST APPROVED: 07/28/2010		
ESC 6001 (FORMER LEGACY AUDIT 130 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
THE DAILY LIMIT FOR THIS PROCEDURE CODE HAS BEEN EXCEEDED	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, PROVIDER, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT23)

IF A TITLE V/DSS PROVIDER BILLS FOR MORE THAN THE DAILY ALLOWED FOR THE PROCEDURE CODE, FOR THE SAME MEMBER, SAME PROVIDER, THE DETAIL EXCEEDING THE LIMIT WILL FAIL ESC 6001.

FORMER LEGACY AUDIT 130 ALSO INCLUDED PROCEDURE CODES T1023, XH100, H2019, X0068, AND X0086. THESE PROCEDURES HAVE BEEN ADDED TO THE FOLLOWING AUDITS:

ESC 6137: PROCEDURE CODES T1023 AND XH100, LIMITED TO 5 UNITS PER DOS

ESC 6138: PROCEDURE CODE H2019, LIMITED TO 36 UNITS PER DOS

ESC 6139: PROCEDURE CODE X0068, LIMITED TO 8 UNITS PER DOS

ESC 6144: PROCEDURE CODE X0086, LIMITED TO 9 UNITS PER DOS

ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME PROCEDURE CODE SAME DATE OF SERVICE
PROCEDURES MONITORED:	90804 – 16 UNITS PER DAY ALLOWED 90853 – 16 UNITS PER DAY ALLOWED 90887 – 16 UNITS PER DAY ALLOWED X0050 –16 UNITS PER DAY ALLOWED X0051 –16 UNITS PER DAY ALLOWED X0058 –16 UNITS PER DAY ALLOWED
ESC EOB:	0130 – CLAIM/DETAIL DENIED. THE DAILY LIMITATION FOR THIS PROCEDURE CODE HAS BEEN EXCEEDED.

DMS LAST APPROVED: 07/28/2010	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, PROCEDURE CODE, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR. IF THE CLAIM WAS KEYED CORRECTLY, DENY THE DETAIL WITH EOB CODE 0130. THIS AUDIT IS SET AS INACTIVE PER DEFECT 10170.

2.166 6002

2.166.1 6002 (FORMER LEGACY AUDIT 130)

DMS LAST APPROVED: 04/01/2008		
ESC 6002 (FORMER LEGACY AUDIT 130 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
CERTAIN TITLE V PROCEDURE CODES ARE LIMITED TO A COMBINED TOTAL OF 12 HOURS PER DAY	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, PROVIDER, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT23)
IF A TITLE V/DSS PROVIDER BILLS FOR MORE THAN THE DAILY ALLOWED FOR THE PROCEDURE CODE, FOR THE SAME MEMBER, SAME PROVIDER, THE DETAIL EXCEEDING THE LIMIT WILL FAIL ESC 6002.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER NUMBER SAME PROCEDURE CODE SAME DATE OF SERVICE	
PROCEDURES MONITORED:	90804 – 16 UNITS PER DAY ALLOWED 90853 – 16 UNITS PER DAY ALLOWED 90887 – 16 UNITS PER DAY ALLOWED T1023 – 5 UNITS PER DAY ALLOWED H2019 – 36 UNITS PER DAY ALLOWED X0068 – 8 UNITS PER DAY ALLOWED X0050 –16 UNITS PER DAY ALLOWED X0051 –16 UNITS PER DAY ALLOWED X0058 –16 UNITS PER DAY ALLOWED XH100 – 5 UNITS PER DAY ALLOWED X0086 – 9 UNITS PER DAY ALLOWED	
ESC EOB:	0130 – CLAIM/DETAIL DENIED. THE DAILY LIMITATION FOR THIS PROCEDURE CODE HAS BEEN EXCEEDED.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, PROCEDURE CODE, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF THE CLAIM WAS KEYED CORRECTLY, DENY THE DETAIL WITH EOB CODE 0130. THIS AUDIT IS SET AS INACTIVE PER DEFECT 10170.	

2.166.2 6002 (FORMER LEGACY AUDIT 131)

DMS LAST APPROVED: 04/01/2008		
ESC 6002 (FORMER LEGACY AUDIT 131 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
CERTAIN TITLE V PROCEDURE CODES ARE LIMITED TO A COMBINED TOTAL OF 12 HOURS PER DAY	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, PROVIDER, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT23)
IF A TITLE V/DSS PROVIDER BILLS FOR MORE THAN A TOTAL OF 12 HOURS PER DAY FOR A COMBINATION OF THE MONITORED PROCEDURE CODES, FOR THE SAME MEMBER, SAME PROVIDER, THE DETAIL EXCEEDING THE LIMIT WILL FAIL ESC 6002. **NOTE**: FOR ESCING PURPOSES THE CLAIM UNITS FOR X0050, X0051, X0058, 90804, 90853, AND 90887 ARE CONVERTED TO HOURLY UNITS (1 CLAIM UNIT = ¼ ESCING UNITS).		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME PROCEDURE CODE SAME DATE OF SERVICE	
PROCEDURES MONITORED:	90804 – 1 UNIT EQUALS 15 MINUTES 90853 – 1 UNIT EQUALS 15 MINUTES 90887 – 1 UNIT EQUALS 15 MINUTES T1023 – 1 UNIT EQUALS 1 HOUR H2019 – 1 UNIT EQUALS 15 MINUTES X0050 – 1 UNIT EQUALS 15 MINUTES X0051 – 1 UNIT EQUALS 15 MINUTES X0058 – 1 UNIT EQUALS 15 MINUTES X0068 – 1 UNIT EQUALS 1 HOUR X0086 – 1 UNIT EQUALS 1 HOUR XH100 – 1 UNIT EQUALS 1 HOUR	
ESC EOB:	0130 – CLAIM/DETAIL DENIED. THE DAILY LIMITATION FOR THIS PROCEDURE CODE HAS BEEN EXCEEDED.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, PROCEDURE CODE, DATES OF SERVICE AND UNITS WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF THE CLAIM WAS KEYED CORRECTLY, DENY THE DETAIL WITH EOB CODE 0130. THIS AUDIT IS SET AS INACTIVE PER DEFECT 10170.	

2.167 6003 (FORMER LEGACY AUDIT 139)

DMS APPROVED 3/5/2004		
ESC 6003 (FORMER LEGACY AUDIT 139 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
ASSESSMENTS ARE LIMITED TO 20 UNITS PER CALENDAR YEAR, PER MEMBER	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, PROVIDER, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT23)
IF A TITLE V/DSS PROVIDER BILLS FOR MORE THAN A 20 UNITS PER CALENDAR YEAR FOR PROCEDURE CODES XH100 AND T1023, FOR THE SAME MEMBER, SAME PROVIDER, THE DETAIL EXCEEDING THE LIMIT WILL FAIL ESC 6003.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME PROCEDURE CODE SAME CALENDAR YEAR	
PROCEDURES MONITORED:	XH100	T1023
ESC EOB:	0139 – CLAIM/DETAIL DENIED. ASSESSMENTS ARE LIMITED TO 20 UNITS PER CALENDAR YEAR, PER MEMBER	
PROCESSING INSTRUCTIONS:	1. VERIFY THE MEMBER ID, PROVIDER NUMBER, PROCEDURE CODE, DATES OF SERVICE AND UNITS WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	2. IF THE CLAIM WAS KEYED CORRECTLY, DENY THE DETAIL WITH EOB CODE 0139.	

2.168 6004 (FORMER LEGACY AUDIT 318)

DMS LAST APPROVED: 04/01/2008		
ESC 6004 (FORMER LEGACY AUDIT 318 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
INITIAL TOOTH EXTRACTION LIMITED TO ONE (1) PER DATE OF SERVICE PER MEMBER PER PROVIDER.	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS, PROCEDURE
ESC TYPE: LIMIT	**C/T:**	D, M (PT 22, 31, 35)
IF A PROVIDER BILLS FOR MORE THAN ONE INITIAL EXTRACTION FOR THE SAME MEMBER, SAME DATE OF SERVICE, THE CLAIM EXCEEDING THE LIMIT WILL FAIL ESC 6004.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	07110	
ESC EOB:	0518 – CLAIM/DETAIL DENIED. INITIAL TOOTH EXTRACTION LIMITED TO ONE PER DOS/MEMBER/PROVIDER. USE PROCEDURE 07120 FOR EACH ADDITIONAL TOOTH EXTRACTED.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6004, VERIFY THE PROCEDURE CODE, MEMBER ID, PROVIDER NUMBER AND DATE OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY INDICATES 07110 HAS ALREADY BEEN PAID FOR THE CURRENT CLAIM DATE OF SERVICE, DENY THE CURRENT CLAIM WITH EOB 0518.	
	IF RELATED HISTORY DOES NOT INDICATE 07110 HAS BEEN PAID FOR THE CURRENT CLAIM DATE OF SERVICE, OVERRIDE THE ESC.	
	IF A PROVIDER BILLS 07110 MORE THAN ONCE ON THE SAME CLAIM FOR THE SAME DATE OF SERVICE, AND THE PROCEDURE HAS NOT BEEN PAID PREVIOUSLY FOR THAT DATE OF SERVICE, OVERRIDE ONE DETAIL AND DENY THE OTHER DETAIL(S) WITH EOB 0518. AUDIT 6004 END DATED EFFECTIVE 10/15/2003 PER DEFECT 10170.	

2.169 6005 (FORMER LEGACY AUDIT 438)

DMS APPROVED 07/19/2011		
ESC 6005 (FORMER LEGACY AUDIT 438 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
ABI PROCEDURE CODE 90853 IS LIMITED TO A TOTAL OF 90 MINUTES PER DAY	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, PROVIDER, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 17)
IF ABI WAIVER PROVIDER BILLS FOR MORE THAN A TOTAL OF 90 MINUTES PER DAY FOR THE MONITORED PROCEDURE CODE, FOR THE SAME MEMBER, SAME PROVIDER, THE DETAIL EXCEEDING THE LIMIT WILL FAIL ESC 6005. **NOTE**: FOR AUDITING PURPOSES THE CLAIM UNITS FOR 90853 ARE CONVERTED TO 15 MINUTES PER UNIT (6 UNITS IS EQUIVALENT TO 90 MINUTES).		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME PROCEDURE SAME DATE OF SERVICE NOTE – MFP MEMBERS ARE EXCLUDED FROM THIS AUDIT (CO 15099)	
PROCEDURES MONITORED:	90853 – 1 UNIT EQUALS 15 MINUTES	
ESC EOB:	0438 – CLAIM DETAIL DENIED. PROCEDURE CODE 90853 IS LIMITED TO 6 UNITS PER DAY, PER MEMBER, PER PROVIDER. PROVIDER.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, PROCEDURE CODE, DATES OF SERVICE AND UNITS WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF THE CLAIM WAS KEYED CORRECTLY, DENY THE DETAIL WITH EOB CODE 0438.	

2.170 6006 (FORMER LEGACY AUDIT 439)

DMS APPROVED 07/19/2011		
ESC 6006 (FORMER LEGACY AUDIT 439 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
ABI PROCEDURE CODE 90853 IS LIMITED TO A TOTAL OF 3 HOURS PER CALENDAR WEEK	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, PROVIDER, DOS, UNITS OF SERVICE
ESC TYPE: LIMIT	**C/T:**	M (PT 17)
IF ABI WAIVER PROVIDER BILLS FOR MORE THAN A TOTAL OF 3 HOURS PER CALENDAR WEEK FOR THE MONITORED PROCEDURE CODE, FOR THE SAME MEMBER, SAME PROVIDER, THE DETAIL EXCEEDING THE LIMIT WILL FAIL ESC 6006. **NOTE**: FOR AUDITING PURPOSES THE CLAIM UNITS FOR 90853 ARE CONVERTED TO 15 MINUTES PER UNIT (12 UNITS IS EQUIVALENT TO 180 MINUTES OR 3 HOURS).		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME PROCEDURE SAME DATE OF SERVICE NOTE – MFP MEMBERS ARE EXCLUDED FROM THIS AUDIT (CO 15099)	
PROCEDURES MONITORED:	90853 – 1 UNIT EQUALS 15 MINUTES	
ESC EOB:	0439 – CLAIM DETAIL DENIED. PROCEDURE CODE 90853 IS LIMITED TO 12 UNITS PER CALENDAR WEEK, PER MEMBER, PER PROVIDER.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, PROCEDURE CODE, DATES OF SERVICE AND UNITS WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF THE CLAIM WAS KEYED CORRECTLY, DENY THE DETAIL WITH EOB CODE 0439.	

2.171 6007 (FORMER LEGACY AUDIT 440)

DMS APPROVED 07/19/2011		
ESC 6007 (FORMER LEGACY AUDIT 440 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
REVENUE CODE 582 LIMITED TO 4 UNITS PER WEEK (SUNDAY THROUGH SATURDAY)	**CLAIM FIELD LABEL:**	MEMBER ID, REVENUE CODE, DOS, UNITS OF SERVICE
ESC TYPE: LIMIT	**C/T:**	H (PT 42)
IF MORE THAN 4 UNITS OF REVENUE CODE 582 ARE BILLED WITHIN A WEEK (SUNDAY THROUGH SATURDAY) CLAIM FAILS ESC 6007.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME WEEK (SUNDAY THROUGH SATURDAY) NOTE – MFP MEMBERS ARE EXCLUDED FROM THIS AUDIT (CO 15099)	
PROCEDURES MONITORED:	REVENUE CODE 582	
ESC EOB:	0440 – CLAIM/DETAIL DENIED. REVENUE CODE 582 LIMITED TO 4 UNITS PER CALENDAR WEEK (SUNDAY THROUGH SATURDAY).	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, REVENUE CODE, DATES OF SERVICE, AND UNITS WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF THE CLAIM WAS KEYED CORRECTLY, DENY WITH EOB 0440.	

2.172 6008 (FORMER LEGACY AUDIT 441)

DMS LAST APPROVED: 01/07/03		
ESC 6008 (FORMER LEGACY AUDIT 441 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE CODES 99244 AND 99245 ARE LIMITED CUMULATIVELY TO ONE UNIT PER DAY PER MEMBER	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, PROVIDER, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT23)
IF A TITLE V/DSS PROVIDER BILLS FOR MORE THAN ONE UNIT PER DAY CUMULATIVELY FOR PROCEDURE CODES 99244 AND 99245 FOR THE SAME MEMBER, SAME PROVIDER THE DETAIL EXCEEDING THE LIMIT WILL FAIL ESC 6008.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER	
PROCEDURES MONITORED:	99244 99245	
ESC EOB:	0441 – CLAIM/DETAIL DENIED. PROCEDURE CODES 99244 AND 99245 ARE LIMITED CUMULATIVELY TO ONE UNIT PER DAY PER MEMBER.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, PROCEDURE CODE, DATES OF SERVICE AND UNITS WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF THE CLAIM WAS KEYED CORRECTLY, DENY THE DETAIL WITH EOB CODE 0441.	

2.173 6009 (FORMER LEGACY AUDIT 445)

DMS LAST APPROVED: 01/07/03		
ESC 6009 (FORMER LEGACY AUDIT 445 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE CODE 99244 IS LIMITED TO ONE PER FIVE YEARS, PER MEMBER, PER PROVIDER	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, PROVIDER, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT23)
IF A TITLE V/DSS PROVIDER BILLS PROCEDURE CODE 99244 FOR MORE THAN FIVE(5) UNITS PER FIVE YEARS FOR THE SAME MEMBER, SAME PROVIDER THE DETAIL EXCEEDING THE LIMIT WILL FAIL ESC 6009.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER	
PROCEDURES MONITORED:	99244	
ESC EOB:	0445 – CLAIM/DETAIL DENIED. PROCEDURE CODE 99244 IS LIMITED TO ONE PER FIVE YEARS, PER MEMBER, PER PROVIDER.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, PROCEDURE CODE, DATES OF SERVICE AND UNITS WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF THE CLAIM WAS KEYED CORRECTLY, DENY THE DETAIL WITH EOB CODE 0445.	

2.174 6010 (FORMER LEGACY AUDIT 446)

DMS LAST APPROVED: 01/07/03		
ESC 6010 (FORMER LEGACY AUDIT 446 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE CODE 99245 IS LIMITED TO ONE PER FIVE YEARS, PER MEMBER, PER PROVIDER	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, PROVIDER, DOS, UNITS OF SERVICE
ESC TYPE: LIMIT	**C/T:**	M (PT23)
IF A TITLE V/DSS PROVIDER BILLS PROCEDURE CODE 99245 FOR MORE THAN FIVE (5) UNITS PER FIVE YEARS FOR THE SAME MEMBER, SAME PROVIDER THE DETAIL EXCEEDING THE LIMIT WILL FAIL ESC 6010.		
ESC CRITERIA:	SAME MEMBER NUMBER SAME PROVIDER NUMBER	
PROCEDURES MONITORED:	99245	
ESC EOB:	0446 – CLAIM.DETAIL DENIED. PROCEDURE CODE 99245 IS LIMITED TO ONE PER FIVE YEARS, PER MEMBER, PER PROVIDER.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, PROCEDURE CODE, DATES OF SERVICE AND UNITS WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF THE CLAIM WAS KEYED CORRECTLY, DENY THE DETAIL WITH EOB CODE 0446.	

2.175 6011 (FORMER LEGACY AUDIT 452)

DMS LAST APPROVED: 10/03/2011		
ESC 6011 (FORMER LEGACY AUDIT 452 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
X0080/H0004 LIMITED TO 12 UNITS PER WEEK	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, DOS, UNITS OF SERVICE
ESC TYPE: LIMIT	**C/T:**	M (PT 33)
IF AN SCL PROVIDER BILLS MORE THAN TWELVE UNITS OF PROCEDURE CODE X0080 OR H0004 DURING A WEEK, CLAIM FAILS ESC 6011.		
ESC CRITERIA:	SAME MEMBER SAME WEEK **<u>EXCLUSIONS</u>** CLAIMS FOR MFP MEMBERS ARE EXCLUDED FROM THIS AUDIT (CO 15099) CLAIMS FOR MICHELLE P MEMBERS ARE EXCLUDED FROM THIS AUDIT (CO 16767)	
PROCEDURES MONITORED:	H0004	X0080
ESC EOB:	0452 – CLAIM/DETAIL DENIED. X0080/H0004 LIMITED TO 12 UNITS PER WEEK.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, DATES OF SERVICE, UNITS, AND PROCEDURE CODE ARE KEYED CORRECTLY. IF NOT, CORRECT THE FIELD IN ERROR.	

2.176 6012 (FORMER LEGACY AUDIT 453)

DMS LAST APPROVED: 07/19/2011		
ESC 6012 (FORMER LEGACY AUDIT 453 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
CERTAIN PROCEDURE CODES LIMITED TO 1 UNIT PER DAY, CUMULATIVELY	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, DOS, UNITS OF SERVICE
ESC TYPE: LIMIT	**C/T:**	M (PT 33)
IF AN SCL PROVIDER BILLS MORE THAN ONE CUMULATIVE UNIT OF PROCEDURE X0061/T2016, X0088/S5126, X0089/H0043, AND X0103/S5140 PER DAY, CLAIMS WILL FAIL ESC 6012.		
ESC CRITERIA:	SAME MEMBER SAME DAY NOTE – MFP MEMBERS ARE EXCLUDED FROM THIS AUDIT (CO 15099)	
PROCEDURES MONITORED:	X0061 T2016 X0088 S5126 X0089 H0043 X0103 S5140	
ESC EOB:	0453 – CLAIM/DETAIL DENIED. X0061/T2016, X0088/S5126, X0089/H0043 AND X0103/S5140 LI	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, DATES OF SERVICE, UNITS, AND PROCEDURE CODE ARE KEYED CORRECTLY. IF NOT, CORRECT THE FIELD IN ERROR.	

2.177 6013 (FORMER LEGACY AUDIT 454)

DMS LAST APPROVED: 07/19/2011		
ESC 6013 (FORMER LEGACY AUDIT 454 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
X0079/H0039 LIMITED TO 32 UNITS PER DAY	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, DOS, UNITS OF SERVICE
ESC TYPE: LIMIT	**C/T:**	M (PT 33)
IF AN SCL PROVIDER BILLS MORE THAN 32 UNITS OF PROCEDURE CODE X0079/H0039 PER DAY, CLAIM FAILS ESC 6013.		
ESC CRITERIA:	SAME MEMBER SAME DAY NOTE – MFP MEMBERS ARE EXCLUDED FROM THIS AUDIT (CO 15099)	
PROCEDURES MONITORED:	X0079	H0039
ESC EOB:	0454 –X0079/H0039 LIMITED TO 32 UNITS PER DAY.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, DATES OF SERVICE, UNITS, AND PROCEDURE CODE ARE KEYED CORRECTLY. IF NOT, CORRECT THE FIELD IN ERROR.	

2.178 6014 (FORMER LEGACY AUDIT 455)

DMS LAST APPROVED: 07/19/2011		
ESC 6014 (FORMER LEGACY AUDIT 455 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
CERTAIN PROCEDURE CODES LIMITED TO 48 UNITS PER DAY	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, DOS, UNITS OF SERVICE
ESC TYPE: LIMIT	**C/T:**	M (PT 33)
IF AN SCL PROVIDER BILLS MORE THAN FOURTY-EIGHT UNITS OF PROCEDURE CODE X0078/H0038, X0090/97537, X0091/97535 PER DAY, CLAIM FAILS ESC 6014.		
ESC CRITERIA:	SAME MEMBER SAME DAY NOTE – MFP MEMBERS ARE EXCLUDED FROM THIS AUDIT (CO 15099)	
PROCEDURES MONITORED:	97537 H0038	X0091 X0078 X0090
	Note – Procedure code 97535 was removed from this audit on 07/31/2007 per CO 8230.	
ESC EOB:	0455 – THIS PROCEDURE CODE LIMITED TO 48 UNITS PER DAY.	
	VERIFY THE MEMBER ID, DATES OF SERVICE, UNITS, AND PROCEDURE CODE ARE KEYED CORRECTLY. IF NOT, CORRECT THE FIELD IN ERROR.	

2.179 6015 (FORMER LEGACY AUDIT 456)

DMS LAST APPROVED: 07/19/2011			
ESC 6015 (FORMER LEGACY AUDIT 456 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT	
CERTAIN PROCEDURE CODES LIMITED TO 16 UNITS PER DAY.	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, DOS, UNITS OF SERVICE	
ESC TYPE: LIMIT	**C/T:**	M (PT 33)	
IF AN SCL PROVIDER BILLS MORE THAN SIXTEEN UNITS OF PROCEDURE CODE X0081/90804, X0082/97530, X0083/92507 AND X0084/97110 PER DAY, CLAIM FAILS ESC 6015.			
ESC CRITERIA:	SAME MEMBER SAME DAY NOTE – MFP MEMBERS ARE EXCLUDED FROM THIS AUDIT (CO 15099)		
PROCEDURES MONITORED:	90804 97530 92507 97110	X0081 X0082 X0083 X0084	
ESC EOB:	0456 –THIS PROCEDURE CODE LIMITED TO 16 UNITS PER DAY.		
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, DATES OF SERVICE, UNITS, AND PROCEDURE CODE ARE KEYED CORRECTLY. IF NOT, CORRECT THE FIELD IN ERROR.		

2.180 6016 (FORMER LEGACY AUDIT 457)

DMS LAST APPROVED: 07/19/2011		
ESC 6016 (FORMER LEGACY AUDIT 457 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
CERTAIN PROCEDURE CODES LIMITED TO 1 UNIT PER DAY, CUMULATIVELY	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, DOS, UNITS OF SERVICE
ESC TYPE: LIMIT	**C/T:**	M (PT 17)
IF A PROVIDER BILLS MORE THAN ONE CUMULATIVE UNIT OF PROCEDURE CODE X0100/H0043 OR X0101/T2016 ON THE SAME DAY, CLAIM WILL FAIL ESC 6016.		
ESC CRITERIA:	SAME MEMBER SAME DAY NOTE – MFP MEMBERS ARE EXCLUDED FROM THIS AUDIT (CO 15099)	
PROCEDURES MONITORED:	X0100 X0101	H0043 T2016
ESC EOB:	0457 – X0100/H0043 AND X0101/T2016 LIMITED TO ONE UNIT, CUMULATIVELY, PER DAY.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, DATES OF SERVICE, UNITS, AND PROCEDURE CODE ARE KEYED CORRECTLY. IF NOT, CORRECT THE FIELD IN ERROR.	

2.181 6017 (FORMER LEGACY AUDIT 458)

DMS LAST APPROVED: 07/19/2011		
ESC 6017 (FORMER LEGACY AUDIT 458 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
RESPITE SERVICES ARE LIMITED TO $150.00 PER DAY	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, DOS, UNITS OF SERVICE
ESC TYPE: LIMIT	**C/T:**	M (PT 17)
IF REIMBURSEMENT FOR PROCEDURE CODE X0063/T1005 EXCEEDS $150.00 IN ONE DAY, CALIM WILL FAIL ESC 6017.		
ESC CRITERIA:	SAME MEMBER SAME DAY PER CO 14265 AND 15099 ABILTC AND MFP MEMBERS ARE EXCLUDED FROM THIS AUDIT.	
PROCEDURES MONITORED:	T1005	X0063
ESC EOB:	0458 – RESPITE SERVICES ARE LIMITED TO $150.00 PER DAY.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, DATES OF SERVICE, UNITS, AND PROCEDURE CODE ARE KEYED CORRECTLY. IF NOT, CORRECT THE FIELD IN ERROR.	

2.182 6018 (FORMER LEGACY AUDIT 460)

DMS LAST APPROVED: 07/19/2011		
ESC 6018 (FORMER LEGACY AUDIT 460 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
CERTAIN PROCEDURE CODES LIMITED TO 16 UNITS PER DAY	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, DOS, UNITS OF SERVICE
ESC TYPE: LIMIT	**C/T:**	M (PT 17)
IF A PROVIDER BILLS MORE THAN SIXTEEN UNITS OF PROCEDURE CODE X0080/H0004, X0082/97530, X0083/92507 AND X0097/H2017 PER DAY, CLAIM WILL FAIL ESC 6018.		
ESC CRITERIA:	SAME MEMBER SAME DAY ABI LTC AND MFP (CO 15099) MEMBERS ARE EXCLUDED FROM THIS AUDIT	
PROCEDURES MONITORED:	H0004 92507 97530 H2017	X0080 X0083 X0082 X0097
ESC EOB:	0460 – THIS PROCEDURE IS LIMITED TO 16 UNITS PER DAY.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, DATES OF SERVICE, UNITS, AND PROCEDURE CODE ARE KEYED CORRECTLY. IF NOT, CORRECT THE FIELD IN ERROR.	
	IF THE CLAIM WAS KEYED CORRECTLY, DENY WITH EOB 0460.	

2.183 6019 (FORMER LEGACY AUDIT 461)

DMS LAST APPROVED: 07/19/2011		
ESC 6019 (FORMER LEGACY AUDIT 461 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
XL307/97535 LIMITED TO 80 UNITS PER WEEK	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, DOS, UNITS OF SERVICE
ESC TYPE: LIMIT	**C/T:**	M (PT 17)
FAILS IF A PROVIDER BILLS MORE THAN EIGHTY UNITS OF PROCEDURE CODE XL307/97535 DURING A WEEK.		
ESC CRITERIA:	SAME MEMBER SAME WEEK NOTE – MFP MEMBERS ARE EXCLUDED FROM THIS AUDIT (CO 15099)	
PROCEDURES MONITORED:	97535	X0076
ESC EOB:	0461 – XL307/97535 LIMITED TO 80 UNITS PER WEEK.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, DATES OF SERVICE, UNITS, AND PROCEDURE CODE ARE KEYED CORRECTLY. IF NOT, CORRECT THE FIELD IN ERROR.	

2.184 6020 (FORMER LEGACY AUDIT 655)

DMS LAST APPROVED: 06/12/06		
ESC 6020 (FORMER LEGACY AUDIT 655 MISCELLANEOUS)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
MAXIMUM OF 14 CONSECUTIVE HOSPITAL RESERVE DAYS PER MEMBER PER PROVIDER	**CLAIM FIELD LABEL:**	MEMBER ID, REVENUE CODE, DOS
ESC TYPE: LIMIT	**C/T:**	L (PT12)
EFFECTIVE WITH DATE OF SERVICE DECEMBER 1, 1984 THROUGH JUNE 30, 2005, ESC 6020 WILL SUSPEND A NURSING FACILITY CLAIM WHEN THE MAXIMUM OF 14 CONSECUTIVE HOSPITAL RESERVE DAYS (REVENUE CODE 185) HAS BEEN EXCEEDED.		
ESC CRITERIA:	SAME MEMBER REVENUE CODE 185 TYPE OF BILL EFFECTIVE DATE OF SERVICE 12/01/84 THROUGH 06/30/05 SAME PROVIDER **NOTE**: ESC END-DATED AS OF 06/30/05 DUE TO REGULATION CHANGE IN BED RESERVE DAYS PER CO806.	
PROCEDURES MONITORED:		
ESC EOB:	0655 – MAXIMUM OF 14 CONSECUTIVE HOSPITAL RESERVE DAYS ALLOWED PER MEMBER, PER PROVIDER	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 655, VERIFY THE MEMBER ID, DATES OF SERVICE, REVENUE CODE, AND NUMBER OF DAYS WERE KEYED CORRECTLY. IF THE ABOVE FIELDS WERE NOT KEYED CORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	THIS ESC IS SET TO AUTO-DENY.	
	NOTE: **AN ABSENCE MAY SPAN TWO MONTHS**.	

2.185 6021 (FORMER LEGACY AUDIT 542)

DMS LAST APPROVED: 12/02/97		
ESC 6021 (FORMER LEGACY AUDIT 542 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
IMPLANTABLES LIMITED TO 2 UNITS PER PROCEDURE, PER PROVIDER, PER MEMBER, PER 90 DAYS	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS, PROCEDURE
ESC TYPE:	**C/T:**	M (PT 36)
IF AN ASC PROVIDER BILLS FOR MORE THAN 2 IMPLANTABLES (MODIFIER 59) FOR THE SAME PROCEDURE CODE, FOR THE SAME MEMBER WITHIN 90 DAYS, THE DETAIL WHICH EXCEEDS THE LIMIT WILL FAIL ESC 6021.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME PROCEDURE CODE MODIFIER OF ‘59’	
PROCEDURES MONITORED:	ALL PROCEDURES BILLED WITH MODIFIER “59”	
ESC EOB:	0542 – DETAIL DENIED. IMPLANTABLES ARE LIMITED TO TWO UNITS OF SERVICE PER PROCEDURE,	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, PROCEDURE CODE, MODIFIER, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF THE CLAIM WAS KEYED CORRECTLY, DENY THE DETAIL WITH EOB CODE 0542.	

2.186 6022 (FORMER LEGACY AUDIT 544)

ESC 6022 (FORMER LEGACY AUDIT 544 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
TELEHEALTH SERVICES LIMITED TO 12 PER MEMBER, PER 12 MONTHS	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: LIMIT	**C/T:**	B (PT 30), M (PT 30)
IF MORE THAN A COMBINED TOTAL (FOR ALL MONITORED CODES) OF 12 OCCURANCES FOR CMH TELEHEALTH PROCEDURE CODES BILLED WITH MODIFIER GT ARE BILLED IN A 12 MONTH PERIOD, THE CLAIM EXCEEDING THE LIMIT WILL FAIL ESC 6022.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER DATES OF SERVICE WITHIN 12 MONTHS	
PROCEDURES MONITORED:	90801 90847 90887 90804 90862 (IF BILLED WITH MODIFIER GT)	
ESC EOB:	0544 – TELEHEALTH SERVICES ARE LIMITED TO 12 PER MEMBER PER 12 MONTHS.	
PROCESSING INSTRUCTIONS:	VERIFY MEMBER ID, DATE OF SERVICE, PROCEDURE CODE, AND MODIFIERS WERE KEYED CORRECTLY. IF NOT, DATA CORRECT THE FIELDS IN ERROR. IF DATA IS KEYED CORRECTLY, THEN DENY THE ESC.	

2.187 6023 (FORMER LEGACY AUDIT 656)

DMS LAST APPROVED: 04/01/96		
ESC 6023 (FORMER LEGACY AUDIT 656 MISCELLANEOUS)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
MAXIMUM OF 15 NON-HOSPITAL RESERVE DAYS PER MEMBER, PER PROVIDER, PER CALENDAR YEAR	**CLAIM FIELD LABEL:**	MEMBER ID, REVENUE CODE, DOS
ESC TYPE: LIMIT	**C/T:**	L (PT 12)
EFFECTIVE WITH DATES OF SERVICE DECEMBER 1, 1984 through June 30, 2005, ESC 6023 WILL SUSPEND A NURSING FACILITY CLAIM WHEN THE MAXIMUM OF 15 NON-HOSPITAL RESERVE DAYS (REVENUE CODE 180) HAS BEEN EXCEEDED FOR CALENDAR YEAR.		
ESC CRITERIA:	SAME PROVIDER SAME MEMBER REVENUE CODE 180 TYPE OF BILL EFFECTIVE DATE OF SERVICE 12/01/84	
PROCEDURES MONITORED:		
ESC EOB:	0656 – MAXIMUM OF 15 NON-HOSPITAL RESERVE DAYS ALLOWED PER MEMBER, PER PROVIDER, PER CALENDAR YEAR.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6023, VERIFY THE DATES OF SERVICE, REVENUE CODE, AND NUMBER OF DAYS WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	CHECK RELATED HISTORY TO DETERMINE IF 15 NON-HOSPITAL RESERVE DAYS HAVE BEEN PAID FOR CALENDAR YEAR:	
	IF THE MAXIMUM IN THE HISTORY PLUS CURRENT CLAIM HAS NOT BEEN EXCEEDED, OVERRIDE THE ESC.	
	IF HISTORY INDICATES THE LIMIT OF 15 NON-HOSPITAL RESERVE DAYS HAS NOT BEEN EXCEEDED, BUT LIMIT WOULD BE EXCEEDED IF ALL DAYS BILLED ON CURRENT CLAIM WERE PAID, THEN DENY THE CURRENT CLAIM WITH EOB 0656.	
	IF HISTORY INDICATES 15 NON-HOSPITAL RESERVE DAYS PREVIOUSLY PAID FOR CALENDAR YEAR, DENY WITH EOB 0656.	
	NOTE: AN ABSENCE MAY SPAN TWO MONTHS.	

2.188 6024 (FORMER LEGACY AUDIT 558)

DMS APPROVED 07/19/2011		
ESC 6024 (FORMER LEGACY AUDIT 558 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
H0039 LIMITED TO 32 UNITS PER DAY	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, DOS, UNITS OF SERVICE
ESC TYPE: LIMIT	**C/T:**	M (PT 17)
FAILS IF A PROVIDER BILLS MORE THAN 32 UNITS OF PROCEDURE CODE H0039 PER DAY.		
ESC CRITERIA:	SAME MEMBER SAME DAY NOTE – MFP MEMBERS ARE EXCLUDED FROM THIS AUDIT (CO 15099)	
PROCEDURES MONITORED:	H0039	
ESC EOB:	0558 –H0039 LIMITED TO 32 UNITS PER DAY.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, DATES OF SERVICE, UNITS, AND PROCEDURE CODE ARE KEYED CORRECTLY. IF NOT, CORRECT THE FIELD IN ERROR.	
	NOTE: THIS ESC CREATED TO REPLACE ESC 447 AS PART OF HIPAA IMPLEMENTATION.	

2.189 6025 (FORMER LEGACY AUDIT 657)

DMS LAST APPROVED: 02/16/06		
ESC 6025 (FORMER LEGACY AUDIT 657 MISCELLANEOUS)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
MAXIMUM OF 45 HOSPITAL RESERVE DAYS PER MEMBER PER PROVIDER, PER CALENDAR YEAR	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, REVENUE CODE, DOS, TYPE OF BILL,
ESC TYPE: LIMIT	**C/T:**	L (PT 12)
EFFECTIVE WITH DATES OF SERVICE DECEMBER 1, 1984, ESC 6025 WILL SUSPEND A NURSING FACILITY CLAIM WHEN THE MAXIMUM OF 45 TOTAL HOSPITAL RESERVE DAYS (REVENUE CODE 185) HAS BEEN EXCEEDED FOR CALENDAR YEAR.		
ESC CRITERIA:	SAME PROVIDER SAME MEMBER REVENUE CODE 185 TYPE OF BILL EFFECTIVE DATE OF SERVICE 12/01/84	
PROCEDURES MONITORED:		
ESC EOB:	0657 – MAXIMUM OF 45 HOSPITAL RESERVE DAYS ALLOWED PER MEMBER, PER PROVIDER, PER CALENDAR YEAR	
PROCESSING INSTRUCTIONS:	1. WHEN A CLAIM FAILS ESC 6025, VERIFY THE DATES OF SERVICE, REVENUE CODE, AND NUMBER OF DAYS WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	2. IF THE BEGIN DATE IS AFTER 06/30/05 AND THE PROVIDER NUMBER IS **NOT** ONE OF THE FOLLOWING, OVERRIDE THE ESC. 12500989, 12400024, 12400016, 12503249, 12502217, 12900007, 12900148	
	3. CHECK RELATED HISTORY TO DETERMINE IF 45 TOTAL HOSPITAL RESERVE DAYS HAVE BEEN PAID FOR CALENDAR YEAR.	
	4. IF THE MAXIMUM IN THE HISTORY PLUS CURRENT CLAIM HAS NOT BEEN EXCEEDED, OVERRIDE THE ESC.	

DMS LAST APPROVED: 02/16/06	
	5. IF HISTORY INDICATES THE LIMIT OF 45 TOTAL HOSPITAL RESERVE DAYS HAS NOT BEEN EXCEEDED, BUT LIMIT WOULD BE EXCEEDED IF ALL DAYS BILLED ON CURRENT CLAIM WERE PAID, THEN DENY THE CURRENT CLAIM WITH EOB 0657.
	6. IF HISTORY INDICATES 45 HOSPITAL RESERVE DAYS PREVIOUSLY **PAID** FOR CALENDAR YEAR, DENY THE ESC WITH EOB 0657.
	NOTE: AN ABSENCE MAY SPAN TWO MONTHS.

2.190 6026 (FORMER LEGACY AUDIT 658)

DMS LAST APPROVED: 05/08/98		
ESC 6026 (FORMER LEGACY AUDIT 658 MISCELLANEOUS)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
MAXIMUM OF 15 CONSECUTIVE HOSPITAL RESERVE DAYS PER MEMBER, PER PROVIDER	**CLAIM FIELD LABEL:**	MEMBER ID, REVENUE CODE, DOS, TYPE OF BILL
ESC TYPE: LIMIT	**C/T:**	L (PT 11)
IF AN ICF/MR CLAIM WHEN THE MAXIMUM OF 15 CONSECUTIVE NON-HOSPITAL RESERVE DAYS (REVENUE CODE 185) HAS BEEN EXCEEDED PER MEMBER, CLAIM WILL FAIL ESC 6026.		
ESC CRITERIA:	SAME MEMBER REVENUE CODE 185 TYPE OF BILL SAME PROVIDER	
PROCEDURES MONITORED:	N/A	
ESC EOB:	0658 – MAXIMUM OF 15 CONSECUTIVE HOSPITAL RESERVE DAYS ALLOWED PER MEMBER, PER PROVIDER, PER CALENDAR YEAR.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6026, VERIFY THE DATE OF SERVICE, REVENUE CODE, AND NUMBER OF DAYS WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	THIS ESC IS SET TO AUTO-DENY.	
	NOTE: AN ABSENCE MAY SPAN TWO MONTHS.	

2.191 6027 (FORMER LEGACY AUDIT 674)

DMS LAST APPROVED: 04/01/96		
ESC 6027 (FORMER LEGACY AUDIT 674 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE CODE V5020 IS LIMITED TO THREE PER MEMBER PER PROVIDER PER SIX MONTHS	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 22, 31, 35, 50, 52, 70, 77)
IF A PROVIDER BILLS PROCEDURE CODE V5020 MORE THAN 3 TIMES DURING A SIX MONTH PERIOD FOR THE SAME MEMBER, THE DETAIL EXCEEDING THE LIMIT WILL FAIL ESC 6027.		
ESC CRITERIA:	SAME PROVIDER SAME MEMBER	
PROCEDURES MONITORED:	V5020	
ESC EOB:	0674 – PROCEDURE CODE V5020 IS LIMITED TO THREE PER MEMBER PER PROVIDER PER SIX MONTHS.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6027 VERIFY THE MEMBER ID, PROVIDER NUMBER, PROCEDURE CODE, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY INDICATES THE ABOVE MONITORED PROCEDURE HAS BEEN PAID THREE TIMES FOR DATES OF SERVICE WITHIN SIX MONTHS OF THE CURRENT CLAIM DATE OF SERVICE, DENY THE CURRENT DETAIL.	
	IF RELATED HISTORY DOES NOT INDICATE THE ABOVE MONITORED PROCEDURE HAS BEEN PAID THREE TIMES FOR DATES OF SERVICE WITHIN SIX MONTHS OF THE CURRENT CLAIM DATE OF SERVICE, OVERRIDE THE DETAILS WHICH WILL NOT EXCEED THE LIMIT OF THREE AND DENY ALL DETAILS EXCEEDING THE LIMIT.	
	IF THE CURRENT CLAIM DATE OF SERVICE IS EXACTLY SIX MONTHS FROM THE HISTORY CLAIM DATE OF SERVICE, OVERRIDE THE CURRENT CLAIM (I.E., HISTORY CLAIM DATE OF SERVICE IS 6/1/86, CURRENT CLAIM DATE OF SERVICE IS 12/1/86)	

2.192 6028 (FORMER LEGACY AUDIT 579)

DMS LAST APPROVED: 01/12/00		
ESC 6028 (FORMER LEGACY AUDIT 579 LIMITATION)	TYPE OF DOCUMENT:	ALL EXCEPT MASS ADJUSTMENT
REVENUE CODE 581 LIMITED TO 80 UNITS PER CALENDAR WEEK	CLAIM FIELD LABEL:	MEMBER ID, REVENUE CODE, UNITS OF SERVICE
ESC TYPE: LIMIT	**C/T:**	O (PT 47)
IF MORE THAN 80 UNITS OF REVENUE CODE 581 IS BILLED DURING A CALENDAR WEEK (SUNDAY THROUGH SATURDAY), CLAIM FAILS ESC 6028.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER	
PROCEDURES MONITORED:	REVENUE CODE 581	
ESC EOB:	0579 – REVENUE CODE 581 LIMITED TO 80 UNITS PER MEMBER PER CALENDAR WEEK (SUNDAY THROUGH SATURDAY).	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, REVENUE CODE AND UNITS OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT EACH FIELD IN ERROR.	
	IF THE DATA IS KEYED CORRECTLY, DENY THE CLAIM WITH EOB 0579.	

2.193 6029 (FORMER LEGACY AUDIT 580)

DMS LAST APPROVED: 1/12/00		
ESC 6029 (FORMER LEGACY AUDIT 580 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
REVENUE CODE 290 LIMITED TO $1000.00 PER CALENDAR YEAR	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, REVENUE CODE, BILLED AMOUNT
ESC TYPE: LIMIT	**C/T:**	O (PT 46)
IF MORE THAN $1000.00 IN MINOR HOME ADAPTATIONS (REVENUE CODE 290) IS BILLED DURING A CALENDAR YEAR, CLAIM FAILS ESC 6029.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER	
PROCEDURES MONITORED:	REVENUE CODE 290	
ESC EOB:	0580 –THE ANNUAL LIMITATION OF $1000.00 PER MEMBER FOR MINOR HOME ADAPTATIONS HAS BEEN EXCEEDED.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER, REVENUE CODE AND BILLED AMOUNT WERE KEYED CORRECTLY. IF NOT, CORRECT EACH FIELD IN ERROR.	
	IF THE DATA IS KEYED CORRECTLY, DENY THE CLAIM WITH EOB 0580.	

2.194 6030 (FORMER LEGACY AUDIT 581)

DMS LAST APPROVED: 05/05/2012		
ESC 6030 (FORMER LEGACY AUDIT 581 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
UNIVERSAL PREVENTION PROCEDURES LIMITED TO 8 UNITS PER 12 MONTHS	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, UNITS OF SERVICE
ESC TYPE: LIMIT	**C/T:**	M (PT 30)
IF CMH UNIVERSAL PREVENTION PROCEDURE CODES FOR A COMBINED TOTAL (FOR ALL MONITORED CODES) OF MORE THAN 8 UNITS ARE BILLED FOR THE SAME MEMBER IN A 12 MONTH PERIOD, CLAIM WILL FAIL ESC 6030.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER	
PROCEDURES MONITORED: **(FOR DOS AFTER 10/15/03)**	H0024, MODIFIER HD H0025, MODIFIER HD (BASED ON DEFECT 17533)	
PROCEDURES MONITORED:	WB101 WB109 WB119 WB200 WB234 WB512	
ESC EOB:	0851 - UNIVERSAL PREVENTION PROCEDURE CODES ARE LIMITED TO A COMBINED TOTAL OF EIGHT UNITS PER MEMBER, PER PREGNANCY.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, PROCEDURE CODE AND UNITS WERE KEYED CORRECTLY. IF NOT, CORRECT EACH FIELD IN ERROR.	
	IF THE DATA IS KEYED CORRECTLY, DENY THE CLAIM WITH EOB 581.	

2.195 6031 (FORMER LEGACY AUDIT 582)

DMS LAST APPROVED: 1205/05/2012		
ESC 6031 (FORMER LEGACY AUDIT 582 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
SELECTIVE PREVENTION PROCEDURES LIMITED TO 76 UNITS PER 12 MONTHS	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, UNITS OF SERVICE
ESC TYPE: LIMIT	**C/T:**	M (PT 30)
IF CMH SELECTIVE PREVENTION PROCEDURE CODES FOR A COMBINED TOTAL (FOR ALL MONITORED PROCEDURE CODES) OF MORE THAN 76 UNITS ARE BILLED FOR THE SAME MEMBER IN A 12 MONTH PERIOD, CLAIM WILL FAIL ESC 6031.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER	
PROCEDURES MONITORED: **(FOR DOS AFTER 10/15/03)**	H0024, MODIFIER HK H0025, MODIFIER HK (BASED ON DEFECT 17533)	
PROCEDURES MONITORED: **(DOS PRIOR TO 10/16/03)**	WB102 WB110 WB120 WB230 WB235 WB513	
ESC EOB:	0582 - SELECTIVE PREVENTION PROCEDURE CODES ARE LIMITED TO A COMBINED TOTAL OF 76 UNITS PER MEMBER, PER PREGNANCY.	
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE AND UNITS WERE KEYED CORRECTLY. IF NOT, CORRECT EACH FIELD IN ERROR.	
	IF THE DATA IS KEYED CORRECTLY, DENY THE CLAIM WITH EOB 0582.	

2.196 6032 (FORMER LEGACY AUDIT 583)

DMS LAST APPROVED: 05/05/2012		
ESC 6032 (FORMER LEGACY AUDIT 583 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
INDICATED PREVENTION PROCEDURES LIMITED TO 108 UNITS PER 12 MONTHS	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, UNITS OF SERVICE
ESC TYPE: LIMIT	**C/T:**	M (PT 30)
IF CMH INDICATED PREVENTION PROCEDURE CODES FOR A COMBINED TOTAL (FOR ALL MONITORED PROCEDURE CODES) OF MORE THAN 108 UNITS ARE BILLED FOR THE SAME MEMBER IN A 12 MONTH PERIOD, CLAIM WILL FAIL ESC 6032.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER	
PROCEDURES MONITORED: (DOS AFTER 10/15/03)	H0024, MODIFIER HF H0025, MODIFIER HF (BASED ON DEFECT 17533)	
PROCEDURES MONITORED: **(DOS PRIOR TO 10/16/03)**	WB103 WB111 WB121 WB231 WB236 WB515	
ESC EOB:	0583 - INDICATED PREVENTION PROCEDURE CODES ARE LIMITED TO A COMBINED TOTAL OF 108 UNITS PER MEMBER, PER PREGNANCY.	
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE AND UNITS WERE KEYED CORRECTLY. IF NOT, CORRECT EACH FIELD IN ERROR.	
	IF THE DATA IS KEYED CORRECTLY, DENY THE CLAIM WITH EOB 0583.	

2.197 6033 (FORMER LEGACY AUDIT 584)

DMS LAST APPROVED: 12/19/03		
ESC 6033 (FORMER LEGACY AUDIT 584 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
CERTAIN CMH OUTPATIENT SERVICE PROCEDURES LIMITED TO 32 UNITS PER CALENDAR WEEK	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, UNITS OF SERVICE
ESC TYPE: LIMIT	**C/T:**	M (PT 30)
IF CMH OUTPATIENT SERVICES PROCEDURE CODES FOR A COMBINED TOTAL (FOR ALL MONITORED PROCEDURE CODES) OF MORE THAN 32 UNITS ARE BILLED FOR THE SAME MEMBER DURING A CALENDAR WEEK (SUNDAY THRU SATURDAY), CLAIM FAILS ESC 6033.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER	
PROCEDURES MONITORED: (DOS AFTER 10/15/03)	PROCEDURE CODES LISTED BELOW IF BILLED WITH MODIFIER UD 90887 90804 90853 90847	
PROCEDURES MONITORED: **(DOS PRIOR TO 10/16/03)**	WB506 WB507 WB508 WB509 WB520 WB521 WB522 WB523 WB601 WB602 WB603 WB604	

ESC EOB:	0584 - CERTAIN OUTPATIENT SERVICES PROCEDURE CODES ARE LIMITED TO A COMBINED TOTAL OF 32 UNITS PER MEMBER, PER CALENDAR WEEK (SUNDAY THRU SATURDAY).
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE AND UNITS WERE KEYED CORRECTLY. IF NOT, CORRECT EACH FIELD IN ERROR.
	IF THE DATA IS KEYED CORRECTLY, DENY THE CLAIM WITH EOB 0584.

2.198 6034 (FORMER LEGACY AUDIT 585)

DMS LAST APPROVED: 04/01/2008		
ESC 6034 (FORMER LEGACY AUDIT 585 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
INTENSIVE OUTPATIENT NON-RESIDENTIAL PROCEDURES LIMITED TO 28 UNITS PER DAY	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, UNITS OF SERVICE
ESC TYPE: LIMIT	**C/T:**	M (PT 30)
IF CMH INTENSIVE OUTPATIENT NON-RESIDENTIAL PROCEDURE CODES FOR A COMBINED TOTAL (FOR ALL MONITORED PROCEDURE CODES) OF MORE THAN 28 UNITS ARE BILLED FOR THE SAME MEMBER FOR THE SAME DATE OF SERVICE, CLAIM WILL FAIL ESC 6034. EFFECTIVE 04/01/2005 PROCEDURE CODE H0047 WAS REMOVED AS A MONITORED PROCEDURE PER DCR 1314. FOR DATES OF SERVICE PRIOR TO 04/01/2005 PROCEDURE CODES H0015, H0047, WB510, WB524, WB605 ARE AUDITED BY ESC 6186.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER	
PROCEDURES MONITORED:	H0015 WITH MODIFIER UD	
ESC EOB:	0585 - INTENSIVE OUTPATIENT NON-RESIDENTIAL SERVICES PROCEDURE CODES ARE LIMITED TO A COMBINED TOTAL OF 28 UNITS PER MEMBER, PER DAY.	
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE AND UNITS WERE KEYED CORRECTLY. IF NOT, CORRECT EACH FIELD IN ERROR.	
	IF THE DATA IS KEYED CORRECTLY, DENY THE CLAIM WITH EOB 0585.	

2.199 6035 (FORMER LEGACY AUDIT 586)

DMS LAST APPROVED: 05/25/05		
ESC 6035 (FORMER LEGACY AUDIT 586 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
INTENSIVE OUTPATIENT NON-RESIDENTIAL PROCEDURES LIMITED TO 160 UNITS PER CALENDAR WEEK	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, UNITS OF SERVICE
ESC TYPE: LIMIT	**C/T:**	M (PT 30)
IF CMH INTENSIVE OUTPATIENT NON-RESIDENTIAL PROCEDURE CODES FOR A COMBINED TOTAL (FOR ALL MONITORED PROCEDURE CODES) OF MORE THAN 160 UNITS ARE BILLED FOR THE SAME MEMBER DURING ONE CALENDAR WEEK (SUNDAY THRU SATURDAY), CLAIMS WILL FAIL ESC 6035.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER	
PROCEDURES MONITORED: (DOS AFTER 10/15/03)	H0015 AND H0047 IF BILLED WITH MODIFIER UD NOTE: FOR CLAIMS WITH DATES OF SERVICE ON OR AFTER 04/01/05 THE PROCEDURE CODE H0047 IS NOT CONSIDERED A MONITORED CODE. PER DCR 1314. PRIOR TO THE IMPLEMENTATION OF DCR1314, THE NUMBER OF UNITS WAS LIMITED TO (80) EIGHTY.	
PROCEDURES MONITORED: **(DOS PRIOR TO 10/16/03)**	WB510 WB524 WB605	
ESC EOB:	0586 - INTENSIVE OUTPATIENT NON-RESIDENTIAL SERVICES PROCEDURE C ODES ARE LIMITED TO A COMBINED TOTAL OF 80 UNITS PER MEMBER, PER CALENDAR WE K (SUNDAY THRU SATURDAY).	
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE AND UNITS WERE KEYED CORRECTLY. IF NOT, CORRECT EACH FIELD IN ERROR.	
	IF THE DATA IS KEYED CORRECTLY, DENY THE CLAIM WITH EOB 0586.	

2.200 6036 (FORMER LEGACY AUDIT 587)

DMS APPROVED 12/19/2003		
ESC 6036 (FORMER LEGACY AUDIT 587 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
DAY REHABILITATION PROCEDURES LIMITED TO 8 UNITS PER DAY	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, UNITS OF SERVICE
ESC TYPE: LIMIT	**C/T:**	M (PT 30)
IF CMH DAY REHABILITATION PROCEDURE CODES FOR A COMBINED TOTAL (FOR ALL MONITORED PROCEDURE CODES) OF MORE THAN 8 UNITS ARE BILLED FOR THE SAME MEMBER FOR THE SAME DATE OF SERVICE, CLAIMS WILL FAIL ESC 6036.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER	
PROCEDURES MONITORED: (DOS AFTER 10/15/03)	H2012 IF BILLED WITH MODIFIER UD H0047 IF BILLED WITH THE MODIFIER COMBINATION U1 UD	
PROCEDURES MONITORED: **(DOS PRIOR TO 10/16/03)**	WB511 WB525 WB609	
ESC EOB:	0587 - DAY REHABILITATION PROCEDURE CODES ARE LIMITED TO A COMBINED TOTAL OF 8 UNITS PER MEMBER, PER DAY.	
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE AND UNITS WERE KEYED CORRECTLY. IF NOT, CORRECT EACH FIELD IN ERROR.	
	IF THE DATA IS KEYED CORRECTLY, DENY THE CLAIM WITH EOB 0587.	

2.201 6037 (FORMER LEGACY AUDIT 588)

DMS LAST APPROVED: 12/19/03		
ESC 6037 (FORMER LEGACY AUDIT 588 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
DAY REHABILITATION PROCEDURES LIMITED TO 45 UNITS PER CALENDAR WEEK	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, UNITS OF SERVICE
ESC TYPE: LIMIT	**C/T:**	M (PT 30)
IF CMH DAY REHABILITATION PROCEDURE CODES FOR A COMBINED TOTAL (FOR ALL MONITORED PROCEDURE CODES) OF MORE THAN 45 UNITS ARE BILLED FOR THE SAME MEMBER DURING THE SAME CALENDAR WEEK (SUNDAY THRU SATURDAY), CLAIMS WILL FAIL ESC 6037.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER	
PROCEDURES MONITORED: (DOS AFTER 10/15/03)	H2012, H0047 IF BILLED WITH MODIFIER UD	
PROCEDURES MONITORED:	WB511 WB525 WB609	
ESC EOB:	0588 - DAY REHABILITATION PROCEDURE CODES ARE LIMITED TO A COMBINED TOTAL OF 45 UNITS PER MEMBER, PER CALENDAR WEEK (SUNDAY THRU SATURDAY).	
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE AND UNITS WERE KEYED CORRECTLY. IF NOT, CORRECT EACH FIELD IN ERROR.	
	IF THE DATA IS KEYED CORRECTLY, DENY THE CLAIM WITH EOB 0588.	

2.202 6038 (FORMER LEGACY AUDIT 702)

DMS LAST APPROVED: 04/01/96		
ESC 6038 (FORMER LEGACY AUDIT 702 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PRTF CLAIMS ARE LIMITED TO 21 BED RESERVE/OTHER UNITS PER CALENDAR 6 MONTHS	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, REVENUE CODE, UNITS OF SERVICE
ESC TYPE: LIMIT	**C/T:**	I (PT 04)
IF PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY (PRTF) CLAIMS (AT THE HEADER) EXCEED THE 21 UNIT LIMITATION FOR BED RESERVE/OTHER REVENUE CODE, CLAIMS WILL FAIL ESC 6038.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME CALENDAR 6 MONTHS	
PROCEDURES MONITORED:	182	
ESC EOB:	0702 –BED RESERVE/OTHER REVENUE CODE IS LIMITED TO A TOTAL OF 21 UNITS PER CALENDAR 6 MONTHS PER MEMBER, PER PROVIDER.	
PROCESSING INSTRUCTIONS:	VERIFY THAT THE PROVIDER NUMBER, MEMBER ID NUMBER, DATES OF SERVICE, REVENUE CODE AND UNITS WERE KEYED CORRECTLY. IF NOT, CORRECT THE FIELD IN ERROR.	
	IF ENTERED CORRECTLY, DENY THE ESC.	
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - NON-PAPER CLAIMS.	

2.203 6039 (FORMER LEGACY AUDIT 703)

DMS LAST APPROVED: 04/01/96		
ESC 6039 (FORMER LEGACY AUDIT 703 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PRTF CLAIMS ARE LIMITED TO 14 BED RESERVE/ACUTE UNITS PER CALENDAR YEAR	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, REVENUE CODE, UNITS OF SERVICE
ESC TYPE: LIMIT	**C/T:**	I (PT 04)
IF PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY CLAIMS (AT THE HEADER) EXCEED THE 14 UNIT LIMITATION FOR BED RESERVE/ACUTE REVENUE CODE, CLAIMS WILL FAIL ESC 6039.		
ESC CRITERIA:	SAME PROVIDER SAME MEMBER SAME CALENDAR YEAR	
PROCEDURES MONITORED:	185	
ESC EOB:	0703 – BED RESERVE/ACUTE REVENUE CODE IS LIMITED TO A TOTAL OF 14 UNITS PER CALENDAR YEAR PER MEMBER, PER PROVIDER.	
PROCESSING INSTRUCTIONS:	VERIFY THAT THE PROVIDER NUMBER, MEMBER ID, DATES OF SERVICE, REVENUE CODE AND UNITS WERE KEYED CORRECTLY. IF NOT, CORRECT THE FIELD IN ERROR.	
	IF ENTERED CORRECTLY, DENY THE ESC.	
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT-NON-PAPER CLAIMS	

2.204 6040 (FORMER LEGACY AUDIT 709)

DMS LAST APPROVED: 040196		
ESC 6040 (FORMER LEGACY AUDIT 709 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE CODE 70320 LIMITED TO ONE PER YEAR, PER MEMBER, PER PROVIDER	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 02, 13, 64, 65, 74, 85)
IF A PROVIDER BILLS PROCEDURE 70320 MORE THAN ONCE FOR THE SAME MEMBER WITHIN A 12 MONTH PERIOD, THE CLAIM WILL FAIL ESC 709.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER DATE OF SERVICE WITHIN 12 MONTHS	
PROCEDURES MONITORED:	70320	
ESC EOB:	0709 - PROCEDURE CODE 70320 LIMITED TO ONE PER YEAR, PER MEMBER, PER PROVIDER.	
PROCESSING INSTRUCTIONS:	VERIFY THAT THE PROVIDER NUMBER, MEMBER NUMBER, DATES OF SERVICE, UNITS AND PROCEDURE CODES ARE KEYED CORRECTLY. IF NOT, CORRECT THE FIELDS IN ERROR.	
	IF RELATED HISTORY INDICATES THE DATE OF SERVICE IS EXACTLY ONE YEAR FROM THE CURRENT CLAIM DATE OF SERVICE (1/1/93 AND 1/1/94), OVERRIDE THE ESC.	
	IF MORE THAN ONE LINE ON THE CURRENT CLAIM IS BILLED FOR THE MONITORED PROCEDURE AND NO OTHER CLAIM IS REPORTED IN RELATED HISTORY, OVERRIDE THE DETAIL BILLING FOR THE EARLIER DATE AND DENY ALL OTHER DETAILS.	
	IF NONE OF STEPS 1-3 APPLY, DENY THE CLAIM.	
	NOTE: NON-PAPER CLAIMS ARE SET TO AUTO-DENY.	

2.205 6041 (FORMER LEGACY AUDIT 598)

DMS LAST APPROVED: 03/26/2012		
ESC 6041 (FORMER LEGACY AUDIT 598 LIMITATION) END DATED 9/30/2010	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
ONLY ONE 'E AND M' CODE ALLOWED PER DATE OF SERVICE	**CLAIM FIELD LABEL:**	PROCEDURE, DOS, MEMBER ID, PROVIDER
ESC TYPE: LIMIT	**C/T:**	M (PT 13, 20, 31, 35, 64, 65, 78, 85)
IF A PROVIDER BILLS FOR MORE THAN ONE 'E AND M' PROCEDURE CODE FOR THE SAME MEMBER ON THE SAME DATE OF SERVICE, CLAIM WILL FAIL ESC 6041.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE	
PROCEDURES MONITORED (AFTER 04/04/08 IMPLEMENTATION OF CO #10263):	99201 THRU 99291 99293 THRU 99353 99358 THRU 99364 99368 THRU 99456 NOTE: PROCEDURE CODES 99366 AND 99367 REMOVED FROM MONITORED PROCEDURE CODES DUE TO CO11210. NOTE: THIS AUDIT WAS END DATED 9/30/2010 PER CO 15862. PLEASE SEE AUDITS 6778 AND 6779.	
PROCEDURES MONITORED (PRIOR TO 04/04/08 IMPLEMENTATION OF CO #10263):	99201 THRU 99455	
ESC EOB:	0598 –ONLY ONE 'E AND M' CODE ALLOWED PER DATE OF SERVICE.	
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE, DATE OF SERVICE, MEMBER ID, AND PROVIDER NUMBER WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF DATA IS KEYED CORRECTLY, DENY THE DETAIL WITH EOB 0598.	

2.206 6042 (FORMER LEGACY AUDIT 601)

DMS LAST APPROVED: 05/08/98		
ESC 6042 (FORMER LEGACY AUDIT 601 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
THREE (3) FOLLOW UP EXAMS ALLOWED DURING THE 6 MONTH PERIOD FOLLOWING THE FITTING OF A HEARING AID	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 22, 31, 35, 50, 70)
WHEN A PROVIDER BILLS FOR MORE THAN THREE FOLLOW UP EXAMS IN THE SIX MONTH PERIOD FOLLOWING THE FITTING OF A HEARING AID THE CLAIM EXCEEDING THE LIMIT OF THREE VISITS WILL FAIL ESC 6042.		
ESC CRITERIA:	SAME PROVIDER SAME MEMBER MEMBER MUST BE UNDER 21	
PROCEDURES MONITORED:	**FITTING PROCEDURE**	**FOLLOW UP PROCEDURES**
	V5090	V5020–ALLOW 3
ESC EOB:	0601 – ONLY 3 FOLLOW UP EXAMS ARE ALLOWED PER 6 MONTHS.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6042, VERIFY THE MEMBER ID, PROVIDER NUMBER, DATE OF SERVICE, AND PROCEDURE CODE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	THIS ESC IS SET TO AUTO-DENY.	

2.207 6043 (FORMER LEGACY AUDIT 602)

DMS LAST APPROVED: 12/19/03		
ESC 6043 (FORMER LEGACY AUDIT 602 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
ORTHODONTICS ARE LIMITED TO TWO (2) PER MEMBER PER YEAR	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, DOS
ESC TYPE: LIMIT	**C/T:**	D, M (PT 22, 31, 35)
IF A PROVIDER BILLS FOR MORE THAN TWO ROUTINE ORTHODONTIC SERVICES FOR THE SAME MEMBER PER 12 MONTHS, THE CLAIM/DETAIL WHICH EXCEEDS THE LIMIT WILL FAIL ESC 6043.		
ESC CRITERIA:	SAME MEMBER MEMBER UNDER 21 ANY COMBINATION OF MONITORED PROCEDURES TOTALING 2/12 MOS.	
PROCEDURES MONITORED:	D1510 D1520 D8210 01510 01515 01520	D1515 D1525 D8220 01525 08210 08220
ESC EOB:	0602 – CLAIM DENIED. LIMIT 2 ROUTINE ORTHODONTICS PER MEMBER PER 12 MONTHS	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6043 VERIFY PROCEDURE CODE, DATE OF SERVICE, MEMBER ID WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY INDICATES TWO OF THE ABOVE MONITORED PROCEDURES HAVE BEEN PAID WITHIN 12 MOS. FROM CURRENT CLAIM DATE OF SERVICE, DENY THE CURRENT CLAIM.	
	IF RELATED HISTORY DOES NOT INDICATE PAYMENT FOR TWO OF THE ABOVE MONITORED PROCEDURE CODES WITHIN 12 MOS. OF THE CURRENT CLAIM, OVERRIDE THE CURRENT CLAIM.	

DMS LAST APPROVED: 12/19/03	
	IF A PROVIDER BILLS FOR MORE THAN ONE OF THE ABOVE MONITORED PROCEDURES BUT THE LIMIT WOULD BE EXCEEDED IF ALL THE DETAILS WERE PAID, OVERRIDE THE ESC TO ALLOW PAYMENT UP TO THE LIMIT OF THE ESC. DENY DETAILS WHICH EXCEED THE LIMIT.
	IF DATE OF SERVICE FOR THE CURRENT CLAIM IS EXACTLY ONE YEAR FROM THE HISTORY CLAIM DATE OF SERVICE (EXAMPLE: 05/01/084 AND 05/01/85), OVERRIDE THE ESC.

2.208 6044 (FORMER LEGACY AUDIT 603)

DMS LAST APPROVED: 10/31/06		
ESC 6044 (FORMER LEGACY AUDIT 603 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
ONE FULL MOUTH RADIOGRAPHY IS PAYABLE PER MEMBER/PER PROVIDER EVERY TWO YEARS	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: LIMIT	**C/T:**	D, M (PT 13, 22, 31, 35, 64, 65, 85)
IF A PROVIDER BILLS FOR MORE THAN ONE FULL MOUTH RADIOGRAPHY PER MEMBER IN TWO YEARS THE CLAIM WILL FAIL ESC 6044		

ESC CRITERIA:	SAME MEMBER SAME PROVIDER **<u>EXCEPTIONS</u>** EFFECTIVE DOS 9/30/06 AND AFTER, FOR P/T 31/ 35/ 60, AND 61 X-RAYS BILLED WITH THE FOLLOWING PROCEDURE CODES ON SAME DOS ARE EXCLUDED PER CO911: D0140, D3310, D3320, D3330, D3410, D3421, D3425, D3426, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7260, D7280, D7410, D7510, D7910, D9110		
PROCEDURES MONITORED:	D0330	70355	00330
ESC EOB:	0603 – CLAIM DENIED. EACH MEMBER ALLOWED ONE FULL MOUTH RADIOGRAPHY EVERY 2 YEARS PER PROVIDER.		
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6044 VERIFY THE MEMBER ID, PROVIDER NUMBER, PROCEDURE CODE, AND DATE OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.		
	IF RELATED HISTORY INDICATES ONE OF THE MONITORED PROCEDURES HAS BEEN PAID ON THE SAME DATE OF SERVICE AS ONE OF THE EXCLUDED PROCEDURE CODES DO NOT COUNT TOWARD ESC LIMIT.		
	IF RELATED HISTORY INDICATES A MONITORED PROCEDURE WITHOUT AN EXCLUDED PROCEDURE CODE ON SAME DATE OF SERVICE HAS BEEN PAID WITHIN TWO YEARS FROM CURRENT CLAIM DATE OF SERVICE, DENY THE CURRENT CLAIM/DETAIL.		
	IF RELATED HISTORY INDICATES A MONITORED PROCEDURE HAS BEEN PAID WITHIN TWO YEARS FROM CURRENT CLAIM DATE OF SERVICE, DENY THE CURRENT CLAIM/DETAIL.		

DMS LAST APPROVED: 10/31/06	
	IF RELATED HISTORY DOES NOT INDICATE PAYMENT FOR A MONITORED PROCEDURE FOR THE CURRENT CLAIM, MEMBER AND PROVIDER, OVERRIDE THE ESC.
	IF DATE OF SERVICE OF THE CURRENT CLAIM IS EXACTLY TWO YEARS FROM THE HISTORY CLAIM DATE OF SERVICE (EXAMPLE 05/01/83 AND 05/01/85), OVERRIDE THE ESC.

2.209 6045 (FORMER LEGACY AUDIT 604)

DMS LAST APPROVED: 05/08/98		
ESC 6045 (FORMER LEGACY AUDIT 604 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
NOT MORE THAN (2) BLOOD TESTS ARE ALLOWED ON THE SAME DATE OF SERVICE	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: LIMIT	**C/T:**	H (PT 34, 42), ALL OF M EXCEPT 27, 28, 36, 40, 45, 50, 52, 55, 56, 57, 70, 77, 80), 0 (PT 41, 46, 47)
IF A PROVIDER BILLS FOR MORE THAN TWO BLOOD TESTS FOR A MEMBER FOR THE SAME DATE OF SERVICE THE CLAIM WILL FAIL ESC 6045.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	85007 85009 85014	85018 85041 85048
ESC EOB:	0604 – NOT MORE THAN TWO COMPONENT TESTS OF A CBC ARE ALLOWED PER MEMBER ON THE SAME DATE OF SERVICE.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6045, VERIFY THE MEMBER ID, PROVIDER NUMBER, DATE OF SERVICE, AND PROCEDURE CODE HAVE BEEN KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	THIS ESC IS SET TO AUTO-DENY.	

2.210 6046 (FORMER LEGACY AUDIT 605)

DMS LAST APPROVED: 09/08/04		
ESC 6046 (FORMER LEGACY AUDIT 605) LIMITATION AUDIT	**C/T:**	M
ONLY 4 PSYCHOTHERAPY TREATMENTS ARE PAYABLE PER YEAR WITH THE EXCEPTION OF SPECIALTY 339 (PSYCHIATRIST)	**PROVIDER TYPE:**	13, 64, 65, 78, 22, 78
	TYPE OF DOCUMENT:	ALL EXCEPT MASS ADJUSTMENT
	FIELD NAME:	PROCEDURE, DOS
IF A PROVIDER BILLS FOR MORE THAN 4 PSYCHOTHERAPY TREATMENTS PER YEAR THE CLAIM EXCEEDING THE LIMIT WILL FAIL ESC 6046.		
AUDIT CRITERIA:	SAME MEMBER SAME PROVIDER SAME PROCEDURE OR DIFFERENT PROCEDURE	
PROCEDURES MONITORED	90801 90843 90857 90820 90844 90862 90825 90845 90870 90830 90847 90871 90835 90849 90899 90841 90853 96100 90842 90855 <u>NOTE:</u> FOR Claims with the DOS on or after 08-01-04 the procedures monitored are 90801thru 90899 and procedure code 96100. Per DCr01180 <u>EXCLUSIONS:</u> Claims submitted by physicians (PT 64, 65) with specialty 339 do not fail audit 605. CLAIMS WITH TYPE OF SERVICE 7 OR B DO NOT FAIL ESC 6046	
AUDIT EOB:	0605 - ONLY FOUR PSYCHIATRIC PROCEDURES ALLOWED PER YEAR, PER PROVIDER, PER MEMBER.	

DMS LAST APPROVED: 09/08/04	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6046, VERIFY THE PROCEDURE CODE, DATE OF SERVICE AND PROVIDER NUMBER WERE KEYED CORRECTLY. IF DATA WAS KEYED IN ERROR, DATA CORRECT EACH FIELD IN ERROR.
	MULTIPLE UNITS OF SERVICE ON THE SAME DATE OF SERVICE ARE TO BE CONSIDERED ONE TREATMENT. IF THE CURRENT OR A RELATED HISTORY CLAIM INDICATES MULTIPLE UNITS OF SERVICE, CALCULATE THE TOTAL NUMBER OF TREATMENTS (DIFFERENT DAYS OF SERVICE). IF THE CURRENT CLAIM DOES NOT EXCEED 4 TREATMENTS, OVERRIDE THE DETAIL.
	IF DATE OF SERVICE FOR THE CURRENT CLAIM IS EXACTLY ONE YEAR FROM THE HISTORY CLAIM DATE OF SERVICE (5-1-94 AND 5-1-95), OVERRIDE THE AUDIT
	IF RELATED HISTORY INDICATES THE LIMIT HAS NOT BEEN MET, BUT PAYING ALL DETAILS ON THE CURRENT CLAIM WOULD EXCEED THE LIMIT, OVERRIDE THOSE DETAILS WHICH COULD BE PAID WITHOUT EXCEEDING THE MAXIMUM, AND DENY THOSE DETAILS WHICH EXCEED THE LIMIT.
	IF THE CONDITIONS IN STEPS 1-4 DO NOT APPLY, DENY THE CLAIM.
	ADJUSTMENTS
	FOLLOW RESOLUTION INSTRUCTIONS FOR CONDITIONS EXISTING IN NUMBERS 1, 2, 3, AND 4.
	IF CONDITIONS IN RESOLUTION STEPS 1-4 DO NOT EXIST AND THE ADJUSTMENT REQUEST IS ADDING ONE OF THE LISTED PSYCHOTHERAPY TREATMENTS, DELETE THE ADJUSTMENT. ATTACH AN RTP SHEET TO THE ADJUSTMENT REQUEST FORM. INDICATE ON THE RTP SHEET, “ONLY FOUR PSYCHIATRIC PROCEDURES ALLOWED PER YEAR, PER PROVIDER, PER MEMBER.” RETURN ADJUSTMENT REQUEST AND RTP SHEET TO THE PROVIDER.
	IF CONDITIONS IN RESOLUTION STEPS 1-4 DO NOT EXIST AND THE ADJUSTMENT REQUEST IS CHANGING A DETAIL OTHER THAN ONE OF THE LISTED PSYCHOTHERAPY CODES, DENY THE DETAIL.
	IF DATE OF SERVICE FOR THE CURRENT CLAIM IS EXACTLY ONE YEAR FROM THE HISTORY CLAIM DATE OF SERVICE (5-1-94 AND 5-1-95), OVERRIDE THE AUDIT

DMS LAST APPROVED: 09/08/04	
	IF RELATED HISTORY INDICATES THE LIMIT HAS NOT BEEN MET, BUT PAYING ALL DETAILS ON THE CURRENT CLAIM WOULD EXCEED THE LIMIT, OVERRIDE THOSE DETAILS WHICH COULD BE PAID WITHOUT EXCEEDING THE MAXIMUM, AND DENY THOSE DETAILS WHICH EXCEED THE LIMIT.
	IF THE CONDITIONS IN STEPS 1-4 DO NOT APPLY, DENY THE CLAIM.
	ADJUSTMENTS
	FOLLOW RESOLUTION INSTRUCTIONS FOR CONDITIONS EXISTING IN NUMBERS 1, 2, 3, AND 4.
	IF CONDITIONS IN RESOLUTION STEPS 1-4 DO NOT EXIST AND THE ADJUSTMENT REQUEST IS ADDING ONE OF THE LISTED PSYCHOTHERAPY TREATMENTS, DELETE THE ADJUSTMENT. ATTACH AN RTP SHEET TO THE ADJUSTMENT REQUEST FORM. INDICATE ON THE RTP SHEET, "ONLY FOUR PSYCHIATRIC PROCEDURES ALLOWED PER YEAR, PER PROVIDER, PER MEMBER." RETURN ADJUSTMENT REQUEST AND RTP SHEET TO THE PROVIDER.
	IF CONDITIONS IN RESOLUTION STEPS 1-4 DO NOT EXIST AND THE ADJUSTMENT REQUEST IS CHANGING A DETAIL OTHER THAN ONE OF THE LISTED PSYCHOTHERAPY CODES, DENY THE DETAIL.

2.211 6047 (FORMER LEGACY AUDIT 727)

DMS LAST APPROVED: 05/08/98		
ESC 6047 (FORMER LEGACY AUDIT 727 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
DIALYSIS TRAINING LIMITED TO ONE (1) PER LIFETIME	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, UNITS OF SERVICE
ESC TYPE: LIMIT	**C/T:**	M (PT 13, 15, 20, 21, 22, 23, 24, 29, 31, 35, 64, 65, 78, 85)
IF A MEMBER RECEIVES MORE THAN ONE DIALYSIS TRAINING PER LIFETIME, THE DETAIL EXCEEDING THE LIMIT WILL FAIL ESC 727.		
ESC CRITERIA:	SAME MEMBER	
PROCEDURES MONITORED:	90989	
ESC EOB:	0727 –DIALYSIS TRAINING LIMITED TO ONE PER MEMBER PER LIFETIME.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6047, VERIFY THE MEMBER ID, PROCEDURE CODE AND UNITS WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	THIS ESC IS SET TO AUTO-DENY.	

2.212 6048 (FORMER LEGACY AUDIT 607)

DMS LAST APPROVED: 10/31/06		
ESC 6048 (FORMER LEGACY AUDIT 607) LIMITATION	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
EACH MEMBER IS ALLOWED FOUR SINGLE BITEWING X-RAYS PER YEAR PER PROVIDER	**CLAIM FIELD LABEL:**	PROCEDURE, DOS, MEMBER ID, PROVIDER
ESC TYPE: LIMIT	**C/T:**	D, M (PT 13, 22, 31, 35, 64, 65, 85)
IF A PROVIDER BILLS FOR MORE THAN FOUR SINGLE BITEWING X-RAYS PER 12 MONTH PERIOD, THE CLAIM WHICH EXCEEDS THE LIMIT WILL FAIL ESC 6048.		

ESC CRITERIA:	SAME MEMBER SAME PROVIDER **<u>EXCEPTIONS</u>** EFFECTIVE DOS 9/30/06 AND AFTER, FOR P/T 31, 35, 60, AND 61 X-RAYS BILLED WITH THE FOLLOWING PROCEDURE CODES ON SAME DOS ARE EXCLUDED PER CO 911: D0140, D3310, D3320, D3330, D3410, D3421, D3425, D3426, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7260, D7280, D7410, D7510, D7910, D9110			
PROCEDURES MONITORED:	D0270	E0272	E0274	
	00270	00272	00274	70310
ESC EOB:	0607 – EACH MEMBER ALLOWED 4 SINGLE BITEWING X-RAYS PER 12 MONTHS PER PROVIDER.			
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6048, VERIFY THE PROCEDURE CODE, DATE OF SERVICE, MEMBER ID, AND PROVIDER NUMBER WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.			
	IF RELATED HISTORY INDICATES BITEWING X-RAYS HAS BEEN PAID ON THE SAME DATE OF SERVICE AS ONE OF THE EXCLUDED PROCEDURE CODES DO NOT COUNT TOWARD ESC LIMIT.			
	IF RELATED HISTORY INDICATES PREVIOUS PAYMENT FOR FOUR BITEWING X-RAYS, DENY THE CURRENT CLAIM/DETAIL.			
	IF RELATED HISTORY DOES NOT INDICATE FOUR BITEWING X-RAYS PAID, OVERRIDE THE ESC.			

DMS LAST APPROVED: 10/31/06	
	IF RELATED HISTORY DOES NOT INDICATE FOUR BITEWING X-RAYS PAID, BUT PAYING ALL DETAILS ON THE CURRENT CLAIM WOULD EXCEED THE LIMIT: OVERRIDE THOSE DETAILS WHICH COULD BE PAID WITHOUT EXCEEDING THE LIMIT. DENY THOSE DETAILS WHICH EXCEED THE LIMIT.
	IF DATE OF SERVICE FOR THE CURRENT CLAIM IS EXACTLY ONE YEAR FROM THE HISTORY CLAIM DATE OF SERVICE (05/01/84 AND 05/01/85), OVERRIDE THE ESC.

2.213 6049 (FORMER LEGACY AUDIT 736)

DMS LAST APPROVED: 09/24/2009		
ESC 6049 (FORMER LEGACY AUDIT 736 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
VACCINE ADMINISTRATION LIMITED TO THREE (3) PER DAY.	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, MODIFIER, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 13, 78, 85)
IF A PROVIDER BILLS MORE THAN THREE VACCINE ADMINISTRATION PROCEDURES FOR A SINGLE DATE OF SERVICE, CLAIM FAILS ESC 6049. EFFECTIVE WITH DOS 01/02/2004 PROVIDER TYPES 64 AND 65 WERE REMOVED FROM FORMER LEGACY AUIDT 736 PER DCR 01090. PLEASE REFER TO AUDIT 6759 FOR AUDITING OF VACCINE ADMINSTRATIONS PRIOR TO 01/02/2004. AUDIT WAS END DATED FOR PROVIDER TYPES 78 AND 85 EFFECTIVE 01/02/2004 PER CO 12786. PLEASE REFER TO AUDIT 6214 FOR AUDITING OF SERVICES FOR PT 13.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE PROCEDURE CODE MODIFIER OF 26	
PROCEDURES MONITORED:	90476-90749	
ESC EOB:	0736 - VACCINE ADMINISTRATION LIMITED TO THREE PER MEMBER, PER PROVIDER, PER DAY.	
PROCESSING INSTRUCTIONS:	VERIFY THAT THE MEMBER NUMBER, PROVIDER NUMBER, DATES OF SERVICE, UNITS, PROCEDURE CODE AND PROCEDURE CODE MODIFIER ARE KEYED CORRECTLY. IF NOT, CORRECT THE FIELDS IN ERROR.	
	THIS ESC IS SET TO AUTO-DENY.	

2.214 6050 (FORMER LEGACY AUDIT 610)

DMS LAST APPROVED: 12/19/03		
ESC 6050 (FORMER LEGACY AUDIT 610) LIMITATION	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
ONE UPPER TRANSITIONAL APPLIANCE ALLOWED PER 12 MONTHS PER MEMBER	**CLAIM FIELD LABEL:**	PROCEDURE, DOS, MEMBER ID
ESC TYPE: LIMIT	**C/T:**	D, M (PT 22, 31,35)
IF A PROVIDER BILLS FOR MORE THAN ONE UPPER TRANSITIONAL APPLIANCE IN A 12 MONTH PERIOD, THE CLAIM EXCEEDING THE LIMIT WILL FAIL ESC 6050.		
ESC CRITERIA:	SAME MEMBER MEMBER UNDER AGE 21	
PROCEDURES MONITORED:	D5820	05820
ESC EOB:	0610 – CLAIM DENIED/EACH MEMBER ALLOWED ONE UPPER TRANSITIONAL APPLIANCE PER 12 MONTHS.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6050, VERIFY THE MEMBER ID, BIRTHDATE, DATE OF SERVICE, PROCEDURE CODE, AND PROVIDER NUMBER WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY INDICATES PAYMENT FORD5820/05820 WITHIN 12 MONTHS FROM CURRENT CLAIM/DETAIL DATE OF SERVICE, DENY THE CURRENT CLAIM.	
	IF RELATED HISTORY DOES NOT INDICATE PAYMENT FOR D5820/05820 WITHIN 12 MONTHS OF CURRENT CLAIM DATE OF SERVICE, OVERRIDE THE ESC.	
	IF DATE OF SERVICE FOR THE CURRENT CLAIM IS EXACTLY ONE YEAR FROM THE HISTORY CLAIM DATE OF SERVICE (EXAMPLE: 05/01/84 AND 05/01/85), OVERRIDE THE ESC.	

2.215 6051 (FORMER LEGACY AUDIT 737)

DMS LAST APPROVED: 12/19/03		
ESC 6051 (FORMER LEGACY AUDIT 737)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENTS
SEALANTS ARE LIMITED TO 1 PER TOOTH PER 4 YEARS PER MEMBER	**CLAIM FIELD LABEL:**	MEMBER ID, DOS, PROCEDURE, TOOTH NUM
ESC TYPE: LIMIT	**C/T:**	D, M (PT 31, 35)
IF A PROVIDER BILLS PROCEDURE CODE 01351 OR D1351 FOR A MEMBER MORE THAN ONCE PER TOOTH PER FOUR YEARS, THE DETAIL WILL FAIL ESC 6051		
ESC CRITERIA:	SAME MEMBER SAME PROCEDURE CODE SAME TOOTH NUMBER	
PROCEDURES MONITORED:	D1351	01351
ESC EOB:	0737 - SEALANTS ARE LIMITED TO ONE PER TOOTH PER FOUR YEARS PER MEMBER	
PROCESSING INSTRUCTIONS:	VERIFY THAT THE MEMBER ID, DATE OF SERVICE, PROCEDURE CODE AND TOOTH NUMBER WERE KEYED CORRECTLY. IF NOT, CORRECT THE FIELDS IN ERROR.	
	IF KEYED CORRECTLY, DENY THE DETAIL.	

2.216 6052 (FORMER LEGACY AUDIT 738)

DMS LAST APPROVED: 12/19/03		
ESC 6052 (FORMER LEGACY AUDIT 738)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENTS
SEALANTS ARE LIMITED TO A MAXIMUM OF 3 PER TOOTH, PER LIFETIME, PER MEMBER	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, TOOTH NUMBER
ESC TYPE: LIMIT	**C/T:**	D, M (PT 31, 35)
IF A PROVIDER BILLS MORE THAN THREE SEALANTS PER TOOTH PER LIFETIME PER MEMBER, THE DETAIL EXCEEDING THE LIMIT FAIL ESC 6052.		
ESC CRITERIA:	SAME MEMBER SAME PROCEDURE CODE SAME TOOTH NUMBER	
PROCEDURES MONITORED:	D1351	01351
ESC EOB:	0738 - SEALANTS ARE LIMITED TO THREE PER TOOTH PER LIFETIME PER MEMBER	
PROCESSING INSTRUCTIONS:	VERIFY THAT THE MEMBER ID, DATE OF SERVICE, PROCEDURE CODE AND TOOTH NUMBER WERE KEYED CORRECTLY. IF NOT, CORRECT THE FIELDS IN ERROR.	
	IF KEYED CORRECTLY, DENY THE DETAIL.	

2.217 6053 (FORMER LEGACY AUDIT 791)

DMS APPROVED 07/19/2011		
ESC 6053 (FORMER LEGACY AUDIT 791 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
REVENUE CODE 580 LIMITED TO 45 UNITS PER WEEK (SUNDAY THROUGH SATURDAY)	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS
ESC TYPE: LIMIT	**C/T:**	H (PT 42)
IF MORE THAN 45 UNITS (HOURS) OF REVENUE CODE 580 ARE BILLED WITHIN A WEEK (SUNDAY THROUGH SATURDAY), CLAIM WILL FAIL ESC 791.		
ESC CRITERIA:	SAME MEMBER NUMBER SAME OR DIFFERENT PROVIDER SAME WEEK (SUNDAY THROUGH SATURDAY) NOTE – MFP MEMBERS ARE EXCLUDED FROM THIS AUDIT (CO 15099)	
PROCEDURES MONITORED:	REVENUE CODE 580	
ESC EOB:	0791 – REVENUE CODE 580 IS LIMITED TO 45 UNITS (HOURS) PER WEEK (SUNDAY THROUGH SATURDAY).	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, REVENUE CODE, AND DATES OF SERVICE, AND UNITS WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF THE CLAIM WAS KEYED CORRECTLY, DENY WITH EOB 0791.	

2.218 6054 (FORMER LEGACY AUDIT 799)

DMS LAST APPROVED: 040196		
ESC 6054 (FORMER LEGACY AUDIT 799 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
REVENUE CODE 270 LIMITED TO $2,000.00 PER MONTH	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, REVENUE CODE, DOS
ESC TYPE: LIMIT	**C/T:**	H (PT 34)
IF A PROVIDER BILLS REVENUE CODE 270 IN EXCESS OF $2,000.00 PER CALENDAR MONTH THE CLAIM WILL FAIL ESC 6054.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME CALENDAR MONTH	
PROCEDURES MONITORED:	270	
ESC EOB:	0799 - REVENUE CODE 270 CANNOT EXCEED $2,000 BILLED AMOUNT PER MONTH. PLEASE RESUBMIT WITH ITEMIZED INVOICE FOR SUPPLIES FOR ENTIRE MONTH.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6054, VERIFY THE MEMBER ID, REVENUE CODE, AND DATES OF SERVICE HAVE BEEN KEYED CORRECTLY. IF NOT, CORRECT THE FIELD IN ERROR.	
	IF THE CLAIM EXCEEDS $2,000.00 AND AN ITEMIZED INVOICE IS ATTACHED, FORWARD THE CLAIM TO THE EDS, PRIOR AUTHORIZATION UNIT FOR REVIEW TO ASSURE THAT THE DISPOSABLE MEDICAL SUPPLIES LISTED ARE COVERED. IF THE SUPPLIES ARE COVERED, OVERRIDE THE ESC.. IF THE SUPPLIES ARE NOT COVERED, DENY THE CLAIM.	
	IF THE LIMIT OF $2,000.00 PER CALENDAR MONTH HAS NOT BEEN MET AND THE AMOUNT BILLED ON THE CURRENT CLAIM WOULD EXCEED THE $2,000.00 LIMIT PER CALENDAR MONTH, THEN DENY THE ESC.	
	FOR TYPE OF DOCUMENT - NON-PAPER CLAIMS, AND THE CHARGE EXCEEDS $2,000.00, THE CLAIM WILL AUTO-DENY.	
	IF THE CLAIM EXCEEDS $2,000.00 AND AN ITEMIZED INVOICE IS NOT ATTACHED, DENY THE CLAIM.	

2.219 6055

DMS LAST APPROVED 10/26/2009		
ESC 6055 EFFECTIVE 10/01/2006	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT AND ENCOUNTER
ONLY 26 CHIROPRACTIC CONTACTS ALLOWED	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 85)
FAILS IF MORE THAN 26 CHIROPRACTIC *CONTACTS HAVE BEEN BILLED IN A CALANDER YEAR PER CO 392.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER DOS	
PROCEDURES MONITORED:	ALL *NOTE – ANY SERVICE/PROCEDURE CODE IS CONSIDERED A CONTACT. HOWEVER, TWO OR MORE SERVICES ON THE SAME DATE OF SERVICE ONLY COUNT AS ONE CONTACT.	
ESC EOB:	6055 – LIMITATION OF 26 VISITS PER CALANDER YEAR EXCEEDED.	
PROCESSING INSTRUCTIONS:	10. VERIFY THE MEMBER ID, PROVIDER ID, AND DATES OF SERVICE WERE KEYED CORRECTLY. 11. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR. 12. IF DATA IS KEYED CORRECTLY, DENY THE DETAIL WITH EOB 6055.	

2.220 6056 (FORMER LEGACY AUDIT 617)

DMS LAST APPROVED: 05/08/98		
ESC 6056 (FORMER LEGACY AUDIT 617 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
ONE (1) INITIAL OFFICE VISIT WITH COMPLETE DIAGNOSIS PER 9 MONTHS PER NURSE MIDWIFE AND BIRTHING CENTER	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 17, 30, 32, 33, 37, 43, 71, 72, 74, 78, 86, 90)
IF A PROVIDER BILLS FOR THE MONITORED PROCEDURES MORE THAN ONCE IN A NINE MONTH PERIOD, THE CLAIM WILL FAIL ESC 6056.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER (PROVIDER TYPES 71, 72)	
PROCEDURES MONITORED:	90010	
ESC EOB:	0617 – MEMBER ALLOWED ONE INITIAL OFFICE VISIT WITH COMPLETE DIAGNOSIS PER NINE MONTHS.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6056, VERIFY THE MEMBER MEMBER ID, PROVIDER NUMBER, PROCEDURE CODE, AND DATE OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT THE FIELDS IN ERROR BY CHANGING THE APPROPRIATE FIELDS.	
	THIS ESC IS SET TO AUTO-DENY.	

2.221 6057 (FORMER LEGACY AUDIT 618)

DMS LAST APPROVED: 09/25/00		
ESC 6057 (FORMER LEGACY AUDIT 618 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
ONE DELIVERY ALLOWED PER MEMBER PER 9 MONTHS	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE:	**C/T:**	M (20, 22, 64, 65, 71, 72, 31, 35)
IF A PROVIDER BILLS FOR MORE THAN ONE DELIVERY PER MEMBER IN A NINE MONTH PERIOD, THE CLAIM WILL FAIL ESC 6057.		
ESC CRITERIA:	SAME PROVIDER SAME MEMBER PROVIDER TYPE 20, 22, 64, 65, 71, 72, 31, 35	
PROCEDURES MONITORED:	WP158 WP189 59414 59515 59560 WP188 59409 59500 59520 59580 WP159 59410 59514 59540	
ESC EOB:	0618 – ONLY ONE DELIVERY ALLOWED PER MEMBER/9 MOS.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6057, VERIFY THE PROVIDER NUMBER, MEMBER ID, DATE OF SERVICE, AND PROCEDURE CODE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF THE CLAIM OR ATTACHED DOCUMENTATION INDICATES MULTIPLE BIRTHS, OVERRIDE THE ESC.	
	IF RELATED HISTORY INDICATES PAYMENT FOR DELIVERY WITHIN THE 9 MONTHS PRIOR TO CURRENT CLAIM DATE OF SERVICE, DENY THE CURRENT CLAIM.	
	IF THE PROVIDER INDICATES ON THE CLAIM OR ATTACHED DOCUMENTATION INDICATING A SECOND PREGNANCY IN NINE MONTHS, OVERRIDE THE ESC.	
	IF RELATED HISTORY DOES NOT INDICATE PAYMENT FOR DELIVERY WITHIN NINE MONTHS PRIOR TO THE CURRENT CLAIM DATE OF SERVICE, OVERRIDE THE ESC.	

2.222 6058 (FORMER LEGACY AUDIT 619)

DMS LAST APPROVED: 04/01/96		
ESC 6058 (FORMER LEGACY AUDIT 619 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
MEMBER ALLOWED POSTPARTUM CARE TWO (2) TIMES PER YEAR	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 30, 32, 33, 37, 43, 71, 72, 74, 78, 86, 90)
IF A NURSE/MIDWIFE OR BIRTHING CENTER BILLS FOR POST PARTUM CARE FOR A MEMBER MORE THAN TWICE PER 12 MONTH PERIOD, THE CLAIM WILL FAIL ESC 6058.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER (PT 71, 72)	
PROCEDURES MONITORED:	59430	
ESC EOB:	0619 – MEMBER ALLOWED POST-PARTUM CARE 2 TIMES PER YEAR.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6058, VERIFY THE PROVIDER NUMBER, MEMBER ID, PROCEDURE CODE, AND DATE OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT THE FIELDS IN ERROR BY CHANGING THE APPROPRIATE FIELDS.	
	IF RELATED HISTORY INDICATES 59430 HAS BEEN PAID TWICE IN THE PREVIOUS YEAR FROM CURRENT CLAIM DATE OF SERVICE, DENY THE CURRENT CLAIM.	
	IF RELATED HISTORY DOES NOT INDICATE PAYMENT FOR 59430 TWICE WITHIN THE YEAR OF THE CURRENT CLAIM DATE OF SERVICE, OVERRIDE THE ESC.	
	IF THE PROVIDER TYPE IS NOT 71 OR 72, OVERRIDE THE ESC.	
	IF THE CURRENT CLAIM DATE OF SERVICE IS EXACTLY ONE YEAR FROM THE DATE OF SERVICE OF A CLAIM IN RELATED HISTORY, WHICH WOULD CAUSE THE LIMIT TO BE EXCEEDED (EXAMPLE: HISTORY CLAIMS 09/01/84, 01/07/85, CURRENT CLAIM 09/01/85), OVERRIDE THE ESC.	

2.223 6059 (FORMER LEGACY AUDIT 648)

DMS LAST APPROVED: 11/15/00		
ESC 6059 (FORMER LEGACY AUDIT 648 LIMITATION)	TYPE OF DOCUMENT:	ALL EXCEPT MASS ADJUSTMENT
INITIAL PREVENTATIVE CARE VISITS ARE LIMITED TO ONE PER MEMBER, PER PROVIDER, PER 12 MONTHS	CLAIM FIELD LABEL:	MEMBER ID, PROVIDER, PROCEDURE
ESC TYPE: LIMIT	**C/T:**	M (PT 13, 22, 31, 35, 64, 65, 78, 85)
IF A PROVIDER BILLS AN INITIAL PREVENTATIVE CARE PROCEDURE MORE THAN ONCE IN A 12 MONTH PERIOD, FOR THE SAME MEMBER, THE CLAIM WILL FAIL ESC 6059.		

ESC CRITERIA:	SAME MEMBER SAME PROVIDER
PROCEDURES MONITORED:	99381 THRU 99387 99401 THRU 99404
ESC EOB:	0648 – RECIP ARE LMTD ON INITIAL PREVENTATIVE CARE VISITS TO 1 PER PROV PER 12 MONTHS.
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6059, VERIFY THE DATE OF SERVICE, PROCEDURE CODE, MEMBER ID AND PROVIDER NUMBER HAVE BEEN KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.
	IF RELATED HISTORY INDICATES ONE OF THE ABOVE MONITORED PROCEDURES HAS BEEN PAID WITHIN 12 MONTHS OF THE CURRENT CLAIM DATE OF SERVICE, DENY THE CURRENT DETAIL.
	IF RELATED HISTORY DOES NOT INDICATE ONE OF THE ABOVE MONITORED PROCEDURES HAS BEEN PAID WITHIN 12 MONTHS OF THE CURRENT CLAIM DATE OF SERVICE, OVERRIDE THE ESC.
	IF TWO OR MORE OF THE ABOVE MONITORED PROCEDURES ARE BILLED ON THE SAME CLAIM, OVERRIDE THE DETAIL WITH THE EARLIER DATE OF SERVICE AND DENY REMAINING DETAILS.

	IF THERE IS NO PAID AMOUNT FOR THE RELATED HISTORY CLAIM, CHECK THE CURRENT CLAIM DATE OF SERVICE. IF THE CURRENT CLAIM HAS AN EARLIER DATE OF SERVICE THAN THE HISTORY CLAIM, OVERRIDE THE ESC. IF THE RELATED HISTORY CLAIM HAS THE EARLIER DATE OF SERVICE, DENY THE CURRENT CLAIM.
	IF THE CURRENT CLAIM DATE OF SERVICE IS EXACTLY ONE (1) YEAR FROM THE HISTORY CLAIM DATE OF SERVICE, OVERRIDE THE ESC (I.E. , HISTORY CLAIM DATE OF SERVICE 07/04/85, CURRENT CLAIM DATE OF SERVICE 07/04/86).
DMS LAST APPROVED: 04/01/96	
	IF TWO OR MORE OF THE ABOVE MONITORED PROCEDURES ARE BILLED ON THE SAME CLAIM, OVERRIDE THE DETAIL WITH THE EARLIER DATE OF SERVICE AND DENY REMAINING DETAILS.
	IF THERE IS NO PAID AMOUNT FOR THE RELATED HISTORY CLAIM, CHECK THE CURRENT CLAIM DATE OF SERVICE. IF THE CURRENT CLAIM HAS AN EARLIER DATE OF SERVICE THAN THE HISTORY CLAIM, OVERRIDE THE ESC. IF THE RELATED HISTORY CLAIM HAS THE EARLIER DATE OF SERVICE, DENY THE CURRENT CLAIM.
	IF THE CURRENT CLAIM DATE OF SERVICE IS EXACTLY ONE (1) YEAR FROM THE HISTORY CLAIM DATE OF SERVICE, OVERRIDE THE ESC (I.E. , HISTORY CLAIM DATE OF SERVICE 07/04/85, CURRENT CLAIM DATE OF SERVICE 07/04/86).

2.224 6060 (FORMER LEGACY AUDIT 622)

DMS LAST APPROVED: 11/20/2007		
ESC 6060 (FORMER LEGACY AUDIT 622 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
A TOTAL OF $500.00 ALLOWED ANNUALLY TO PURCHASE MINOR HOME ADAPTATIONS	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, DOS, BILL AMOUNT
ESC TYPE: LIMIT	**C/T:**	M (PT 30, 32, 37, 43, 71, 72, 74, 78, 86, 90)
IF MORE THAN $500.00 IS SPENT ON MINOR HOME ADAPTATIONS DURING A MEMBER'S CALENDAR YEAR, THE CLAIMS EXCEEDING THE LIMIT WILL FAIL ESC 6060.		
ESC CRITERIA:	SAME MEMBER SAME CALENDAR YEAR	
PROCEDURES MONITORED:	290	S5165
ESC EOB:	0622 – DETAIL DENIED. ANNUAL LIMIT OF $500.00 FOR MINOR HOME ADAPTATIONS. 0355 – FEE ADJUSTED TO MAXIMUM ALLOWED AMOUNT.	
PROCESSING INSTRUCTIONS:	**<u>FOR PROVIDER TYPE 42</u>** WHEN A CLAIM FAILS ESC 6060, VERIFY MEMBER ID, DATE OF SERVICE, REVENUE CODE, AND BILLED AMOUNT WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR. IF THE DATA WAS KEYED CORRECTLY, DENY WITH EOB 6060.	
	<u>FOR PROVIDER TYPE 43</u> WHEN A CLAIM FAILS ESC 6060, VERIFY MEMBER ID, DATE OF SERVICE, PROCEDURE CODE, AND BILLED AMOUNT WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY INDICATES THAT THE $500 LIMIT HAS BEEN MET, DENY THE DETAIL WITH EOB 6060.	
	IF ONLY A PORTION OF THE CLAIM BILLED AMOUNT EXCEEDS THE $500 LIMIT, THE CLAIM MUST BE MANUALLY PRICED. CALCULATE THE AMOUNT OF PAYMENT DUE ON THIS DETAIL THAT WILL BRING THE TOTAL ANNUAL REIMBURSEMENT TO THE $500 LIMIT. MANUALLY PRICE THE CLAIM FROM THIS AMOUNT USING EOB 0355 (FEE ADJUSTED TO MAXIMUM ALLOWABLE AMOUNT) BY CHANGING THE MANUAL FIELD IN THE DETAIL AND THE EOB FIELD TO 0355.	

2.225 6061 (FORMER LEGACY AUDIT 623)

DMS APPROVED: 5/21/2009		
ESC 6061 (FORMER LEGACY AUDIT 623 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
EACH MEMBER IS ALLOWED FOURTEEN (14) SINGLE INTRAORAL PERIAPICAL RADIOGRAPHS PER 12 MONTHS PER PROVIDER	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, UNITS, DOS
ESC TYPE:	**C/T:**	D, M (PT 13, 22, 31, 35, 64, 65)
IF A PROVIDER BILLS FOR MORE THAN 14 INTRAORAL PERIAPICAL RADIOGRAPHS PER 12 MONTHS FOR A MEMBER, THE CLAIM EXCEEDING THE LIMIT WILL FAIL ESC 6061.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER	
PROCEDURES MONITORED:	00220	70300
	00230	
ESC EOB:	0623 – MEMBER ALLOWED 14 SINGLE INTRAORAL PERIAPICAL RADIOGRAPHS PER 12 MONTHS PER PROVIDER.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6061, VERIFY THE MEMBER ID, PROVIDER NUMBER, DATE OF SERVICE, AND UNITS HAVE BEEN KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF THE CLAIM HAS A BILLING PROVIDER TYPE OF 64 OR 65 (PHYSICIAN/PHYSICIAN CLINIC) AND THE PROCEDURE CODE IS **NOT** 70300, FORCE THE AUDIT.	
	IF RELATED HISTORY INDICATES ONE OF THE MONITORED PROCEDURES HAS BEEN PAID ON THE SAME DATE OF SERVICE AS ONE OF THE EXCLUDED PROCEDURE CODES DO NOT COUNT TOWARD ESC LIMIT.	
	IF RELATED HISTORY INDICATES PAYMENT FOR THE MONITORED PROCEDURES 14 TIMES WITHIN THE LAST 12 MONTHS, DENY THE CURRENT CLAIM.	
	IF RELATED HISTORY DOES NOT INDICATE PAYMENT FOR THE MONITORED PROCEDURES 14 TIMES IN THE LAST 12	

DMS APPROVED: 5/21/2009	
	MONTHS, OVERRIDE THE ESC.
	IF DATE OF SERVICE ON THE CURRENT CLAIM IS EXACTLY ONE YEAR FROM A RELATED HISTORY CLAIM (EXAMPLE: 05/01/84 AND 05/01/85), OVERRIDE THE ESC.
	THIS ESC IS END DATED 10/15/2003 PER CHANGE ORDER 11558 AND REPLACED BY ESC 6769, AND LAST UPDATED 06/12/2009

2.226 6062 (FORMER LEGACY AUDIT 659)

DMS LAST APPROVED: 05/08/98		
ESC 6062 (FORMER LEGACY AUDIT 659 MISCELLANEOUS)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
MAXIMUM OF 30 CONSECUTIVE RESERVE DAYS PER MEMBER, PER PROVIDER	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDERREVENUE CODE, DOS
ESC TYPE: LIMIT	**C/T:**	L (PT11)
IF AN ICF/MR CLAIM WHEN THE MAXIMUM OF 30 CONSECUTIVE RESERVE DAYS (REVENUE CODE 180 AND 185 COMBINED) HAS BEEN EXCEEDED PER MEMBER, CLAIM WILL FAIL ESC 6062.		
ESC CRITERIA:	SAME MEMBER REVENUE CODES 180 AND 185 TYPE OF BILL SAME PROVIDER	
PROCEDURES MONITORED:		
ESC EOB:	0659 – MAXIMUM OF 30 CONSECUTIVE RESERVE DAYS ALLOWED PER MEMBER, PER PROVIDER.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC, VERIFY THE DATE OF SERVICE, REVENUE CODE, AND NUMBER OF DAYS WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	THIS ESC IS SET TO AUTO-DENY. **NOTE**: AN ABSENCE MAY SPAN TWO MONTHS.	

2.227 6063 (FORMER LEGACY AUDIT 660)

DMS LAST APPROVED: 05/08/98		
ESC 6063 (FORMER LEGACY AUDIT 660 MISCELLANEOUS)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
MAXIMUM OF 45 TOTAL RESERVE DAYS PER MEMBER, PER PROVIDER, PER CALENDAR QUARTER	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, REVENUE CODE, DOS, TYPE OF BILL
ESC TYPE: LIMIT	**C/T:**	L (PT11)
IF AN ICF/MR CLAIM WHEN THE MAXIMUM OF 45 TOTAL RESERVE DAYS (REVENUE CODES 180 AND 185 COMBINED) HAS BEEN EXCEEDED PER MEMBER FOR CALENDAR QUARTER, CLAIM WILL FAIL ESC 6063.		
ESC CRITERIA:	SAME PROVIDER SAME MEMBER REVENUE CODES 180 AND 185 TYPE OF BILL	
PROCEDURES MONITORED:		
ESC EOB:	0660 – MAXIMUM OF 45 TOTAL RESERVE DAYS ALLOWED PER MEMBER, PER PROVIDER, PER CALENDAR QUARTER.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6063, VERIFY THE DATES OF SERVICE, REVENUE CODE, AND NUMBER OF DAYS WERE KEYED CORRECTLY. IF THE ABOVE FIELDS WERE NOT KEYED CORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	THIS ESC IS SET TO AUTO-DENY. **NOTE**: AN ABSENCE MAY SPAN TWO MONTHS	

2.228 6064 (FORMER LEGACY AUDIT 626)

DMS LAST APPROVED: 12/19/03		
ESC 6064 (FORMER LEGACY AUDIT 626 LIMITATION	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
3 REPAIRS TO BROKEN DENTURES PER 12 MONTH, PER MEMBER	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, DOS
ESC TYPE: LIMIT	**C/T:**	D, M (22, 31, 35)
IF A PROVIDER BILLS FOR MORE THAN THREE REPAIRS TO BROKEN DENTURES PER 12 MONTHS, THE CLAIM EXCEEDING THE LIMIT WILL FAIL ESC 6064.		
ESC CRITERIA:	SAME MEMBER MEMBER UNDER AGE 21	
PROCEDURES MONITORED:	D5610	05610
ESC EOB:	0627 – CLAIM DENIED. MEMBER ALLOWED THREE REPAIRS TO BROKEN DENTURES PER 12 MONTHS.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC, VERIFY THE MEMBER ID, MEMBER BIRTHDATE, PROCEDURE CODE, AND DATE OF SERVICE HAVE BEEN KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY INDICATES THREE PAYMENTS FOR 05610 WITHIN 12 MONTHS OF THE CURRENT CLAIM DATE OF SERVICE, DENY THE CURRENT CLAIM.	
	IF RELATED HISTORY DOES NOT INDICATE THREE PAYMENTS FOR 05610 IN 12 MONTHS, OVERRIDE THE ESC.	
	IF THE CURRENT CLAIM DATE OF SERVICE IS EXACTLY ONE YEAR FROM A RELATED HISTORY CLAIM DATE OF SERVICE (E.G., 05-01-84 AND 05-01-85), OVERRIDE THE ESC.	

2.229 6065 (FORMER LEGACY AUDIT 627)

DMS APPROVED 12/19/2003		
ESC 6065 (FORMER LEGACY AUDIT 627 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
REPAIR DENTURE AND REPLACE ONE BROKEN TOOTH LIMITED TO THREE PER 12 MONTHS	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, DOS
ESC TYPE: LIMIT	**C/T:**	D, M (PT 22, 31, 35)
IF MORE THAN THREE REPAIRS OF DENTURES WITH REPLACEMENT OF ONE TOOTH ARE BILLED IN A 12 MONTH PERIOD FOR A MEMBER, THE CLAIMS EXCEEDING THE LIMIT WILL FAIL ESC 6065.		
ESC CRITERIA:	SAME MEMBER MEMBER UNDER AGE 21	
PROCEDURES MONITORED:	D5620	05620
ESC EOB:	0625 – MEMBER ALLOWED THREE REPAIRS INCLUDING REPLACEMENT OF ONE TOOTH PER 12 MONTHS.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6065, VERIFY THE MEMBER ID, MEMBER BIRTHDATE, PROCEDURE CODE, AND DATE OF SERVICE HAVE BEEN KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY INDICATES D5620/05620 HAS BEEN PAID THREE TIMES WITHIN 12 MONTHS OF THE DATE OF SERVICE ON CURRENT CLAIM, DENY THE CURRENT CLAIM.	
	IF RELATED HISTORY DOES NOT INDICATE D5620/05620 HAS BEEN PAID THREE TIMES WITHIN 12 MONTHS OF THE CURRENT CLAIM DATE OF SERVICE, OVERRIDE THE ESC.	
	IF THE CURRENT CLAIM DATE OF SERVICE IS EXACTLY ONE YEAR FROM A HISTORY CLAIM DATE OF SERVICE (EX: 05/01/84 AND 05/01/85), OVERRIDE THE ESC.	

2.230 6066 (FORMER LEGACY AUDIT 668)

DMS LAST APPROVED: 07/19/2011		
ESC 6066 (FORMER LEGACY AUDIT 668 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
DAY CARE SERVICES ARE LIMITED TO TWO (2) UNITS OF SERVICE PER DATE OF SERVICE.	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 30, 32, 37, 43, 71, 72, 74, 78, 86, 90)
IF A PROVIDER BILLS FOR MORE THAN 2 UNITS OF SERVICE PER DATE OF SERVICE, THE CLAIM EXCEEDING THE LIMIT WILL FAIL ESC 6066.		
ESC CRITERIA:	SAME MEMBER SAME DATE OF SERVICE NOTE – MFP MEMBERS ARE EXCLUDED FROM THIS AUDIT (CO 15099)	
PROCEDURES MONITORED:	S5101	XR000
ESC EOB:	0668 – DAY CARE SERVICES ARE LIMITED TO NO MORE THAN TWO UNITS OF SERVICE PER DATE OF SERVICE.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC, VERIFY THE PROVIDER NUMBER, MEMBER ID, DATE OF SERVICE AND PROCEDURE CODE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT THE FIELDS IN ERROR BY CHANGING THE APPROPRIATE FIELDS.	
	THIS ESC IS SET TO AUTO-DENY.	
	IF A PROVIDER BILLS PROCEDURE CODE 80020, 80022, 800223, 80024, OR 36415 WITH MORE THAN ONE UNIT OF SERVICE PER DAY OF SERVICE, DENY THE CLAIM WITH EOB 0286.	

2.231 6067 (FORMER LEGACY AUDIT 629)

DMS LAST APPROVED: 12/19/03		
ESC 6067 (FORMER LEGACY AUDIT 629 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
ONE LOWER TRANSITIONAL APPLIANCE, PER 12 MONTHS, PER MEMBER	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, DOS
ESC TYPE: LIMIT	**C/T:**	D M (PT22, 31, 35)
IF A MEMBER RECEIVES MORE THAN ONE LOWER TRANSITIONAL APPLIANCE, PER 12 MONTHS, THE CLAIM EXCEEDING THE LIMIT WILL FAIL ESC 6069.		
ESC CRITERIA:	SAME MEMBER MEMBER UNDER AGE 21	
PROCEDURES MONITORED:	D5821	05821
ESC EOB:	0629 – MEMBER ALLOWED 1 LOWER TRANSITIONAL APPLIANCE PER 12 MONTHS.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6067, VERIFY THE MEMBER ID, MEMBER BIRTHDATE, PROCEDURE CODE, AND THE DATE OF SERVICE HAVE BEEN KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY INDICATES D5821/05821 HAS BEEN PAID WITHIN 12 MONTHS OF THE CURRENT CLAIM DATE OF SERVICE, DENY THE CURRENT CLAIM.	
	IF RELATED HISTORY DOES NOT INDICATE PAYMENT FOR D5821/05821 WITHIN 12 MONTHS OF THE CURRENT CLAIM DATE OF SERVICE, OVERRIDE THE ESC.	
	IF THE CURRENT CLAIM IS EXACTLY ONE YEAR FROM THE RELATED HISTORY CLAIM FOR D5821/05821 (EX: 05/01/84 AND 05/01/85), OVERRIDE THE ESC.	

2.232 6068 (FORMER LEGACY AUDIT 630)

DMS LAST APPROVED: 05/08/1998		
ESC 6068 (FORMER LEGACY AUDIT 630 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
OPHTHALMOSCOPY SERVICES ARE LIMITED TO TWO UNITS PER MEMBER PER PHYSICIAN PER DATE OF SERVICE	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE , UNIT
ESC TYPE: LIMIT	**C/T:**	M (PT 13, 22, 31, 35, 52, 64, 65, 77)
IF A PROVIDER BILLS FOR MORE THAN TWO OPHTHALMOSCOPY UNITS OF SERVICE ON THE SAME DATE OF SERVICE, THE CLAIM WILL FAIL ESC 6068.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	92230 92235 92250 92260	
ESC EOB:	0039 - THIS PROCEDURE CODE IS LIMITED TO TWO UNITS OF SERVICE PER DATE OF SERVICE.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6068, VERIFY THE PROCEDURE CODE, MEMBER NUMBER, PROVIDER NUMBER, DATES OF SERVICE, AND UNITS HAVE BEEN KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	THIS ESC IS SET TO AUTO-DENY.	

2.233 6069 (FORMER LEGACY AUDIT 631)

DMS LAST APPROVED: 12/29/03		
ESC 6069 (FORMER LEGACY AUDIT 631 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
MEMBER ALLOWED ONE COMPLETE RELINE OF UPPER DENTURE PER 12 MONTH PERIOD	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, DOS
ESC TYPE: LIMIT	**C/T:**	B (PT 01, 31, 35), C (PT 01, 39) D, M (PT 22, 31, 35)
IF A MEMBER RECEIVES MORE THAN ONE COMPLETE UPPER DENTURE RELINE PER 12 MONTHS, THE CLAIM EXCEEDING THE LIMIT WILL FAIL ESC 6069.		
ESC CRITERIA:	SAME MEMBER MEMBER UNDER AGE 21	
PROCEDURES MONITORED:	D5750	05750
ESC EOB:	0631 – MEMBERS ARE LIMITED TO ONE RELINING OF THE UPPER DENTURE PER 12 MONTHS	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6069, VERIFY THE MEMBER ID, MEMBER BIRTHDATE, PROCEDURE CODE AND DATE OF SERVICE HAVE BEEN KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF CURRENT CLAIM/DETAIL IS FOR PROCEDURE 05750 OR D5750 AND RELATED HISTORY INDICATES PAYMENT FOR 05750 OR D5750 WITHIN 12 MONTHS OF THE CURRENT CLAIM DATE OF SERVICE, DENY THE CURRENT CLAIM WITH EOB 0631.	
	IF RELATED HISTORY DOES NOT INDICATE PAYMENT FOR MONITORED PROCEDURES WITHIN 12 MONTHS OF THE CURRENT CLAIM DATE OF SERVICE, OVERRIDE THE ESC.	
	IF THE CURRENT CLAIM DATE OF SERVICE IS EXACTLY ONE YEAR FROM THE HISTORY CLAIM DATE OF SERVICE (EXAMPLE: 05/01/84 AND 05/01/085), OVERRIDE THE ESC.	
	IF THE MEMBER IS OVER AGE 21 DENY THE CLAIM USING EOB 0257 – OUR RECORDS INDICATE THAT THE MEMBER WAS OVER 21 YEARS OLD ON THE DATE(S) OF SERVICE. IF THE MEMBER TURNS 21 DURING THE MONTH OF THE CURRENT CLAIM/DETAIL DATE OF SERVICE, OVERRIDE THE ESC.	

DMS LAST APPROVED: 12/29/03	
	PLEASE NOTE THAT PRIOR TO THE HIPAA IMPLMENTATION THIS ESC ALSO MONITORED PROCEDURE CODE 05751. HOWEVER, AS PART OF HIPAA THE ESC WAS SPLIT INTO TWO ESCS. ESC 6069 NOW MONITORS D5751 AND 05751

2.234 6070 (FORMER LEGACY AUDIT 635)

DMS LAST APPROVED: 04/01/96		
ESC 6070 (FORMER LEGACY AUDIT 635 LIMITATION)	**TYPE OF DOCUMENT:**	PAPER CLAIM, PAPER ADJUSTMENT AND NON-PAPER CLAIMS
CERTAIN PROCEDURE CODES ARE LIMITED TO ONE PROCEDURE WITH ONE UNIT ONLY ON THE SAME DATE OF SERVICE FOR SAME MEMBER	**CLAIM FIELD LABEL:**	MEMBER ID, MEMBER, PROCEDURE, DOS
ESC TYPE:	**C/T:**	M (PT 36), O (PT 01, 39)
IF A PROVIDER BILLS ANY COMBINATION OF PROCEDURE CODES 80020, 80022, 80023, 80024, AND 36415 ON SAME DAY OF SERVICE FOR THE SAME MEMBER, THIS CLAIM WILL FAIL ESC 6070. IF A PROVIDER BILLS ANY COMBINATION OF PROCEDURE CODES 80020, 80022, 80023, 80024, AND 36415 WITH MORE THAN ONE UNIT OF SERVICE PER DAY OF SERVICE, THE CLAIM WILL SUSPEND ESC 6070.		
ESC CRITERIA:	SAME PROVIDER SAME MEMBER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	80020 80024 80022 36415 80023	
ESC EOB:	0665 – VENIPUNCTURE/CATHETERIZATION PROCEDURES 80020, 80022, 80023, 80024, 36415 NOT ALLOWED SAME DATE OF SERVICE/MEMBER/PROVIDER.	
METHOD OF CORRECTION:	WHEN A CLAIM FAILS ESC, VERIFY MEMBER ID, PROVIDER NUMBER, DATES OF SERVICE, AND PROCEDURE CODE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY INDICATES ONE OF THE ABOVE MONITORED PROCEDURES WERE BILLED FOR THE SAME PROVIDER, SAME MEMBER, AND SAME DATES OF SERVICE, DENY CURRENT CLAIM WITH EOB 0665.	
	IF MORE THAN ONE OF THE ABOVE MONITORED PROCEDURES ARE BILLED ON THE SAME CLAIM OR CURRENT TO CURRENT FOR SAME DATE OF SERVICE, OVERRIDE FIRST DETAIL AND DENY OTHER DETAIL WITH EOB 0665.	
	IF A PROVIDER BILLS PROCEDURE CODE 80020, 80022, 800223, 80024, OR 36415 WITH MORE THAN ONE UNIT OF SERVICE PER DAY OF SERVICE, DENY THE CLAIM WITH EOB 0286.	

2.235 6071 (FORMER LEGACY AUDIT 636)

DMS LAST APPROVED: 12/04/06		
ESC 6071 (FORMER LEGACY AUDIT 636 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
FEE FOR DISPENSING INITIAL PAIR OF EYEGLASSES ALLOWED ONE PER 12 MONTHS PER MEMBER	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 13, 22, 31, 35, 52, 64, 65, 77)
IF MORE THAN ONE INITIAL DISPENSING FEE IS BILLED FOR A MEMBER, THE CLAIM EXCEEDING THE LIMIT WILL FAIL ESC 6071.		
ESC CRITERIA:	SAME MEMBER MEMBER UNDER AGE 21	
PROCEDURES MONITORED:	92340 92341 92352-92353	
	ESC WAS END-DATED AS OF 06/30/06 PER CHANGE ORDER 392.	
ESC EOB:	0636 – PROFESSIONAL FEE FOR DISPENSING INITIAL PAIR OF EYEGLASSES ALLOWED ONE/12 MONTHS/MEMBER.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC, VERIFY THE PROCEDURE CODE, MEMBER BIRTHDATE, MEMBER ID, AND DATE OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY INDICATES A PAID CLAIM FOR WHICH THE DATE OF SERVICE FOR THE CURRENT CLAIM IS PRIOR TO THE BEGINNING OF THE CALENDAR MONTH IN WHICH THE 365TH DAY FALLS (I.E., HISTORY 02/15/90, CURRENT 01/31/91), DENY CURRENT CLAIM.	
	IF RELATED HISTORY INDICATES A PAID CLAIM FOR WHICH THE DATE OF SERVICE FOR THE CURRENT CLAIM IS AFTER THE BEGINNING OF THE CALENDAR MONTH IN WHICH THE 365TH DAY FALLS (I.E., HISTORY 02/15/90, CURRENT 02/01/91), OVERRIDE THE CURRENT CLAIM.	

2.236 6072 (FORMER LEGACY AUDIT 672)

DMS LAST APPROVED: 05/08/98		
ESC 6072 (FORMER LEGACY AUDIT 672 LIMITATION)	**TYPE OF DOCUMENT:**	NON-PAPER CLAIMS, PAPER CLAIMS, PAPER ADJUSTMENTS
VISION EXAMINATIONS LIMITED TO 2 PER PROVIDER PER SAME DATES OF SERVICE	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 13, 15, 20, 21, 22, 23, 24, 29, 31, 35, 52, 64, 65, 77)
IF A PROVIDER BILLS FOR MORE THAN TWO VISION EXAMINATIONS PER MEMBER PER DATE OF SERVICE, THE CLAIM WILL FAIL ESC 6072.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	92081 92082 92083	
ESC EOB:	0039 - THIS PROCEDURE CODE IS LIMITED TO TWO UNITS OF SERVICE PER DATE OF SERVICE.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6072, VERIFY THE PROCEDURE CODE, MEMBER NUMBER, PROVIDER NUMBER, DATE OF SERVICE AND UNITS HAVE BEEN KEYED CORRECTLY. IF DATA HAS BEEN KEYED INCORRECTLY, DATA CORRECT THE FIELDS IN ERROR.	
	THIS ESC IS SET TO AUTO-DENY.	

2.237 6073 (FORMER LEGACY AUDIT 638)

DMS LAST APPROVED: 12/31/03		
ESC 6073 (FORMER LEGACY AUDIT 638 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
ANNUAL FAMILY PLANNING VISIT LIMITED TO ONE (1) PER 9 MONTHS PER MEMBER PER PROVIDER	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 15, 17, 20, 21, 22, 23, 24, 29, 31, 32, 35, 37, 71, 72, 74, 78, 86), O (PT 41, 46, 47)
IF A PROVIDER BILLS FOR MORE THAN ONE ANNUAL FAMILY PLANNING VISIT PER MEMBER PER 9 MONTHS THE CLAIM WILL FAIL ESC 6073.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER	
PROCEDURES MONITORED:	S0610 S0612 X1160 X1500 – X1590 WP402 X4500 – X4590	
ESC EOB:	0638 – REVENUE CODE INVALID FOR PLACE OF SERVICE.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 638, VERIFY THE PROCEDURE CODE, DATE OF SERVICE, PROVIDER NUMBER, AND MEMBER ID WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	THIS ESC IS SET TO AUTO-DENY.	

2.238 6074 (FORMER LEGACY AUDIT 639)

DMS LAST APPROVED: 05/08/98		
ESC 6074 (FORMER LEGACY AUDIT 639 LIMITATION)	**TYPE OF DOCUMENT:**	PAPER CLAIMS, NON-PAPER CLAIMS, PAPER ADJUSTMENTS
DME PROCEDURE A4900 LIMITED TO ONE SERVICE PER MEMBER PER PROVIDER PER CALENDAR MONTH	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE
ESC TYPE: LIMIT	**C/T:**	M (PT 90)
IF A PROVIDER BILLS MORE THAN ONE SERVICE PER MEMBER PER CALENDAR MONTH, THE CLAIM EXCEEDING THE LIMIT WILL FAIL ESC 6074.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER CALENDAR MONTH	
PROCEDURES MONITORED:	A4900	
ESC EOB:	0608 –THIS SERVICE IS LIMITED TO ONE PER MEMBER, PER PROVIDER, PER CALENDAR MONTH.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 639, VERIFY THE MEMBER ID, PROVIDER NUMBER, PROCEDURE CODE, AND DATE OF SERVICE WAS KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	THIS AUTO IS SET TO AUTO-DENY.	

2.239 6075 (FORMER LEGACY AUDIT 675)

DMS LAST APPROVED: 12/19/03		
ESC 6075 (FORMER LEGACY AUDIT 675 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE CODE W0030/V5011 IS LIMITED TO ONE PER MEMBER PER PROVIDER PER 60 DAYS	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE
ESC TYPE: LIMIT	**C/T:**	M (PT 22, 31, 35, 50, 52, 70, 77)
IF A PROVIDER BILLS PROCEDURE CODE W0030 OR V5011 MORE THAN ONCE DURING A 60 DAY PERIOD FOR THE SAME MEMBER THE DETAIL EXCEEDING THE LIMIT WILL FAIL ESC 6075.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER	
PROCEDURES MONITORED:	V5011	W0030
ESC EOB:	0675 – PROCEDURE CODE W0030/V5011 IS LIMITED TO ONE PER MEMBER PER PROVIDER PER 60 DAYS.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC VERIFY THE MEMBER ID, PROVIDER NUMBER, PROCEDURE CODE, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY INDICATES THE ABOVE MONITORED PROCEDURE HAS BEEN PAID FOR DATE OF SERVICE WITHIN 60 DAYS OF THE CURRENT CLAIM DATE OF SERVICE, DENY THE CURRENT DETAIL.	
	IF RELATED HISTORY DOES NOT INDICATE THE ABOVE MONITORED PROCEDURE HAS BEEN PAID WITHIN 60 DAYS OF THE CURRENT CLAIM DATE OF SERVICE, OVERRIDE THE ESC.	
	IF THERE IS NO PAID DATE OR PAID AMOUNT FOR THE RELATED HISTORY CLAIM, CHECK THE CURRENT CLAIM DATE OF SERVICE. IF THE CURRENT CLAIM HAS AN EARLIER DATE OF SERVICE THAN THE HISTORY CLAIM, OVERRIDE THE ESC. IF THE RELATED HISTORY CLAIM HAS THE EARLIER DATE OF SERVICE, DENY THE CURRENT CLAIM.	
	IF THE CURRENT CLAIM DATE OF SERVICE IS EXACTLY 60 DAYS FROM THE HISTORY CLAIM DATE OF SERVICE, OVERRIDE THE CURRENT CLAIM (I.E., HISTORY CLAIM DATE OF SERVICE IS 3/1/86 AND CURRENT CLAIM DATE OF SERVICE IS 5/1/86).	

2.240 6076 (FORMER LEGACY AUDIT 677)

DMS LAST APPROVED: 11/20/06		
ESC 6076 (FORMER LEGACY AUDIT 677 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
(XZ878 OR B4086) IS LIMITED TO ONE PER MEMBER **ESC TYPE:** LIMIT	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE
	C/T:	H (PT 34, 42), M (PT 17, 22, 30, 32, 33, 37, 43, 71, 72, 74, 78, 86, 90), 0 (PT 91, 46, 47)
IF A PROVIDER BILLS FOR PROCEDURE CODE XZ878 OR B4086 MORE THAN ONE TIME IN A 60 DAY PERIOD FOR THE SAME MEMBER, THE DETAIL EXCEEDING THE LIMITED WILL FAIL ESC 6076.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER **NOTE:** IF A VALID PRIOR AUTHORIZATION IS BILLED FOR PROCEDURE CODE B4086, THE CLAIM WILL BYPASS ESC 6076	
PROCEDURES MONITORED:	B4086	XZ878
ESC EOB:	0677 – PROCEDURE CODE LIMITED TO ONE PER 60 DAYS.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 0677 VERIFY THE MEMBER ID, PROVIDER NUMBER, DATES OF SERVICE AND PROCEDURE CODE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT THE FIELDS IN ERROR BY CHANGING THE APPROPRIATE FIELDS.	
	THIS ESC IS SET TO AUTO-DENY.	

2.241 6077 (FORMER LEGACY AUDIT 643)

DMS LAST APPROVED: 10/31/06		
ESC 6077 (FORMER LEGACY AUDIT 643 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
NEW PATIENT OFFICE MEDICAL SERVICES ARE LIMITED TO ONE PER MEMBER PER PHYSICIAN PER 12 MONTHS	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: LIMIT	**C/T:**	D, H (PT 34, 42), M (PT 13, 17, 22, 30, 32, 33, 37, 43, 50, 52, 64, 65, 70, 71, 72, 74, 77, 78, 85, 86, 90)
IF A PROVIDER BILLS FOR NEW PATIENT OFFICE MEDICAL SERVICES MORE THAN ONCE IN A 12 MONTH PERIOD, THE CLAIMS WILL FAIL ESC 6077.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER **<u>EXCEPTION</u>** EFFECTIVE DOS 9/30/06 FOR P/T 60 AND 61, FOR MEMBERS AGES 20 AND UNDER, ONE ADDITIONAL D0150 IS ALLOWED IF BILLED ON SDOS, AND PROVIDER AS D1110 OR D1201 PER CO911.	
PROCEDURES MONITORED:	D0150 90000 90010 90015	90017 90020 99201 - 99205 00150
ESC EOB:	0642 – THIS PROCEDURE IS LIMITED TO ONE PER 12 MONTHS PER MEMBER PER PROVIDER.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 643, VERIFY THE DATE OF SERVICE, PROCEDURE, MEMBER ID, AND PROVIDER NUMBER WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY INDICATES A PAID CLAIM FOR WHICH THE DATE OF SERVICE FOR THE CURRENT CLAIM IS PRIOR TO THE BEGINNING OF THE CALENDAR MONTH IN WHICH THE 365TH DAY FAILS (I.E., HISTORY 2/15/90, CURRENT 01/31/91), DENY CURRENT CLAIM.	

DMS LAST APPROVED: 10/31/06	
	IF RELATED HISTORY INDICATES A PAID CLAIM FOR WHICH THE DATE OF SERVICE FOR THE CURRENT CLAIM IS AFTER THE BEGINNING OF THE CALENDAR MONTH IN WHICH THE 365TH DAY FAILS (I.E., HISTORY 02/15/90, CURRENT 02/1/91), OVERRIDE THE ESC.
	IF TWO OR MORE OF THE ABOVE MONITORED PROCEDURES ARE BILLED ON THE SAME CLAIM, OVERRIDE THE DETAIL WITH THE EARLIER DATE OF SERVICE AND DENY REMAINING DETAILS.
	IF THERE IS NO PAID DATE OR PAID AMOUNT FOR THE RELATED HISTORY CLAIM, CHECK THE CURRENT CLAIM DATE OF SERVICE. IF THE CURRENT CLAIM HAS AN EARLIER DATE OF SERVICE THAN THE HISTORY CLAIM, OVERRIDE THE ESC IF THE RELATED HISTORY CLAIM HAS THE EARLIER DATE OF SERVICE, DENY THE CURRENT CLAIM.

2.242 6078 (FORMER LEGACY AUDIT 644)

DMS LAST APPROVED: 08/25/2008		
ESC 6078 (FORMER LEGACY AUDIT 644 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
92012, 92014 IS LIMITED TO ONE PER MEMBER PER PROVIDER PER 12 MONTHS	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE
ESC TYPE: LIMIT	**C/T:**	M (PT 20, 22, 64, 65, 77, 78)
IF THE COMPREHENSIVE FOLLOW-UP OPHTHALMOLOGIC SERVICE PROCEDURE CODES 92012 AND 92014 ARE BILLED MORE THAN ONCE IN A 12 MONTH PERIOD, CUMMULATIVELY, FOR THE SAME MEMBER BY THE SAME PROVIDER, THE CLAIM WILL FAIL ESC 6078.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER NOTE – PER CO 10199 AUDIT 6078 WAS END DATED FOR DATES OF SERVICE 01/01/2008 AND AFTER.	
PROCEDURES MONITORED:	92012	92014
ESC EOB:	0644 – MEMBERS ARE LIMITED TO ONE OPHTHALMOLOGICAL EXAMINATION PER PROVIDER PER 12 MONTHS.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6078, VERIFY DATE OF SERVICE, PROCEDURE CODE, MEMBER ID AND PROVIDER NUMBER WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY INDICATES A PAID CLAIM FOR WHICH THE DATE OF SERVICE FOR THE CURRENT CLAIM IS PRIOR TO THE BEGINNING OF THE CALENDAR MONTH IN WHICH THE 365TH DAY FALLS (I.E., HISTORY 02/15/90, CURRENT 01/31/91), DENY CURRENT CLAIM.	
	IF RELATED HISTORY INDICATES A PAID CLAIM FOR WHICH THE DATE OF SERVICE FOR THE CURRENT CLAIM IS AFTER THE BEGINNING OF THE CALENDAR MONTH IN WHICH THE 365TH DAY FALLS (I.E., HISTORY 02/15/90, CURRENT 02/01/91), OVERRIDE THE ESC.	
	IF THERE IS NO PAID DATE OR PAID AMOUNT FOR THE RELATED HISTORY CLAIM, CHECK THE CURRENT CLAIM DATE OF SERVICE. IF THE CURRENT CLAIM HAS AN EARLIER DATE OF SERVICE THAN THE HISTORY CLAIM, OVERRIDE THE ESC. IF THE RELATED HISTORY CLAIM HAS THE EARLIER DATE OF SERVICE, DENY THE CURRENT CLAIM.	

DMS LAST APPROVED: 08/25/2008	
	IF BOTH THE ABOVE PROCEDURES ARE BILLED ON THE SAME CLAIM, OVERRIDE THE DETAIL WITH THE EARLIER DATE OF SERVICE AND DENY REMAINING DETAILS.

2.243 6079 (FORMER LEGACY AUDIT 645)

DMS LAST APPROVED: 02/25/04		
ESC 6079 (FORMER LEGACY AUDIT 645 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
NEW PATIENT HOME MEDICAL SERVICES ARE LIMITED TO ONE PER MEMBER PER PHYSICIAN PER 12 MONTHS	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: LIMIT	**C/T:**	H (PT 34, 42), M (PT 13, 17, 22, 30, 32, 33, 37, 43, 50, 52, 64, 65, 70, 71, 72, 74, 77, 78, 85, 86, 90)
IF A PROVIDER BILLS FOR NEW PATIENT HOME MEDICAL SERVICES MORE THAN ONCE IN A 12 MONTH PERIOD, THE CLAIMS WILL FAIL ESC 6079.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER	
PROCEDURES MONITORED:	90100 90110	90115 90117 99201 - 99205
ESC EOB:	0645 – NEW PATIENT HOME MEDICAL SERVICES LIMITED TO ONE PER MEMBER, PER PROVIDER, PER 12 MONTHS.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC, VERIFY DATE OF SERVICE, PROCEDURE CODE, MEMBER ID AND PROVIDER NUMBER HAVE BEEN KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY SHOWS A PAID CLAIM FOR WHICH THE DATE OF SERVICE FOR THE CURRENT CLAIM IS PRIOR TO THE BEGINNING OF THE CALENDAR MONTH IN WHICH THE 365TH DAY FALLS (I.E., HISTORY 02/15/90, CURRENT 01/31/91), DENY CURRENT CLAIM.	
	IF RELATED HISTORY SHOWS A PAID CLAIM FOR WHICH THE DATE OF SERVICE FOR THE CURRENT CLAIM IS AFTER THE BEGINNING OF THE CALENDAR MONTH IN WHICH THE 365TH DAY FALLS (I.E., HISTORY 02/15/90, CURRENT 2/01/91), OVERRIDE THE ESC.	
	IF TWO OF MORE OF THE ABOVE MONITORED PROCEDURES ARE BILLED ON THE SAME CLAIM OVERRIDE THE DETAIL WITH THE EARLIER DATE OF SERVICE AND DENY REMAINING DETAILS.	

DMS LAST APPROVED: 02/25/04	
	IF THERE IS NO PAID DATE OR PAID AMOUNT FOR THE RELATED HISTORY CLAIM, CHECK THE CURRENT CLAIM DATE OF SERVICE. IF THE CURRENT CLAIM HAS AN EARLIER DATE OF SERVICE THAN THE HISTORY CLAIM, OVERRIDE THE ESC. IF THE RELATED HISTORY CLAIM HAS THE EARLIER DATE OF SERVICE, DENY THE CURRENT CLAIM.
	PER DMS REQUEST ESC END DATED 01/02/04. (DCR 00951)

2.244 6080 (FORMER LEGACY AUDIT 646)

DMS LAST APPROVED: 06/09/08		
ESC 6080 (FORMER LEGACY AUDIT 646 LIMITATION)	TYPE OF DOCUMENT:	ALL EXCEPT MASS ADJUSTMENT
ESTABLISHED PATIENT MEDICAL SERVICES ARE LIMITED TO ONE PER MEMBER PER PHYSICIAN PER 12 MONTHS	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE
ESC TYPE: LIMIT	**C/T:**	M (PT 22, 77, 78, 85)
IF A PROVIDER BILLS FOR ESTABLISHED PATIENT MEDICAL SERVICES MORE THAN ONCE IN A 12 MONTH PERIOD, THE CLAIMS WILL FAIL ESC 6080.		
NOTE - **FOR CLAIMS WITH DOS AFTER 5/18/99 ESC 646 IS NOT SET IF ONE OF THE CHEMOTHERAPY CODES BELOW IS BILLED FOR THE SAME DATE OF SERVICE AND THE DATE OF SERVICE IS NOT BEYOND THE MONTH OF THE MEMBER'S 19TH BIRTHDAY. CHEMOTHERAPY CODES: 96400 - 96450, 96542** ***WITH DCR01126 THE AGE CRITERIA CHANGED FROM 'THRU THE MEMBER'S 18TH BIRTH MONTH' TO 'THRU THE MEMBER'S 19TH BIRTH MONTH'.**		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME 1ST THREE DIGITS OF DIAGNOSIS CODE (FOR DOS AFTER 05/18/99) – BASED ON DIAGNOSIS INDICATOR **Note** – THIS AUDIT WAS END-DATED EFFECTIVE 12/31/2007 AND REPLACED BY AUDITS 6753, 6205, 6210, AND 6211 PER CO# 9744 AND 10200	
	NOTE: WHEN PROCEDURE CODES 99214 AND 99215 ARE BILLED BY PT 64/65, ALLOW ONE PER YEAR AT RATE ON PROCEDURE RATE FILE, REDUCE OTHERS BILLED IN A 12-MONTH PERIOD TO $27.06. (PHYSICIAN ASSISTANT CLAIMS WILL BE REDUCED BY 75%) -DCR 00951 WHEN PROCEDURE CODES 99349 AND 00350 ARE BILLED BY PT 64/65, ALLOW ONE PER YEAR AT RATE ON PROCEDURE RATE FILE, REDUCE OTHERS BILLED IN A 12-MONTH PERIOD TO $50.90. (PHYSICIAN ASSISTANT CLAIMS WILL BE REDUCED BY 75%) -DCR 00951	
PROCEDURES MONITORED	99214 99215 **NOTE:** EFFECTIVE 01/02/04 PROCEDURE CODES 99204 AND 99205 ARE NO LONGER MONITORED PROCEDURES. (DCR 00951)	99349 99350

DMS LAST APPROVED: 06/09/08	
ESC EOB:	0646 – FAMILY AND/OR GROUP PSYCHOTHERAPY LMTD TO ONE PER DATE OF SERVICE.
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC, VERIFY THE DATE OF SERVICE, PROCEDURE, MEMBER ID AND PROVIDER NUMBER WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.
	IF RELATED HISTORY INDICATES A PAID CLAIM FOR WHICH THE DATE OF SERVICE FOR THE CURRENT CLAIM IS PRIOR TO THE BEGINNING OF THE CALENDAR MONTH IN WHICH THE 365TH DAY FALLS (I.E., HISTORY 02/15/90, CURRENT 01/31/91), DENY THE ESC.
	IF RELATED HISTORY INDICATES A PAID CLAIM FOR WHICH THE DATE OF SERVICE FOR THE CURRENT CLAIM IS AFTER THE BEGINNING OF THE CALENDAR MONTH IN WHICH THE 365TH DAY FALLS (I.E., HISTORY 2/15/90, CURRENT 2/1/91), OVERRIDE THE ESC.
	IF TWO OR MORE OF THE ABOVE MONITORED PROCEDURES ARE BILLED ON THE SAME CLAIM, OVERRIDE THE DETAIL WITH THE EARLIER DATE OF SERVICE AND DENY REMAINING DETAILS
	IF THERE IS NO PAID DATE AMOUNT FOR THE RELATED HISTORY CLAIM, CHECK THE CURRENT CLAIM DATE OF SERVICE. IF THE CURRENT CLAIM HAS AN EARLIER DATE OF SERVICE THAN THE HISTORY CLAIM, OVERRIDE THE ESC. IF THE RELATED HISTORY CLAIM HAS THE EARLIER DATE OF SERVICE, DENY THE CURRENT CLAIM.
	FOR CLAIM TYPE M, PROVIDER TYPE 22, IF RELATED HISTORY HAS PAID ONE OF THE MONITORED PROCEDURES, REVIEW THE CURRENT CLAIM FOR DOCUMENTATION. IF DOCUMENTATION INDICATES THE PROCEDURE WAS PROVIDED FOR A DIFFERENT PURPOSE (NOT PROCEDURE) I.E., ONE CLAIM INDICATES CARDIOLOGY EXAM AND THE OTHER INDICATES ORTHOPEDIC EXAM, OVERRIDE THE ESC.
	IF NO DOCUMENTATION IS ATTACHED, DENY THE ESC. (IF NO DOCUMENTATION, AND CLAIM IS FAILING CURRENT TO CURRENT FOLLOW PROCEDURE OUTLINED IN STEP 4.)

2.245 6081 (FORMER LEGACY AUDIT 679)

DMS LAST APPROVED: 12/19/03		
ESC 6081 (FORMER LEGACY AUDIT 679 LIMITATION)	TYPE OF DOCUMENT:	ALL EXCEPT MASS ADJUSTMENT
ONLY ONE HANDS PROCEDURE CODE PER MEMBER PER DATE OF SERVICE	CLAIM FIELD LABEL:	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 15)
IF MORE THAN ONE HANDS PROCEDURE CODE IS BILLED FOR THE SAME MEMBER FOR THE SAME DATE OF SERVICE, CLAIM WILL FAIL ESC 6081.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	T1023 S9444 S9445	XH100 99347 99348
ESC EOB:	0679 –ONLY ONE HANDS PROCEDURE CODE ALLOWED PER MEMBER PER DATE OF SERVICE.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROCEDURE CODE, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF DATA IS KEYED CORRECTLY, DENY THE DETAIL WITH EOB 0679.	

2.246 6082 (FORMER LEGACY AUDIT 686)

DMS LAST APPROVED: 05/08/98		
ESC 6082 (FORMER LEGACY AUDIT 686 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
LIMIT 5 CONSECUTIVE HOSPICE RESPITE CARE DAYS	**CLAIM FIELD LABEL:**	MEMBER ID,DOS, REVENUE CODE
ESC TYPE: LIMIT	**C/T:**	H (PT 44)
IF A PROVIDER BILLS MORE THAN 5 CONSECUTIVE DAYS OF RESPITE CARE FOR HOSPICE, THE CLAIM WILL FAIL THE ESC 6082.		
ESC CRITERIA:	SAME MEMBER	
PROCEDURES MONITORED:	655 – HOSPICE RESPITE CARE 1 UNIT = 1 DAY 658 – HOSPICE RESPITE CO-PAY 1 UNIT = 1 DAY	
ESC EOB:	0686 –HOSPICE RESPITE SERVICES ARE LIMITED TO FIVE CONSECUTIVE DAYS PER MEMBER.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS THE ESC, VERIFY THE MEMBER ID, PROVIDER NUMBER, DATE OF SERVICE, AND REVENUE CODE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT THE FIELDS IN ERROR BY CHANGING THE APPROPRIATE FIELDS.	
	THIS ESC IS SET TO AUTO-DENY.	

2.247 6083 (FORMER LEGACY AUDIT 690)

DMS LAST APPROVED: 12/19/03		
ESC 6083 (FORMER LEGACY AUDIT 690 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
TARGET CASE MANAGEMENT SERVICES LIMITED TO 1 PER CALENDAR MONTH	**CLAIM FIELD LABEL:**	MEMBER, PROCEDURE, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 27, 28)
IF A MEMBER RECEIVES MORE THAN ONE UNIT OF TARGETED CASE MANAGEMENT SERVICES PER CALENDAR MONTH THE DETAIL WILL FAIL ESC 6083.		
ESC CRITERIA:	SAME MEMBER SAME CALENDAR MONTH	
PROCEDURES MONITORED:	T2022	X0064
ESC EOB:	0690 – TARGETED CASE MANAGEMENT SERVICES ARE LIMITED TO 1 PER CALENDAR MONTH, PER MEMBER.	
PROCESSING INSTRUCTIONS:	VERIFY THE DATES OF SERVICE, PROCEDURE CODE, PROVIDER NUMBER, AND MEMBER ID WERE KEYED CORRECTLY. IF DATES WERE KEYED INCORRECTLY, CORRECT THE FIELD IN ERROR.	
	THIS ESC IS SET TO AUTO-DENY.	

2.248 6084 (FORMER LEGACY AUDIT 692)

DMS LAST APPROVED: 02/27/04		
ESC 6084 (FORMER LEGACY AUDIT 692 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
RESPITE PAYMENTS FOR HCBS LIMITED TO AN CUMULATIVE TOTAL $1,000 PER 6 MONTHS PER MEMBER THROUGH DOS 12/31/96 EFFECTIVE WITH DOS 01/01/97 LIMITED TO $2,000 PER 6 MONTHS PER MEMBER.	**CLAIM FIELD LABEL:**	MEMBER ID, REVENUE CODE, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 17, 30, 32, 33, 37, 43, 71, 72, 74, 78, 86, 90)
IF A MEMBER RECEIVES RESPITE SERVICES IN EXCESS OF THE DOLLAR AMOUNT PER 6 MONTHS, THE CLAIM BILLING THE EXCESS WILL FAIL ESC 6084.		
ESC CRITERIA:	**<u>FOR DATES OF SERVICE PRIOR TO 01/01/97:</u>** SAME MEMBER ACCUMULATIVE TOTAL OF $1,000 PER 6 MONTHS **<u>FOR DATES OF SERVICE 01/01/97 AND AFTER:</u>** SAME MEMBER ACCUMULATIVE TOTAL OF $2,000 PER 6 MONTHS	
PROCEDURES MONITORED:	**<u>FOR DATES OF SERVICE AFTER 10/15/03</u>** T1005 – RESPITE CARE 660 –RESPITE CARE **<u>FOR DATES OF SERVICE PRIOR TO 1/1/97:</u>** 660 – RESPITE CARE **<u>FOR DATES OF SERVICE AFTER 1/1/97:</u>** 660 - RESPITE CARE ZR660 - RESPITE CARE	
ESC EOB:	0621 – DETAIL DENIED. MAXIMUM DOLLAR AMOUNT FOR COMMUNITY BASED SERVICES RESPITE SERVICE HAS BEEN EXCEEDED.	

DMS LAST APPROVED: 02/27/04	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC, VERIFY THE MEMBER ID, DOS AND REVENUE CODE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR. IF THE DATA WAS KEYED CORRECTLY, DENY WITH EOB 621.
	NOTE: EFFECTIVE 01/21/04 THIS NO LONGER APPLIES TO PROVIDER TYPE 33 – DCR 00996

2.249 6085 (FORMER LEGACY AUDIT 693)

DMS LAST APPROVED: 12/19/03		
ESC 6085 (FORMER LEGACY AUDIT 693 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
ORTHODONTIC EXAM LIMITED TO ONE PER 12 MONTHS	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, DOS, UNITS OF SERVICE
ESC TYPE: LIMIT	**C/T:**	D, M (PT 22, 31, 35)
IF A PROVIDER BILLS FOR MORE THAN ONE COMPREHENSIVE ORTHODONTIC EXAM PER 12 MONTHS FOR A MEMBER, THE CLAIM EXCEEDING THE LIMIT FAIL ESC 6085.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER	
PROCEDURES MONITORED:	D8660	08660
ESC EOB:	0693 – COMPREHENSIVE ORTHODONTIC EXAM LIMITED TO ONE PER MEMBER PER 12 MONTHS.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 693, VERIFY THE MEMBER ID, PROCEDURE CODE, DATES OF SERVICE, AND UNITS HAVE BEEN KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY INDICATES PAYMENT FOR THE MONITORED PROCEDURE WITHIN THE PAST 12 MONTHS, DENY THE CURRENT CLAIM.	
	IF DATE OF SERVICE ON CURRENT CLAIM IS EXACTLY ONE YEAR FROM A RELATED HISTORY CLAIM (I.E., 05/01/85 AND 05/01/86), OVERRIDE THE ESC.	
	IF RELATED HISTORY DOES NOT INDICATE PAYMENT FOR 08660 WITHIN 12 MONTHS OF THE CURRENT CLAIM DATE OF SERVICE, OVERRIDE THE ESC.	

2.250 6086 (FORMER LEGACY AUDIT 701)

DMS LAST APPROVED: 04/01/96		
ESC 6086 (FORMER LEGACY AUDIT 701 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PRTF CLAIMS LIMITED TO 14 BED COMBINATION PER CALENDAR YEAR PER MEMBER	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, REVENUE CODE, DOS
ESC TYPE: LIMIT	**C/T:**	I (PT 04)
IF PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY (PRTF) CLAIMS(AT THE HEADER) EXCEED THE 14 UNIT LIMITATION FOR BED RESERVE/MENTAL HOSPITAL AND BED RESERVE/ACUTE PSYCHIATRIC BED REVENUE CODES, CLAIM WILL FAIL ESC 6086. **NOTE**: THE 14 UNIT LIMITATION IS BASED ON COMBINED UNITS FOR BOTH REVENUE CODES.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME CALENDAR YEAR	
PROCEDURES MONITORED:	180 183	
ESC EOB:	0701 – BED RESERVE REVENUE CODES FOR MENTAL HOSPITAL AND ACUTE PSYCHIATRIC BED ARE LIMITED TO COMBINATION OF 14 UNITS PER CALENDAR YEAR, PER MEMBER, PER PROVIDER.	
PROCESSING INSTRUCTIONS:	VERIFY THAT THE PROVIDER NUMBER, MEMBER ID, DATES OF SERVICE, REVENUE CODES AND UNITS WERE KEYED CORRECTLY. IF NOT, CORRECT.	
	IF ENTERED CORRECTLY, DENY THE ESC.	
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT-NON-PAPER CLAIMS	

2.251 6087 (FORMER LEGACY AUDIT 705)

DMS LAST APPROVED: 04/01/96		
ESC 6087 (FORMER LEGACY AUDIT 705 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
NEW PATIENT OPHTHALMOLOGICAL SERVICES LIMITED TO ONE PER MEMBER, PER PROVIDER, PER 36 MONTHS/THREE YEARS	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 13, 15, 20, 21, 22, 23, 24, 29, 52, 64, 65, 77, 78)
IF A PROVIDER BILLS FOR NEW PATIENT OPHTHALMOLOGIC SERVICES MORE THAN ONCE IN A 36 MONTH/THREE YEAR PERIOD, THE CLAIM WILL FAIL ESC 6087.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER	
PROCEDURES MONITORED:	92002 92004	
ESC EOB:	0705 – NEW PATIENT OPHTHALMOLOGICAL SERVICES LIMITED TO ONE PER MEMBER, PER PROVIDER, PER 36 MONTHS/THREE YEARS.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC, VERIFY DATE OF SERVICE, PROCEDURE CODE, MEMBER ID, AND PROVIDER NUMBER HAVE BEEN KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY INDICATES A PAID CLAIM FOR WHICH THE DATE OF SERVICE FOR THE CURRENT CLAIM IS PRIOR TO THE BEGINNING OF THE CALENDAR MONTH IN WHICH THE 1095TH DAY FALLS (I.E., HISTORY 02/15/91, CURRENT 01/31/94), DENY THE CURRENT DETAIL.	
	IF RELATED HISTORY INDICATES A PAID CLAIM FOR WHICH THE DATE OF SERVICE FOR THE CURRENT CLAIM IS AFTER THE BEGINNING OF THE CALENDAR MONTH IN WHICH THE 1095TH DAY FALLS (I.E., HISTORY 2/15/91, CURRENT 2/1/94), OVERRIDE THE CURRENT DETAIL.	
	IF BOTH OF THE ABOVE MONITORED PROCEDURES ARE BILLED ON THE SAME CLAIM, OVERRIDE THE DETAIL WITH THE EARLIER DATE OF SERVICE AND DENY THE REMAINING DETAILS.	
	IF THERE IS NO PAID DATE OR PAID AMOUNT FOR THE RELATED HISTORY CLAIM, CHECK THE CURRENT CLAIM DATE OF SERVICE.	

DMS LAST APPROVED: 04/01/96	
	IF THE CURRENT CLAIM HAS AN EARLIER DATE OF SERVICE THAN THE HISTORY CLAIM, OVERRIDE THE ESC. IF THE RELATED HISTORY CLAIM HAS THE EARLIER DATE OF SERVICE DENY THE CURRENT CLAIM.

2.252 6088 (FORMER LEGACY AUDIT 713)

DMS LAST APPROVED: 04/01/96		
ESC 6088 (FORMER LEGACY AUDIT 713 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
CIRCUMCISION IS LIMITED TO 1 PER MEMBER PER DATE OF SERVICE	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 13, 20, 31, 35, 64, 65, 78)
IF MORE THAN ONE CIRCUMCISION PROCEDURE CODE IS BILLED FOR THE SAME MEMBER FOR THE SAME DATE OF SERVICE, THE CLAIM WILL FAIL FOR ESC 6088.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	54150 54160	
ESC EOB:	0713 – DELIVERY, ROUTINE NEWBORN CARE, AND CIRCUMCISION LIMITED TO ONE EACH PER MEMBER PER DATE OF SERVICE.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6088, VERIFY THAT THE MEMBER ID AND PROCEDURE CODES WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY INDICATES THAT ONE OF THE MONITORED CODES HAS BEEN PAID FOR THE SAME DATE OF SERVICE, DENY THE CURRENT CLAIM.	
	IF MORE THAN ONE PROVIDER BILLS THE MONITORED PROCEDURES ON THE SAME DATE OF SERVICE IN THE SAME CYCLE OVERRIDE THE PROVIDER WITH THE OLDEST JULIAN DATE AND DENY ALL OTHER PROVIDERS.	
	IF THE PROCEDURE IS BILLED MORE THAN ONCE ON THE SAME CLAIM, ALLOW PAYMENT FOR THE FIRST PROCEDURE AND DENY THE SECOND UNLESS THE CLAIM INDICATED TWIN A AND TWIN B OR MULTIPLE BIRTHS. IF TWINS OR MULTIPLE BIRTHS, OVERRIDE THE DETAILS.	
	IF THE MONITORED PROCEDURE IS BILLED WITH A T.O.S. OF 8 OR AN 80 MODIFIER, OVERRIDE THE CLAIM.	

2.253 6089 (FORMER LEGACY AUDIT 718)

DMS LAST APPROVED: 12/19/03		
ESC 6089 (FORMER LEGACY AUDIT 718 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
X0076 OR T2022 LIMITED TO 1 UNIT PER CALENDAR MONTH	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, DOS, UNITS OF SERVICE
ESC TYPE: LIMIT	**C/T:**	M (PT 17, 33)
IF AN SCL OR BRAIN INJURY PROVIDER BILLS MORE THAN ONE UNIT OF PROCEDURE CODE X0076 OR T2022 DURING ONE CALENDAR MONTH, CLAIM WILL FAIL ESC 6089		
ESC CRITERIA:	SAME MEMBER SAME CALENDAR MONTH NOTE – MICHELLE P WAIVER MEMBERS ARE EXCLUDED FROM THIS AUDIT (CO# 11683) NOTE-FOR DATES OF SERVICE PRIOR TO 04/01/02 THE ESC CRITERIA WAS SAME PROVIDER, SAME RECIPENT, AND SAME CALENDAR MONTH. PER DCR 484, THE ESC CRITERIA WAS CHANGED TO SAME MEMBER, SAME CALENDAR MONTH.	
PROCEDURES MONITORED:	T2022	X0076
ESC EOB:	0718 –PROCEDURE CODE X0076/T2022 LIMITED TO ONE UNIT OF SERVICE PER MEMBER, PER CALENDAR MONTH.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, DATES OF SERVICE, UNITS, AND PROCEDURE CODE ARE KEYED CORRECTLY. IF NOT, CORRECT THE FIELD IN ERROR.	

2.254 6090 (FORMER LEGACY AUDIT 720)

DMS LAST APPROVED: 02/25/04		
ESC 6090 (FORMER LEGACY AUDIT 720 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
ANESTHESIA IS LIMITED TO 1 PER MEMBER PER DATE OF SERVICE	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, MODIFIER, DOS, TYPE OF SERVICE
ESC TYPE: LIMIT	**C/T:**	M (PT 13, 31, 35, 64, 65, 78)
IF MORE THAN ONE DELIVERY PROCEDURE CODE IS BILLED FOR THE SAME MEMBER FOR THE SAME DATE OF SERVICE, THE CLAIM WILL FAIL FOR ESC 6090.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME DATE OF SERVICE TYPE OF SERVICE 7 OR B MODIFIER AG	
PROCEDURES MONITORED:	59410 59515	
ESC EOB:	0713 – ERROR DISPOSITION UPDATE REQUIRED	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC, VERIFY THAT THE MEMBER ID, PROCEDURE CODES, AND TYPE OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	THIS ESC IS SET TO AUTO-DENY.	
	THIS ESC END-DATED EFFECTIVE 01/02/04 PER DMS REQUEST (DCR 00951)	

2.255 6091 (FORMER LEGACY AUDIT 721)

DMS LAST APPROVED: 12/19/03		
ESC 6091 (FORMER LEGACY AUDIT 721 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
CIRCUMCISION ANESTHESIA LIMITED TO 1 PER MEMBER PER DATE OF SERVICE	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS, MODIFIER, TYPE OF SERVICE
ESC TYPE: LIMIT	**C/T:**	M (PT 13, 31, 35, 64, 65, 78)
IF MORE THAN ONE CIRCUMCISION PROCEDURE CODE IS BILLED FOR THE SAME MEMBER FOR THE SAME DATE OF SERVICE, THE CLAIM WILL FAIL FOR ESC 6091.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME DATE OF SERVICE TYPE OF SERVICE 7 OR B MODIFIER AG	
PROCEDURES MONITORED:	54150 54160	
ESC EOB:	0713 – DELIVERY, ROUTINE NEWBORN CARE, AND CIRCUMCISION LIMITED TO ONE EACH PER MEMBER PER DATE OF SERVICE.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 0, VERIFY THAT THE MEMBER ID, PROCEDURE CODES, AND TYPE OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	THIS ESC IS SET TO AUTO-DENY.	
	ESC END DATED AS OF 10/15/03 FOR HIPAA IMPLEMENTATION	

2.256 6092 (FORMER LEGACY AUDIT 724)

DMS LAST APPROVED: 07/19/2011		
ESC 6092 (FORMER LEGACY AUDIT 724 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
HOME MODIFICATIONS LIMITED TO $1,000.00 PER 6 MONTHS	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS,
ESC TYPE: LIMIT	**C/T:**	M (PT 17)
IF $1000.00 IN PAYMENTS FOR PROCEDURE CODE X0095 AND S5165 IS EXCEEDED DURING A SIX MONTH PERIOD, CLAIM WILL FAIL ESC 6092.		
ESC CRITERIA:	SAME MEMBER NUMBER SAME PROVIDER DATE OF SERVICE WITHIN 6 MONTHS **NOTE** – PER CO 13870 THIS AUDIT WAS END-DATED EFFECTIVE 07/19/2010. **NOTE** – MFP MEMBERS ARE EXCLUDED FROM THIS AUDIT (CO 15099)	
PROCEDURES MONITORED:	X0095	S5165
ESC EOB:	0724 – CLAIM DETAIL DENIED. HOME MODIFICATIONS ARE LIMITED TO $1000.00 IN PAYMENTS PER SIX MONTHS.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROCEDURE CODE, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF THE CLAIM WAS KEYED CORRECTLY, DENY WITH EOB 724.	

2.257 6093 (FORMER LEGACY AUDIT 726)

DMS LAST APPROVED: 10/31/06		
ESC 6093 (FORMER LEGACY AUDIT 726 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
ONE (1) CEPHALOMETRIC X-RAY IS PAYABLE PER MEMBER, PER PROVIDER EVERY TWO YEARS	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS, UNITS OF SERVICE
ESC TYPE: LIMIT	**C/T:**	D, M (PT 22, 31, 35)
IF A PROVIDER BILLS MORE THAN ONE CEPHALOMETRIC X-RAY EVERY TWO YEARS PER MEMBER, THE CLAIM WILL FAIL ESC 6093.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER **<u>EXCEPTIONS</u>** EFFECTIVE DOS 9/30/06 AND AFTER, FOR P/T 31, 35, 60, AND 61 X-RAYS BILLED WITH THE FOLLOWING PROCEDURE CODES ON SAME DOS ARE EXCLUDED PER CO911: D0140, D3310, D3320, D3330, D3410, D3421, D3425, D3426, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7260, D7280, D7410, D7510, D7910, D9110	
PROCEDURES MONITORED:	D0340	00340
ESC EOB:	0726 – ERROR DISPOSITION UPDATE REQUIRED	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 0, VERIFY THAT THE MEMBER ID, PROVIDER NUMBER, PROCEDURE CODE, UNITS, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY INDICATES ONE OF THE MONITORED PROCEDURES HAS BEEN PAID ON THE SAME DATE OF SERVICE AS ONE OF THE EXCLUDED PROCEDURE CODES DO NOT COUNT TOWARD ESC LIMIT.	
	IF RELATED HISTORY INDICATES A MONITORED PROCEDURE WITHOUT AN EXCLUDED PROCEDURE CODE ON SAME DATE OF SERVICE HAS BEEN PAID WITHIN TWO YEARS FROM CURRENT CLAIM DATE OF SERVICE, DENY THE CURRENT CLAIM/DETAIL.	
	IF RELATED HISTORY DOES NOT INDICATE PAYMENT FOR A MONITORED PROCEDURE FOR THE CURRENT CLAIM, MEMBER AND PROVIDER, OVERRIDE THE ESC.	

DMS LAST APPROVED: 10/31/06	
	IF DATE OF SERVICE OF THE CURRENT CLAIM IS EXACTLY TWO YEARS FROM THE HISTORY CLAIM DATE OF SERVICE (EXAMPLE 05/01/83 AND 05/01/85), OVERRIDE THE ESC.

2.258 6094 (FORMER LEGACY AUDIT 729)

DMS LAST APPROVED: 12/19/03		
ESC 6094 (FORMER LEGACY AUDIT 729 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PIN RETENTION THERAPY LIMITED TO 2 PER TOOTH, PER MEMBER, PER LIFETIME	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, TOOTH NUMBER, UNITS OF SERVICE
ESC TYPE: LIMIT	**C/T:**	D, M (PT 22, 31, 35)
IF A MEMBER RECEIVES MORE THAN TWO PIN RETENTION THERAPY TREATMENTS PER TOOTH WITHIN THEIR LIFETIME, THE CLAIM WILL FAIL ESC 6094.		
ESC CRITERIA:	SAME MEMBER SAME TOOTH NUMBER MEMBER'S LIFETIME	
PROCEDURES MONITORED:	D2951	02951
ESC EOB:	0729 – PIN RETENTION THERAPY TREATMENT IS LIMITED TO TWO PER MEMBER PER TOOTH PER LIFETIME.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC, VERIFY THE MEMBER ID, TOOTH NUMBER, PROCEDURE CODE, AND UNITS WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF KEYED CORRECTLY, DENY THE ESC.	
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - NON-PAPER CLAIMS	

2.259 6095 (FORMER LEGACY AUDIT 730)

DMS LAST APPROVED: 12/19/03		
ESC 6095 (FORMER LEGACY AUDIT 730 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE CODES 07880/D7880 LIMITED TO ONE PER LIFETIME PER MEMBER	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, UNITS OF SERVICE
ESC TYPE: LIMIT	**C/T:**	D, M (PT 31, 35)
PROCEDURE CODE 07880 OR D7880 IS LIMITED TO ONE PER MEMBER, PER LIFETIME, THE DETAIL EXCEEDING THE LIMIT WILL FAIL ESC 6095.		
ESC CRITERIA:	SAME MEMBER	
PROCEDURES MONITORED:	D7880	07880
ESC EOB:	0730 – PROCEDURE CODES 07880/D7880 LIMITED TO ONE PER LIFETIME PER MEMBER.	
PROCESSING INSTRUCTIONS:	VERIFY THAT THE MEMBER ID, PROCEDURE CODE, AND UNITS WERE KEYED CORRECTLY. IF NOT, CORRECT THE FIELD IN ERROR.	
	IF KEYED CORRECTLY, DENY THE ESC.	
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - NON-PAPER CLAIMS.	

2.260 6096 (FORMER LEGACY AUDIT 731)

DMS LAST APPROVED: 11/14/2008		
ESC 6096 (FORMER LEGACY AUDIT 731 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
ONE COMPLETE RELINE OF LOWER DENTURE PER 12 MONTH PERIOD	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, DOS
ESC TYPE: LIMIT	**C/T:**	B (PT 31, 35), D (PT 31, 35, 60, 61), M (PT 22)
IF A MEMBER RECEIVES MORE THAN ONE COMPLETE LOWER DENTURE RELINE PER 12 MONTHS, THE CLAIM EXCEEDING THE LIMIT WILL FAIL ESC 6096.		
ESC CRITERIA:	SAME MEMBER MEMBER UNDER AGE 21	
PROCEDURES MONITORED:	D5751	05751
ESC EOB:	0731 – MEMBERS ARE LIMITED TO ONE RELINING OF THE LOWER DENTURE PER 12 MONTHS	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC, VERIFY THE MEMBER ID, MEMBER BIRTHDATE, PROCEDURE CODE AND DATE OF SERVICE HAVE BEEN KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF CURRENT CLAIM/DETAIL IS FOR PROCEDURE 05751 OR D5751 AND RELATED HISTORY INDICATES PAYMENT FOR 05751 OR D5751 WITHIN 12 MONTHS OF THE CURRENT CLAIM DATE OF SERVICE, DENY THE CURRENT CLAIM WITH EOB 0731.	
	IF RELATED HISTORY DOES NOT INDICATE PAYMENT FOR MONITORED PROCEDURES WITHIN 12 MONTHS OF THE CURRENT CLAIM DATE OF SERVICE, OVERRIDE THE ESC. EXAMPLES: IF 05751 OR D5751 IS THE ONLY MONITORED PROCEDURE IN RELATED HISTORY WITHIN 12 MONTHS AND CURRENT CLAIM IS FOR 05751 OR D5751, OVERRIDE CURRENT CLAIM. IF 05751 OR D5751 IS THE ONLY MONITORED PROCEDURE IN RELATED HISTORY WITHIN TWELVE MONTHS AND CURRENT CLAIM IS FOR 05751 OR D5751, OVERRIDE THE CURRENT CLAIM.	
	IF THE CURRENT CLAIM DATE OF SERVICE IS EXACTLY ONE YEAR FROM THE HISTORY CLAIM DATE OF SERVICE (EXAMPLE: 05/01/84 AND 05/01/085), OVERRIDE THE ESC.	

DMS LAST APPROVED: 11/14/2008	
	IF THE MEMBER IS OVER AGE 21 DENY THE CLAIM USING EOB 0257 – OUR RECORDS INDICATE THAT THE MEMBER WAS OVER 21 YEARS OLD ON THE DATE(S) OF SERVICE. IF THE MEMBER TURNS 21 DURING THE MONTH OF THE CURRENT CLAIM/DETAIL DATE OF SERVICE, OVERRIDE THE ESC.
	PLEASE NOTE THAT ESC WAS CREATED AS PART OF HIPAA IMPLEMENTATION. THESE CODES WERE MONITORED BY ESC 06 PRIOR TO HIPAA.

2.261 6097 (FORMER LEGACY AUDIT 742)

DMS LAST APPROVED: 12/19/03		
ESC 6097 (FORMER LEGACY AUDIT 742 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
INTRAORAL COMPLETE SERIES LIMITED 1 UNIT PER 12 MONTHS, PER PROVIDER, PER MEMBER	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: LIMIT	**C/T:**	D, M (PT 31, 35)
IF PROCEDURE 00210 OR D0210 IS BILLED BY THE SAME PROVIDER FOR THE SAME MEMBER MORE THAN ONCE WITHIN A 12-MONTH PERIOD CLAIM FAILS ESC 6097.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER DATE OF SERVICE WITHIN 12 MONTHS OF EACH OTHER	
PROCEDURES MONITORED:	D0210	00210
ESC EOB:	0742 – ERROR DISPOSITION UPDATE REQUIRED	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER NUMBER, PROVIDER NUMBER, DATES OF SERVICE AND PROCEDURE CODE ARE KEYED CORRECT. IF NOT, CORRECT THE FIELD IN ERROR.	
	IF THE CURRENT DETAIL AND THE HISTORY DETAIL (OR OTHER CURRENT DETAIL) HAVE DATES OF SERVICE WHICH ARE EXACTLY ONE YEAR APART (FOR EXAMPLE 11/21/92 AND 11/21/94), OVERRIDE THE ESC.	
	IF DETAILS ON THE SAME CLAIM FAIL AGAINST EACH OTHER (AND NO OTHER CLAIM), OVERRIDE THE ESC FOR THE DETAIL WITH THE EARLIEST DATE OF SERVICE, AND DENY THE REMAINING DETAIL(S).	
	IF TWO (OR MORE) SEPARATE CURRENT CLAIMS FAIL AGAINST EACH OTHER, OVERRIDE THE DETAIL WITH THE EARLIEST DATE OF SERVICE AND DENY THE REMAINING DETAIL(S).	
	IF THE CLAIM IS KEYED CORRECTLY AND STEPS 2, 3, OR 4 DO NOT APPLY, DENY THE ESC.	
	IF THE CLAIM IS KEYED CORRECTLY AND STEPS 2, 3, OR 4 DO NOT APPLY, DENY THE ESC.	

2.262 6098 (FORMER LEGACY AUDIT 743)

DMS LAST APPROVED: 12/19/03		
ESC 6098 (FORMER LEGACY AUDIT 743 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENTS
GINGIVECTOMY LIMITED 1 UNIT PER TOOTH PER 12 MONTHS , PER MEMBER PER PROVIDER	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, TOOTH NUMBER, DOS, UNITS
ESC TYPE: LIMIT	**C/T:**	D
IF PROVIDER BILLS PROCEDURE CODE 04211 OR D4211 MORE THAN ONCE PER 12 MONTHS PER TOOTH, THE CLAIM WILL FAIL ESC 6098.		
ESC CRITERIA:	SAME PROVIDER SAME MEMBER SAME TOOTH NUMBER	
PROCEDURES MONITORED:	D4211	04211
ESC EOB:	0743 - ERROR DISPOSITION UPDATE REQUIRED	
PROCESSING INSTRUCTIONS:	CHECK KEYING OF MEMBER ID, PROCEDURE CODE, TOOTH NUMBER, DATES OF SERVICE, AND UNITS OF SERVICE. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF KEYED CORRECTLY, DENY THE ESC.	

2.263 6099 (FORMER LEGACY AUDIT 749)

DMS LAST APPROVED: 07/19/2011		
ESC 6099 (FORMER LEGACY AUDIT 749 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
RESPITE CARE IS LIMITED TO 168 HOURS PER 6 MONTHS	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS,
ESC TYPE: LIMIT	**C/T:**	M (PT 17)
IF PROCEDURE CODE X0063 OR T1005 IS BILLED IN EXCESS OF 168 HOURS DURING ANY SIX MONTH PERIOD, CLAIM WILL FAIL ESC 6099.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER DATES OF SERVICE WITHIN 6 MONTHS NOTE – ABI LTC MEMBERS ARE EXCLUDED FROM THIS AUDIT **NOTE:** FOR PROCEDURE CODE T1005 1 UNIT EQUALS ¼ HOUR. THE ESC CONVERTS THE UNITS FOR THIS PROCEDURE CODE BY DIVIDING THE UNITS BY 4. **NOTE** – PER CO 13870 THIS AUDIT WAS END-DATED EFFECTIVE 07/19/2010. **NOTE** – MFP MEMBERS ARE EXCLUDED FROM THIS AUDIT (CO 15099)	
PROCEDURES MONITORED:	T1005 X0063	
ESC EOB:	0749 – CLAIM DETAIL DENIED. RESPITE CARE IS LIMITED TO 168 HOURS PER SIX MONTHS.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROCEDURE CODE, UNITS, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF THE CLAIM WAS KEYED CORRECTLY, DENY WITH EOB 0749.	

2.264 6100 (FORMER LEGACY AUDIT 793)

DMS LAST APPROVED: 09/26/01		
ESC 6100 (FORMER LEGACY AUDIT 793 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
ONLY ONE COMPREHENSIVE VISIT ALLOWED EVERY 50 WEEKS.	**CLAIM FIELD LABEL:**	PROCEDURE, PROVIDER, MEMBER ID, DIAGNOSIS, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 31, 35)
IF MORE THAN ONE COMPREHENSIVE OFFICE VISIT IS BILLED DURING A 350 DAY PERIOD FOR THE SAME MEMBER, CLAIM WILL FAIL ESC 6100.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME FIRST DIAGNOSIS (FIRST 3 BYTES) DATES OF SERVICE WITHIN 350 DAYS	
PROCEDURES MONITORED:	99214	
	99215	
ESC EOB:	0793 –ONLY ONE COMPREHENSIVE VISIT ALLOWED EVERY 50 WEEKS.	
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE, PROVIDER NUMBER, MEMBER ID, DIAGNOSIS, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF DATA IS KEYED CORRECTLY, DENY THE DETAIL WITH EOB 0793.	

2.265 6101 (FORMER LEGACY AUDIT 973)

DMS APPROVED 12/21/2004		
ESC 6101 (FORMER LEGACY AUDIT 973 LIMITATION)	TYPE OF DOCUMENT:	NON-PAPER CLAIMS, PAPER CLAIMS, PAPER ADJUSTMENTS
PIN RETENTION THERAPY IS LIMITED TO 1 PER TOOTH, PER DETAIL	**CLAIM FIELD LABEL:**	PROCEDURE, MEMBER ID, TOOTH NUMBER, DOS
ESC TYPE: LIMIT	**C/T:**	D (PT 60)
IF PROCEDURE CODE D2951/02951 IS BILLED FOR THE SAME TOOTH NUMBER FOR MORE THAN ONE UNIT PER DATE OF SERVICE, ESC 6101 WILL FAIL.		
ESC CRITERIA:	SAME MEMBER SAME DATE OF SERVICE SAME TOOTH NUMBER	
PROCEDURES MONITORED:	D2951/02951	
ESC EOB:	973- PIN RETENTION THERAPY IS LIMITED TO ONE TOOTH PER DETAIL.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC, VERIFY THE PROCEDURE CODE, MEMBER ID, DATES OF SERVICE, UNITS AND TOOTH NUMBER HAVE BEEN KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT BY CODING EACH FIELD IN ERROR.	

2.266 6102 (FORMER LEGACY AUDIT 662)

DMS LAST APPROVED: 07/19/2011		
ESC 6102 (FORMER LEGACY AUDIT 662 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
XR500-XR599, 97003 AND 97004 ARE LIMITED TO ONE (1) SERVICE PER SAME DATE OF SERVICE.	**CLAIM FIELD LABEL:**	MEMBER ID, RENDERING PROVIDER, PROCEDURE, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 43)
IF PROVIDER BILLS FOR MORE THAN 1 SERVICE PER SAME DATE OF SERVICE, THE CLAIM EXCEEDING THE LIMIT WILL FAIL ESC 6102.		
ESC CRITERIA:	SAME MEMBER SAME DATE OF SERVICE NOTE – MFP MEMBERS ARE EXCLUDED FROM THIS AUDIT (CO 15099)	
PROCEDURES MONITORED:	XR500 – XR599	
	97003	97004
ESC EOB:	0667 – THE PROCEDURE IS LIMITED TO ONE SERVICE PER MEMBER, PER SAME DATE OF SERVICE	
PROCESSING INSTRUCTIONS:	WHEN A CLAIMS FAILS ESC 6102, VERIFY MEMBER NUMBER, RENDERING PROVIDER NUMBER, AND PROCEDURE CODE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR BY CHANGING THE APPROPRIATE FIELDS.	
	THIS ESC IS SET TO AUTO-DENY.	

2.267 6103 (FORMER LEGACY AUDIT 667)

DMS LAST APPROVED: 07/19/2011		
ESC 6103 (FORMER LEGACY AUDIT 667 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
XR600-XR699, AND 92506 ARE LIMITED TO ONE (1) SERVICE PER SAME DATE OF SERVICE.	**CLAIM FIELD LABEL:**	MEMBER ID, RENDERING PROVIDER, PROCEDURE, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 43)
IF A PROVIDER BILLS FOR MORE THAN 1 SERVICE PER SAME DATE OF SERVICE, THE CLAIM EXCEEDING THE LIMIT WILL FAIL ESC 6103.		
ESC CRITERIA:	SAME MEMBER SAME DATE OF SERVICE NOTE – MFP MEMBERS ARE EXCLUDED FROM THIS AUDIT (CO 15099)	
PROCEDURES MONITORED:	92506	
	XR600 - XR699	
ESC EOB:	0667 - THE PROCEDURE IS LIMITED TO ONE SERVICE PER MEMBER, PER SAME DATE OF SERVICE.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIMS FAILS ESC, VERIFY MEMBER ID, RENDERING PROVIDER NUMBER, AND PROCEDURE CODE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR BY CHANGING THE APPROPRIATE FIELDS.	
	THIS ESC IS SET TO AUTO-DENY.	

2.268 6104 (FORMER LEGACY AUDIT 683)

DMS LAST APPROVED: 05/08/98		
ESC 6104 (FORMER LEGACY AUDIT 683 LIMITATION)	**TYPE OF DOCUMENT:**	NON-PAPER CLAIMS, PAPER CLAIMS, PAPER ADJUSTMENTS
NURSING/RESPITORY THERAPY SERVICES LIMITATION	**CLAIM FIELD LABEL:**	PROCEDURE, COS, MEMBER ID, DOS
ESC TYPE: LIMIT	**C/T:**	O (PT 41) COS 07
IF A MODEL WAIVER 2 PROVIDER BILLS MORE THAN 16 HOURS OF NURSING RESPIRATORY THERAPY SERVICES PER MEMBER, PER DATE OF SERVICE, THE DETAIL EXCEEDING THE LIMIT WILL FAIL ESC 6104.		
ESC CRITERIA:	SAME MEMBER SAME DATES OF SERVICE	
PROCEDURES MONITORED:	410 552 559	
ESC EOB:	0683 – ERROR DISPOSITION UPDATE REQUIRED	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6104, VERIFY THE PROCEDURE CODE, MEMBER NUMBER, DATES OF SERVICE, AND UNITS WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT BY CODING EACH FIELD IN ERROR.	
	THIS ESC IS SET TO AUTO-DENY.	

2.269 6105 (FORMER LEGACY AUDIT 712)

DMS APPROVED 9/14/2004		
ESC 6105 (FORMER LEGACY AUDIT 712 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
ROUTINE NEWBORN CARE IS LIMITED TO 1 PER MEMBER PER DATE OF SERVICE	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE
ESC TYPE: LIMIT	**C/T:**	M (PT 13, 20, 31, 35, 64, 65, 78, 85)
IF MORE THAN 1 ROUTINE NEWBORN CARE PROCEDURE CODE IS BILLED FOR THE SAME MEMBER FOR THE SAME DATE OF SERVICE, THE CLAIM WILL FAIL FOR ESC 6105.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER OR DIFFERENT SAME DATE OF SERVICE	
PROCEDURES MONITORED:	90225 90282	99431
ESC EOB:	0713 – ERROR DISPOSITION UPDATE REQUIRED	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6105, VERIFY THAT THE MEMBER ID AND PROCEDURE CODES WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY INDICATES THAT ONE OF THE MONITORED CODES HAS BEEN PAID FOR THE SAME DATE OF SERVICE, DENY THE CURRENT CLAIM.	
	IF MORE THAN ONE PROVIDER BILLS THE MONITORED PROCEDURES ON THE SAME DATE OF SERVICE IN THE SAME CYCLE OVERRIDE THE PROVIDER WITH THE OLDEST JULIAN DATE AND DENY ALL OTHER PROVIDERS.	
	IF THE PROCEDURE CODES ARE BILLED MORE THAN ONCE ON THE SAME CLAIM, ALLOW PAYMENT FOR THE FIRST PROCEDURE AND DENY THE SECOND UNLESS THE CLAIM INDICATED TWIN A AND B OR MULTIPLE BIRTHS. IF TWINS OR MULTIPLE BIRTHS, OVERRIDE THE DETAILS.	
	IF MONITORED PROCEDURE IS BILLED WITH A TYPE OF SERVICE 8 OR A MODIFIER 80, OVERRIDE THE CLAIM.	
	IF RELATED HISTORY INDICATES THAT ONE OF THE MONITORED CODES HAS BEEN PAID FOR THE SAME DATE OF SERVICE, DENY THE CURRENT CLAIM.	

2.270 6106 (FORMER LEGACY AUDIT 725)

DMS LAST APPROVED: 12/19/03		
ESC 6106 (FORMER LEGACY AUDIT 725 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
INDIVIDUAL PSYCHOTHERAPY IS LIMITED TO 12 UNITS PER DAY	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE
ESC TYPE: LIMIT	**C/T:**	M (PT 30)
WHEN A PROVIDER BILLS MORE THAN 12 UNITS PER DAY FOR PROCEDURE CODES X0150, X0050 AND 90804 THE CLAIM WILL FAIL ESC 6106. NOTE: PROCEDURE CODE 90804 IS EXCUDED IF BILLED WITH MODIFIER UD		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	X0050	X0150
	90804	
ESC EOB:	0725 – ERROR DISPOSITION UPDATE REQUIRED	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 0 VERIFY THE MEMBER ID, THE PROCEDURE CODE, DATE OF SERVICE, AND PROVIDER NUMBER WERE KEYED CORRECTLY. IF DATA WAS KEYED IN ERROR, DATA CORRECT EACH FIELD IN ERROR.	
	THIS ESC IS SET TO AUTO-DENY.	

2.271 6107 (FORMER LEGACY AUDIT 929)

DMS APPROVED 4/22/2004		
ESC 6107 (FORMER LEGACY AUDIT 929 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
ANESTHESIA LIMITED TO 1 PER MEMBER, PER DOS, PER PROVIDER	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: LIMIT	**C/T:**	ALL
IF MORE THAN ONE ANESTHESIA PROCEDURE CODE IS BILLED FOR THE SAME MEMBER FOR THE SAME DATE OF SERVICE FOR THE SAME PROVIDER, THE CLAIM WILL FAIL ESC 6107.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE EXCEPTIONS LINES WITH MODIFIER 23 BYPASS THIS ESC (CO 0892) HISTORY LINES WITH A MODIFIER OF 23 ARE NOT CONSIDERED BY THE ESC (CO 0892)	
PROCEDURES MONITORED:	00100 – 01999 **EXCEPTION** ADD ON PROCEDURE CODES 01953, 01968, AND 01969 ARE EXCLUDED (DCR 01072).	
ESC EOB:	0929 – ANESTHESIA LIMITED TO ONE PER MEMBER PER PROVIDER PER DATE OF SERVICE.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6107, VERIFY THAT THE MEMBER ID, PROCEDURE CODES, AND PROVIDER NUMBER WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF CLAIM IS KEYED CORRECTLY, DENY THE DETAIL.	

2.272 6108 (FORMER LEGACY AUDIT 714)

DMS LAST APPROVED: 09/14/04		
ESC 6108 (FORMER LEGACY AUDIT 714 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
DELIVERIES ARE LIMITED TO 1 PER MEMBER PER DATE OF SERVICE	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 13, 20, 31, 35, 64, 65, 78, 85)
IF MORE THAN 1 DELIVERY PROCEDURE CODE IS BILLED FOR THE SAME MEMBER FOR THE SAME DATE OF SERVICE, THE CLAIM WILL FAIL FOR ESC 6108.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME DATE OF SERVICE FAILS IF MORE THAN ONE OF THE FOLLOWING VAGINAL DELIVERY CODES ARE SUBMITTED FOR THE SAME DOS REGARDLESS OF DIAGNOSIS CODE: 59409, 59410, 59612, 59614 FAILS IF MORE THAN ONE OF THE FOLLOWING C SECTION CODES ARE SUBMITTED FOR THE SAME DOS REGARDLESS OF DIAGNOSIS CODE: 59514, 59515, 59620, 59622 FAILS IF MORE THAN ONE OF THE FOLLOWING CODES THAT INCLUDE OBSTETRICAL CARE ARE SUBMITTED FOR THE SAME DOS REGARDLESS OF DIAGNOSIS CODE: 59410, 59515, 59614, 59622 FAILS IF MORE THAN ONE OF THE FOLLOWING DELIVERY CODES ARE SUBMITTED FOR THE SAME DATE OF SERVICE WITHOUT A DIAGNOSIS CODE OF V272 THRU V277: 59409, 59410, 59612, 59614, 59514, 59515, 59620, 59622 FOR CLAIMS WITH DATES OF SERVICE AFTER 07/30/03 FAILS IF MORE THAN ONE OF THE FOLLOWING DELIVERY CODES ARE SUBMITTED FOR THE SAME DATE OF SERVICE. REGARDLESS OF THE DIAGNOSIS CODE: PER DCR01181 59409, 59410, 59612, 59614, 59514, 59515, 59620, 59622	
PROCEDURES MONITORED:	• 59409 • 59410 • 59414	59612 59614 59620

DMS LAST APPROVED: 09/14/04		
	59415	59622
ESC EOB:	0713 – ONLY ONE DELIVERY ALLOWED PER MEMBER/9 MOS.	
	0713 – DELIVERY, ROUTINE NEWBORN CARE, CIRCUMCISION ARE LIMITED TO ONE EACH PER RECIPI ENT PER DATE OF SERVICE.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 0, VERIFY THAT THE MEMBER ID AND PROCEDURE CODES WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY INDICATES THAT ONE OF THE MONITORED CODES HAS BEEN PAID FOR THE SAME DATE OF SERVICE, DENY THE CURRENT CLAIM.	
	IF MORE THAN ONE PROVIDER BILLS THE MONITORED PROCEDURES ON THE SAME DATE OF SERVICE IN THE SAME CYCLE OVERRIDE THE PROVIDER WITH THE OLDEST JULIAN DATE AND DENY ALL OTHER PROVIDERS.	
	IF THE PROCEDURE IS BILLED MORE THAN ONCE ON THE SAME CLAIM, ALLOW PAYMENT FOR THE FIRST PROCEDURE AND DENY THE SECOND..	
	IF THE MONITORED PROCEDURE IS BILLED WITH A T.O.S. OF 8 OR AN 80 MODIFIER, OVERRIDE THE CLAIM.	

2.273 6109 (FORMER LEGACY AUDIT 651)

DMS LAST APPROVED: 02/11/04		
ESC 6109 (FORMER LEGACY AUDIT 651 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
TARGETED CASE MANAGEMENT SERVICES LIMITATION	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 13, 22, 31, 35, 50, 52, 64, 65, 70, 77, 85)
IF A PROVIDER BILLS MORE THAN ONE TARGETED CASE MANAGEMENT SERVICE PER MEMBER, PER CALENDAR MONTH, THE DETAIL WILL FAIL ESC 6109.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME PROCEDURE SAME CALENDAR MONTH	
PROCEDURES MONITORED:	T2022 (P/T 22, 27, 28) X0064	T2023 (P/T'S 23 & 29) 99199
ESC EOB:	0608 – THIS SERVICE IS LIMITED TO ONE PER MEMBER, PER PROVIDER, PER CALENDAR MONTH.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 651, VERIFY THE DATES OF SERVICE, PROCEDURE CODE, PROVIDER NUMBER, AND MEMBER NUMBER WERE KEYED CORRECTLY. IF THE ABOVE FIELDS WERE NOT KEYED CORRECTLY, DATA CORRECT THE FIELDS IN ERROR BY CHANGING THE APPROPRIATE FIELDS.	
	THIS ESC IS SET TO AUTO-DENY.	

2.274 6110 (FORMER LEGACY AUDIT 661)

DMS LAST APPROVED: 07/19/2011		
ESC 6110 (FORMER LEGACY AUDIT 661 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
XR400-XR499, 97001, 97002 AND 97110 ARE LIMITED TO ONE (1) SERVICE PER SAME DATE OF SERVICE	**CLAIM FIELD LABEL:**	MEMBER ID, RENDERING PROVIDER, PROCEDURE, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 43)
IF A PROVIDER BILLS FOR MORE THAN 1 SERVICE PER SAME DATE OF SERVICE, THE CLAIM EXCEEDING THE LIMIT WILL FAIL ESC 6110.		
ESC CRITERIA:	SAME MEMBER SAME DATE OF SERVICE NOTE – MFP MEMBERS ARE EXCLUDED FROM THIS AUDIT (CO 15099)	
PROCEDURES MONITORED:	XR400 – XR499	
	97001	97002 / 97110
ESC EOB:	0667 – THE PROCEDURE IS LIMITED TO ONE SERVICE PER MEMBER, PER SAME DATE OF SERVICE.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIMS FAILS ESC 61, VERIFY MEMBER ID, RENDERING PROVIDER NUMBER, AND PROCEDURE CODE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR BY CHANGING THE APPROPRIATE FIELDS.	
	THIS ESC IS SET TO AUTO-DENY.	

2.275 6111 (FORMER LEGACY AUDIT 680)

DMS LAST APPROVED: 05/08/98		
ESC 6111 (FORMER LEGACY AUDIT 680 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
FAMILY AND/OR GROUP PSYCHOTHERAPY LIMITATION	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 13, 22, 64, 65. 78. 85)
IF A PROVIDER BILLS FOR FAMILY AND/OR GROUP PSYCHOTHERAPY MORE THAN ONCE FOR SAME MEMBER FOR SAME DATE OF SERVICE, THE CLAIM WILL FAIL ESC 6111.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	90847 90849	90853 90857
ESC EOB:	0680 – FAMILY AND/OR GROUP PSYCHOTHERAPY LIMITED TO ONE PER DATE OF SERVICE.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6111, VERIFY THE PROCEDURE CODE, DATE OF SERVICE, MEMBER ID, AND PROVIDER NUMBER WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	THIS ESC IS SET TO AUTO-DENY.	

2.276 6112 (FORMER LEGACY AUDIT 704)

DMS LAST APPROVED: 04/01/96		
ESC 6112 (FORMER LEGACY AUDIT 704 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PRTF CLAIMS ARE LIMITED TO 30 CONSECUTIVE BED DAYS	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, REVENUE CODE, DOS
ESC TYPE: LIMIT	**C/T:**	I (PT 04)
IF PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY (PRTF) CLAIMS (AT THE HEADER) WHICH EXCEED THE 30 CONSECUTIVE BED RESERVE DAY LIMITATION, CLAIM FAILS ESC 6112.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER 30 CONSECUTIVE DAYS	
PROCEDURES MONITORED:	180 182	183 185
ESC EOB:	0704 – ERROR DISPOSITION UPDATE REQUIRED.	
PROCESSING INSTRUCTIONS:	VERIFY THAT THE PROVIDER NUMBER, MEMBER ID, DATES OF SERVICE, REVENUE CODE AND UNITS WERE KEYED CORRECTLY. IF NOT, CORRECT THE FIELD IN ERROR.	
	IF ENTERED CORRECTLY, DENY THE ESC.	
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - NON-PAPER CLAIMS.	

2.277 6113 (FORMER LEGACY AUDIT 719)

DMS APPROVED 07/19/2011		
ESC 6113 (FORMER LEGACY AUDIT 719 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
A MAXIMUM OF 60 RESPITE DAYS (COMBINING DAILY AND HOURLY SERVICES) ALLOWED PER MEMBER, PER CALENDAR YEAR.	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 33)

IF AN SCL PROVIDER BILLS MORE THAN A TOTAL OF 1,440 UNITS (COMBINED) OF PROCEDURE CODES X0062, X0063/T1005, AND X0072 DURING ONE CALENDAR YEAR. NOTE: PROCEDURE CODES X0062 AND X0072 ARE BILLED IN DAILY UNITS. FOR ESCING PURPOSES THE CLAIM UNITS FOR X0062 AND X0072 ARE CONVERTED TO HOURLY UNITS (1 CLAIM UNIT = 24 ESCING UNITS). FOR DATE OF SERVICE AFTER 09/30/00 THE UNITS FOR X0063/T1005 ARE DIVIDED BY FOUR, CLAIMS WILL FAIL ESC 6113

PLEASE NOTE THAT SOME SCL PROCEDURE CODES ARE SUBJECT TO UNIT OF SERVICE CUTBACKS IN PRICING. THIS ESC USES THE UNITS OF SERVICE AFTER THE CUTBACKS, NOT THE 'SUBMITTED' UNITS OF SERVICE.

ESC CRITERIA:	SAME MEMBER SAME CALENDAR YEAR NOTE – MFP MEMBERS ARE EXCLUDED FROM THIS AUDIT (CO 15099)			
	NOTE: PRIOR TO DATES OF SERVICE 04/01/02 THE ESC CRITERIA WAS SAME MEMBER, SAME PROVIDER, SAME CALENDAR YEAR. PER DCR 00484 THE ESC CRITERIA IS SAME MEMBER, SAME CALENDAR YEAR.			
PROCEDURES MONITORED:	T1005	X0062	X0063	X0072
ESC EOB:	0719 – ERROR DISPOSITION UPDATE REQUIRED			
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, DATES OF SERVICE, AND PROCEDURE CODE ARE KEYED CORRECTLY. IF NOT, CORRECT THE FIELD IN ERROR.			
	THIS ESC IS SET TO AUTO-DENY.			

DMS APPROVED 07/19/2011	
	NOTE: FOR PROCEDURE CODES X0062 AND X0072 EACH BILLED UNIT WILL BE COUNTED AS 24 ESCING UNITS. FOR PROCEDURE CODE X0063 ONE BILLED UNIT WILL BE COUNTED AS ONE ESCING UNIT FOR DATES OF SERVICE PRIOR TO 10/01/00. FOR DOS 10/01/00 AND AFTER, ONE BILLED UNIT OF X0063 IS COUNTED AS ¼ ESCING UNIT.

2.278 6114 (FORMER LEGACY AUDIT 732)

DMS LAST APPROVED: 12/19/03		
ESC 6114 (FORMER LEGACY AUDIT 732 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT AND CLAIM CREDIT
ALVEOPLASTY PROCEDURE LIMITATION	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, QUADRANT, UNITS OF SERVICE
ESC TYPE: LIMIT	**C/T:**	D, M (PT 31, 35)
PROCEDURE CODES 07310 ,D7310, 07320 AND D7320 ARE LIMITED TO ONE PER QUADRANT, PER MEMBER, PER LIFETIME. THE DETAIL EXCEEDING THE LIMIT WILL FAIL ESC 6114.		
ESC CRITERIA:	SAME MEMBER SAME QUADRANT SAME/DIFFERENT PROCEDURE CODE	
PROCEDURES MONITORED:	D7310 D7320	07310 07320
ESC EOB:	0732 – ERROR DISPOSITION UPDATE REQUIRED	
PROCESSING INSTRUCTIONS:	VERIFY THAT THE MEMBER ID, PROCEDURE CODE, QUADRANT, AND UNITS WERE KEYED CORRECTLY. IF NOT, CORRECT THE FIELDS IN ERROR.	
	IF KEYED CORRECTLY, DENY THE ESC.	
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - NON-PAPER CLAIMS.	

2.279 6115 (FORMER LEGACY AUDIT 733)

DMS LAST APPROVED: 09/21/04		
ESC 6115 (FORMER LEGACY AUDIT 733 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT AND CLAIM CREDIT
GINGIVECTOMY LIMITATION	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, QUADRANT, DOS, UNITS OF SERVICE
ESC TYPE: LIMIT	**C/T:**	D, M (PT 31, 35)
PROCEDURE CODES 04210, 04341, D4310 AND D4341 ARE LIMITED TO ONE EACH PER QUADRANT, PER MEMBER, PER 12 MONTH PERIOD, PER PROVIDER. THE DETAIL EXCEEDING THE LIMIT WILL FAIL ESC 6115.		
ESC CRITERIA:	SAME MEMBER SAME PROCEDURE SAME PROVIDER SAME QUADRANT	
PROCEDURES MONITORED:	D4210 D4341	04210 04341
ESC EOB:	0733 - ERROR DISPOSITION UPDATE REQUIRED	
PROCESSING INSTRUCTIONS:	VERIFY THAT THE MEMBER ID, PROVIDER NUMBER, PROCEDURE CODE, UNITS, QUADRANT, AND DATE OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE FIELD IN ERROR.	
	IF KEYED CORRECTLY, DENY THE ESC.	
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - NON-PAPER CLAIMS.	

2.280 6116 (FORMER LEGACY AUDIT 747)

DMS LAST APPROVED: 07/19/2011		
ESC 6116 (FORMER LEGACY AUDIT 747 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
X0079/H0039, X0098/97537 LIMITED TO 40 PER CALENDAR WEEK	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, DOS, NDC, UNITS OF SERVICE
ESC TYPE: LIMIT	**C/T:**	M (PT 17)
IF ANY COMBINATION OF PROCEDURE CODES X0079,X0098, H0039 OR 97537 ARE BILLED IN EXCESS OF 40 HOURS PER CALENDAR WEEK, CLAIMS WILL FAIL 6116.		
ESC CRITERIA:	SAME MEMBER NUMBER SAME OR DIFFERENT PROVIDER (DCR 00484) DATES OF SERVICE WITHIN A CALENDAR WEEK (CO 11350) DATES OF SERVICE WITHIN 7 DAYS PRIOR TO CO 11350. **NOTE:** FOR PROCEDURE CODES H0039 AND 97537 1 UNIT EQUALS ¼ HOUR. THE ESC CONVERTS THE UNITS FOR THESE TWO PROCEDURE CODES BY DIVIDING THE UNITS BY 4. **NOTE** – MFP MEMBERS ARE EXCLUDED FROM THIS AUDIT (CO 15099) **NOTE:** FOR DATES OF SERVICE BEFORE 04/01/02 THE ESC CRITERIA WAS SAME MEMBER, SAME PROVIDER, DATES OF SERVICE WITHIN 7 DAYS. PER DCR 00484, PROCEDURE CODE X0078 WAS REMOVED AND THE ESC CRITERIA WAS CHANGED TO SAME RECIPENT, DATES OF SERVICE WITH IN 7 DAYS.	
PROCEDURES MONITORED:	H0039 X0079 97537 X0098	
ESC EOB:	0747 – CLAIM DETAIL DENIED. PROCEDURE CODES X0079/H0039 AND X0098/97537, (ANY COMBINATATION) LIMITED TO 40 HOURS PER CALENDAR WEEK.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROCEDURE CODE, DATES OF SERVICE, AND UNITS WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF THE CLAIM WAS KEYED CORRECTLY, DENY WITH EOB 0747.	

2.281 6117 (FORMER LEGACY AUDIT 792)

DMS LAST APPROVED: 5/25/00		
ESC 6117 (FORMER LEGACY AUDIT 792 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
ONLY ONE OBSTETRICAL VISIT ALLOWED IN AN EIGHT WEEK PERIOD.	**CLAIM FIELD LABEL:**	PROCEDURE, DOS, MEMBER ID, PROVIDER
ESC TYPE: LIMIT	**C/T:**	M (PT 31, 35)
IF A PROVIDER BILLS FOR MORE THAN ONE OBSTETRICAL VISIT FOR THE SAME MEMBER IN A 56 DAY PERIOD, CLAIM FAILS ESC 6117.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER	
PROCEDURES MONITORED:	59410 59515 59614 59622	
ESC EOB:	0792 –ONLY ONE OBSTETRICAL VISIT ALLOWED IN AN EIGHT WEEK PERIOD.	
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE, DATE OF SERVICE, MEMBER ID, AND PROVIDER NUMBER WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF DATA IS KEYED CORRECTLY, DENY THE DETAIL WITH EOB 0792.	

2.282 6118 (FORMER LEGACY AUDIT 794)

DMS LAST APPROVED: 01/31/07		
ESC 6118 (FORMER LEGACY AUDIT 794 LIMITATION)	TYPE OF DOCUMENT:	ALL EXCEPT MASS ADJUSTMENT
EPIDURAL INJECTIONS LIMITED TO 3 PER 6 MONTHS	CLAIM FIELD LABEL:	PROCEDURE, PROVIDER, MEMBER ID, DOS
ESC TYPE: LIMIT	C/T:	M (PT 13, 20, 22, 31, 35, 52, 64, 65, 74, 78, 85)
IF MORE THAN THREE EPIDURAL INJECTIONS FOR PAIN ARE BILLED DURING A 182 DAY PERIOD FOR THE SAME MEMBER, CLAIM FAILS ESC 6118.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER DATES OF SERVICE WITHIN 182 DAYS	
PROCEDURES MONITORED: (DOS 08/01/06 AND AFTER)	62310 62311 62318 62319 62273 62280 62281 62282 64400 THROUGH 64530	
	NOTE: PROCEDURE CODES 62310, 62311, 62318, 62319, 64470, 64472, 64475, 64476, 64479, 64480, 64483, AND 64484 REVOVED FROM ESC PER CO 1328	
PROCEDURES MONITORED: (DOS PRIOR TO 08/01/06)	62310	

DMS LAST APPROVED: 01/31/07	
	62311 62318 62319
	NOTE: PROCEDURE CODES 62310, 62311, 62318, AND 62319 REMOVED FROM ESC PER CO 1328
ESC EOB:	0794 – EPIDURAL INJECTIONS FOR CONTROL OF PAIN SHALL BE LIMITED TO THREE INJECTIONS PER SIX MONTHS PER MEMBER.
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE, PROVIDER NUMBER, MEMBER ID, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.
	IF DATA IS KEYED CORRECTLY, DENY THE DETAIL WITH EOB 0794.

2.283 6119 (FORMER LEGACY AUDIT 650)

DMS LAST APPROVED: 04/01/96		
ESC 6119 (FORMER LEGACY AUDIT 650 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
ROUTINE NEWBORN CARE LIMITED TO ONE PER 9 MONTHS PER MEMBER	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 13, 15, 20, 21, 22, 23, 24, 29, 31, 35, 64, 65, 78)
IF ROUTINE NEWBORN CARE IS BILLED FOR A MEMBER MORE THAN ONCE IN A 9 MONTH PERIOD THE CLAIM WILL FAIL ESC 6119.		

ESC CRITERIA:	SAME MEMBER	
PROCEDURES MONITORED:	90225 90285 90757	99431 99432
ESC EOB:	0650 – ROUTINE NEWBORN CARE IS PAYABLE ONLY ONCE PER INFANT.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6119, VERIFY THE MEMBER ID, PROCEDURE CODE, AND DATE OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, CORRECT THE FIELD IN ERROR.	
	IF RELATED HISTORY INDICATES ONE OF THE MONITORED PROCEDURES HAS BEEN PAID WITHIN 9 MONTHS OF THE CURRENT CLAIM/DETAIL DATE OF SERVICE, DENY THE CURRENT CLAIM/DETAIL. IF PHYSICIAN INDICATES BILLING IS FOR THE SECOND PREGNANCY IN 9 MONTHS, OVERRIDE THE ESC. SINCE THE MONITORED PROCEDURE IS BILLED UNDER THE MOTHER'S NAME AND NUMBER EXCEPTIONS MUST BE MADE FOR MULTIPLE BIRTHS. ALLOW ONE PER INFANT.	
	IF RELATED HISTORY DOES NOT INDICATE PAYMENT FOR ONE OF THE MONITORED PROCEDURES WITHIN 9 MONTHS OF THE CURRENT CLAIM/DETAIL DATE OF SERVICE, OVERRIDE THE CURRENT CLAIM DETAIL.	
	IF CLAIM FAILS CURRENT-TO-CURRENT OVERRIDE LINE 1 AND DENY THE OTHER DETAIL.	

2.284 6120 (FORMER LEGACY AUDIT 706)

DMS LAST APPROVED: 12/19/03			
ESC 6120 (FORMER LEGACY AUDIT 706 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT	
NEW PATIENT OFFICE SERVICES LIMITED TO ONE PER MEMBER, PER PROVIDER, PER 36 MONTHS/THREE YEARS	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS	
ESC TYPE: LIMIT	**C/T:**	M (PT 13, 15, 20, 21, 22, 23, 24, 29, 31, 32, 35, 50, 52, 64, 65, 70, 77, 78, 85)	
IF A PROVIDER BILLS FOR NEW PATIENT OFFICE OR OUTPATIENT MEDICAL SERVICES MORE THAN ONCE IN A 36 MONTH/THREE YEAR PERIOD, THE CLAIM WILL FAIL ESC 6120.			
ESC CRITERIA:	SAME MEMBER SAME PROVIDER		
PROCEDURES MONITORED:	99201 99202	99203 99204	99205
ESC EOB:	0706 – NEW PATIENT OFFICE OR OUTPATIENT SERVICES LIMITED TO ONE PER MEMBER, PER PROVIDER, PER 36 MONTHS/THREE YEARS.		
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6120, VERIFY DATE OF SERVICE, PROCEDURE CODE, MEMBER ID, AND PROVIDER NUMBER HAVE BEEN KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.		
	IF RELATED HISTORY INDICATES A PAID CLAIM FOR WHICH THE DATE OF SERVICE FOR THE CURRENT CLAIM IS PRIOR TO THE BEGINNING OF THE CALENDAR MONTH IN WHICH THE 1095TH DAY FALLS (I.E., HISTORY 02/15/91, CURRENT 01/31/94), DENY THE CURRENT DETAIL.		
	IF RELATED INDICATES A PAID CLAIM FOR WHICH THE DATE OF SERVICE FOR THE CURRENT CLAIM IS AFTER THE BEGINNING OF THE CALENDAR MONTH IN WHICH THE 1095TH DAY FALLS (I.E., HISTORY 2/15/91, CURRENT 2/1/94), OVERRIDE THE CURRENT DETAIL.		
	IF TWO OR MORE OF THE ABOVE MONITORED PROCEDURES ARE BILLED ON THE SAME CLAIM, OVERRIDE THE DETAIL WITH THE EARLIER DATE OF SERVICE AND DENY THE REMAINING DETAILS.		
	IF THERE IS NO PAID DATE OR PAID AMOUNT FOR THE RELATED HISTORY CLAIM, CHECK THE CURRENT CLAIM DATE OF SERVICE.		

DMS LAST APPROVED: 12/19/03	
	IF THE CURRENT HAS AN EARLIER DATE OF SERVICE THAN THE HISTORY CLAIM, OVERRIDE THE ESC. IF THE RELATED HISTORY CLAIM HAS THE EARLIER DATE OF SERVICE DENY THE CURRENT CLAIM.

2.285 6121 (FORMER LEGACY AUDIT 317)

DMS APPROVED 11/19/2004		
ESC 6121 (FORMER LEGACY AUDIT 317 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
EMERGENCY SERVICES LIMITED TO ONE (1) PER DATE OF SERVICE PER MEMBER PER PROVIDER.	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS, PROCEDURE
ESC TYPE: LIMIT	**C/T:**	D, M (PT 22, 31, 35)
IF A PROVIDER BILLS FOR EMERGENCY DENTAL SERVICES MORE THAN ONCE FOR THE SAME DATE OF SERVICE, THE CLAIM EXCEEDING THE LIMIT WILL FAIL ESC 6121.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	D0140 D7960 D9110	00140 07960 09110
ESC EOB:	0517 – CLAIM DENIED. EMERGENCY SERVICES LIMITED TO ONE PER DOS PER MEMBER PER PROVIDER	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6121, VERIFY MEMBER ID, PROVIDER NUMBER, PROCEDURE CODE AND DATE OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY INDICATES THE MONITORED PROCEDURE CODE HAS BEEN PAID FOR THE CURRENT CLAIM DATE OF SERVICE, DENY THE CURRENT CLAIM	
	IF RELATED HISTORY INDICATES THE MONITORED PROCEDURE CODE HAS NOT BEEN PAID FOR CURRENT CLAIM DATE OF SERVICE, OVERRIDE THE ESC.	
	IF THE MONITORED PROCEDURE CODE IS BILLED MORE THAN ONCE ON THE SAME CLAIM FOR THE SAME DATE OF SERVICE, BUT HAS NOT BEEN PAID IN HISTORY, OVERRIDE ONE DETAIL AND DENY THE OTHER DETAIL(S).	

2.286 6122 (FORMER LEGACY AUDIT 652)

DMS LAST APPROVED: 12/04/06		
ESC 6122 (FORMER LEGACY AUDIT 652 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
LENSES LIMITED TO FOUR (4) PER 12 MONTHS PER MEMBER	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 13, 22, 31, 35, 50, 52, 64, 65, 70, 77, 85)
IF A MEMBER RECEIVES MORE THAN 4 LENSES PER 12 MONTHS THE CLAIMS EXCEEDING THE LIMIT WILL FAIL ESC 6122.		
ESC CRITERIA:	SAME MEMBER MEMBER UNDER 21 PRIOR AUTHORIZATION REQUIRED	
ESC 652 WAS END-DATED AS OF 06/30/06 PER CHANGE ORDER 392.		
PROCEDURES MONITORED:	V2100–V2199 V2200–V2220	V2410 V2430
	V2299	
ESC EOB:	0652 – CLAIM DENIED. BIFOCAL OR SINGLE VISION LENSES ARE LIMITED TO FOUR PER 12 MONTH	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6122, VERIFY THE MEMBER ID, MEMBER BIRTHDATE, PROCEDURE CODE, AND DATE OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY INDICATES THE MEMBER HAS NOT RECEIVED FOUR (4) LENSES IN 12 MONTHS FROM THE CURRENT CLAIM DATE OF SERVICE, OVERRIDE THE ESC.	
	IF RELATED HISTORY INDICATES THE FOUR LENSES HAVE ALREADY BEEN PAID WITHIN 12 MONTHS FROM THE CURRENT CLAIM DATE OF SERVICE DENY THE ESC.	

2.287 6123 (FORMER LEGACY AUDIT 707)

DMS LAST APPROVED: 04/01/96		
ESC 6123 (FORMER LEGACY AUDIT 707 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
NEW PATIENT HOME MEDICAL SERVICES LIMITED TO ONE PER PROVIDER, PER 36 MONTHS/THREE YEARS	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE
ESC TYPE: LIMIT	**C/T:**	M (PT 13, 15, 20, 21, 22, 23, 24, 29, 50, 52, 64, 65, 70, 77, 78, 85)
IF A PROVIDER BILLS FOR NEW PATIENT HOME MEDICAL SERVICES MORE THAN ONCE IN A 36 MONTH/THREE YEAR PERIOD, THE CLAIM WILL FAIL ESC 6123.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER	
PROCEDURES MONITORED:	99321 99322	99323 99341 / 99342 99343
ESC EOB:	0707 – ERROR DISPOSITION UPDATE REQUIRED.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6123, VERIFY DATE OF SERVICE, PROCEDURE CODE, MEMBER ID, AND PROVIDER NUMBER HAVE BEEN KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY SHOWS A PAID CLAIM FOR WHICH THE DATE OF SERVICE FOR THE CURRENT CLAIM IS PRIOR TO THE BEGINNING OF THE CALENDAR MONTH IN WHICH THE 1095TH DAY FALLS (I.E., HISTORY 02/15/91, CURRENT 01/31/94), DENY THE CURRENT DETAIL.	
	IF RELATED HISTORY SHOWS A PAID CLAIM FOR WHICH THE DATE OF SERVICE FOR THE CURRENT CLAIM IS AFTER THE BEGINNING OF THE CALENDAR MONTH IN WHICH THE 1095TH DAY FALLS (I.E., HISTORY 02/15/91, CURRENT 02/01/94), OVERRIDE THE CURRENT DETAIL.	
	IF TWO OR MORE OF THE ABOVE MONITORED PROCEDURES ARE BILLED ON THE SAME CLAIM, OVERRIDE THE DETAIL WITH THE EARLIER DATE OF SERVICE AND DENY THE REMAINING DETAILS.	
	IF THERE IS NO PAID DATE OR PAID AMOUNT FOR THE RELATED HISTORY CLAIM, CHECK THE CURRENT CLAIM DATE OF SERVICE. IF THE CURRENT CLAIM HAS EARLIER DATE OF SERVICE THAN THE HISTORY CLAIM, OVERRIDE THE ESC.	

DMS LAST APPROVED: 04/01/96	
	IF THE RELATED HISTORY CLAIM HAS THE EARLIER DATE OF SERVICE DENY THE CURRENT CLAIM

2.288 6124 (FORMER LEGACY AUDIT 708)

DMS LAST APPROVED: 04/01/96		
ESC 6124 (FORMER LEGACY AUDIT 708 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
NEW PATIENT PREVENTATIVE CARE VISITS ARE LIMITED TO ONE PER PROVIDER, PER 36 MONTHS/THREE YEARS	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 13, 15, 20, 21, 22, 23, 24, 29, 31, 35, 64, 65, 78, 85)
IF A PROVIDER BILLS FOR NEW PATIENT PREVENTATIVE CARE PROCEDURES MORE THAN ONCE IN A 36 MONTH/THREE YEAR PERIOD, THE CLAIM WILL FAIL ESC 6124.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER	
PROCEDURES MONITORED:	99381 99382 99383	99384 99385 99386 99387
ESC EOB:	0708 – PRICING ADJUSTMENT. CLAIM WAS PRICED AT A REDUCED RATE (99348)	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6124, VERIFY DATE OF SERVICE, PROCEDURE CODE, MEMBER ID, AND PROVIDER NUMBER HAVE BEEN KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY INDICATES A PAID CLAIM FOR WHICH THE DATE OF SERVICE FOR THE CURRENT CLAIM IS PRIOR TO THE BEGINNING OF THE CALENDAR MONTH IN WHICH THE 1095TH DAY FALLS (I.E., HISTORY 02/15/91, CURRENT 01/31/94), DENY THE CURRENT DETAIL.	
	IF RELATED HISTORY INDICATES A PAID CLAIM FOR WHICH THE DATE OF SERVICE FOR THE CURRENT CLAIM IS AFTER THE BEGINNING OF THE CALENDAR MONTH IN WHICH THE 1095TH DAY FALLS (I.E., HISTORY 2/15/91, CURRENT 2/1/94), OVERRIDE THE CURRENT DETAIL.	
	IF TWO OR MORE OF THE ABOVE MONITORED PROCEDURES ARE BILLED ON THE SAME CLAIM, OVERRIDE THE DETAIL WITH THE EARLIER DATE OF SERVICE AND DENY THE REMAINING DETAILS.	
	IF THERE IS NO PAID DATE OR PAID AMOUNT FOR THE RELATED HISTORY CLAIM, CHECK THE CURRENT CLAIM DATE OF SERVICE.	

DMS LAST APPROVED: 04/01/96	
	IF THE CURRENT CLAIM HAS AN EARLIER DATE OF SERVICE THAN THE HISTORY CLAIM, OVERRIDE THE ESC.. IF THE RELATED HISTORY CLAIM HAS THE EARLIER DATE OF SERVICE, DENY THE CURRENT CLAIM

2.289 6125 (FORMER LEGACY AUDIT 714)

DMS LAST APPROVED: 09/14/04		
ESC 6125 (FORMER LEGACY AUDIT 714 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
DELIVERIES ARE LIMITED TO 1 PER MEMBER PER DATE OF SERVICE	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 13, 20, 31, 35, 64, 65, 78, 85)
IF MORE THAN 1 DELIVERY PROCEDURE CODE IS BILLED FOR THE SAME MEMBER FOR THE SAME DATE OF SERVICE, THE CLAIM WILL FAIL FOR ESC 6125.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME DATE OF SERVICE FAILS IF MORE THAN ONE OF THE FOLLOWING VAGINAL DELIVERY CODES ARE SUBMITTED FOR THE SAME DOS REGARDLESS OF DIAGNOSIS CODE: 59409, 59410, 59612, 59614 FAILS IF MORE THAN ONE OF THE FOLLOWING C SECTION CODES ARE SUBMITTED FOR THE SAME DOS REGARDLESS OF DIAGNOSIS CODE: 59514, 59515, 59620, 59622 FAILS IF MORE THAN ONE OF THE FOLLOWING CODES THAT INCLUDE OBSTETRICAL CARE ARE SUBMITTED FOR THE SAME DOS REGARDLESS OF DIAGNOSIS CODE: 59410, 59515, 59614, 59622 FAILS IF MORE THAN ONE OF THE FOLLOWING DELIVERY CODES ARE SUBMITTED FOR THE SAME DATE OF SERVICE WITHOUT A DIAGNOSIS CODE OF V272 THRU V277: 59409, 59410, 59612, 59614, 59514, 59515, 59620, 59622 FOR CLAIMS WITH DATES OF SERVICE AFTER 07/30/03 FAILS IF MORE THAN ONE OF THE FOLLOWING DELIVERY CODES ARE SUBMITTED FOR THE SAME DATE OF SERVICE. REGARDLESS OF THE DIAGNOSIS CODE: PER DCR01181 59409, 59410, 59612, 59614, 59514, 59515, 59620, 59622	
PROCEDURES MONITORED:	59409 59410 59414 59415	59612 59614 59620 59622

DMS LAST APPROVED: 09/14/04	
ESC EOB:	0713 – ONLY ONE DELIVERY ALLOWED PER MEMBER/9 MOS.
	0713 – DELIVERY, ROUTINE NEWBORN CARE, CIRCUMCISION ARE LIMITED TO ONE EACH PER RECIPI ENT PER DATE OF SERVICE.
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6125, VERIFY THAT THE MEMBER ID AND PROCEDURE CODES WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.
	IF RELATED HISTORY INDICATES THAT ONE OF THE MONITORED CODES HAS BEEN PAID FOR THE SAME DATE OF SERVICE, DENY THE CURRENT CLAIM.
	IF MORE THAN ONE PROVIDER BILLS THE MONITORED PROCEDURES ON THE SAME DATE OF SERVICE IN THE SAME CYCLE OVERRIDE THE PROVIDER WITH THE OLDEST JULIAN DATE AND DENY ALL OTHER PROVIDERS.
	IF THE PROCEDURE IS BILLED MORE THAN ONCE ON THE SAME CLAIM, ALLOW PAYMENT FOR THE FIRST PROCEDURE AND DENY THE SECOND..
	IF THE MONITORED PROCEDURE IS BILLED WITH A T.O.S. OF 8 OR AN 80 MODIFIER, OVERRIDE THE CLAIM.

2.290 6126 (FORMER LEGACY AUDIT 304)

DMS APPROVED 3/5/2004		
ESC 6126 (FORMER LEGACY AUDIT 304 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
FAMILY PLANNING LIMITATION	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE CODE, DOS
	P/T EXCLUDED:	30, 33, 34, 42, 43 AND 90
ESC TYPE: LIMIT	**C/T:**	H (PT 34, 42), M (PT 15, 17, 20, 21, 22, 24, 29, 30, 31, 32, 33, 35, 37, 43, 71, 72, 74, 78, 86, 90), O (PT 41, 46, 47)
IF A PROVIDER BILLS FOR MORE THAN ONE INITIAL VISIT FOR A MEMBER PER THREE YEAR PERIOD, THE CLAIM BILLING VISITS WHICH EXCEED THE LIMIT WILL FAIL ESC 6126.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER ONE PROCEDURE PER 3 YEAR PERIOD PER PROVIDER	
	99201 – 99205	
	99211 – 99215	
	S0612	
	X1100-X1150	
	X1160-X1190	
	X1260	
	X1360	
	X1460	
	X1560	
	X4100-X4190	
	WP401	
ESC EOB:	0504 – FAMILY PLANNING MEMBERS LIMITED TO ONE INITIAL VISIT PER PROVIDER PER THREE YEAR PERIOD.	

DMS APPROVED 3/5/2004	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6126, VERIFY MEMBER ID, PROVIDER NUMBER, PROCEDURE CODE, AND DATE OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.
	IF RELATED HISTORY INDICATES ONE OF THE MONITORED PROCEDURE CODES HAS BEEN PREVIOUSLY PAID FOR THE SAME MEMBER, SAME PROVIDER WITHIN A 3 YEAR PERIOD, DENY THE CURRENT CLAIM.
	IF RELATED HISTORY DOES NOT INDICATE ONE OF THE ABOVE MONITORED PROCEDURES HAS BEEN PREVIOUSLY PAID WITHIN 3 YEARS, OVERRIDE THE ESC.
	IF MORE THAN ONE OF THE ABOVE MONITORED PROCEDURES IS BILLED ON THE SAME CLAIM, AND THE LIMIT HAS NOT BEEN MET, OVERRIDE THE DETAIL WITH THE HIGHEST ALLOWED AMOUNT AND DENY THE OTHER DETAIL(S).

2.291 6127 (FORMER LEGACY AUDIT 671)

DMS LAST APPROVED: 02/01/06		
ESC 6127 (FORMER LEGACY AUDIT 671 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENTS AND ENCOUNTERS
CARDIAC CATHETER LIMITED TO ONE UNIT PER DAY.	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS, PROCEDURE
ESC TYPE: LIMIT	**C/T:**	O (PT 01)
IF A PROVIDER BILLS MORE THAN 1 CARDIAC CATHETER CPT CODE PER MEMBER, PER PROVIDER, PER DATE OF SERVICE, CLAIMS WILL FAIL ESC 6127.		
ESC CRITERIA:	SAME PROVIDER SAME MEMBER SAME DATE OF SERVICE CARDIAC CATHETER CPT CODE NOTE: THE FOLLOWING CRITICAL CARE HOSPITALS ARE EXCLUDED FROM ESC 6127: 01000140 01000181 01002526 01002724 01004233 01005339 01008044 01021773 01021898 01021930 01022060 01022110 01022458 01022466 01016732 01600774 04/01/03 01400480 04/01/03 01000074 09/02/03 01000223 09/01/03 01022052 08/01/04 01000306 03/29/04 01330034 07/01/04 01022482 05/24/05 01014232 06/14/05 01015338 12/01/05 01000389 07/01/05 01000348 12/01/05 01009042 12/01/05	

DMS LAST APPROVED: 02/01/06			
NOTE: EFFECTIVE ADMIT DOS 07/01/03 PROVIDER NUMBER 01021815 AND 01000223 HAVE BEEN REMOVED FROM THE CRITICAL ACCESS EXCLUSION LIST. PER DCR 00840 EFFECTIVE ADMIT DOS 08/03/05 PROVIDER 01021898 WAS REMOVED FROM THE CRITICAL ACCESS EXCLUSION LIST. PER DCR1431 PROCEDURE CODE 93505 WAS REMOVED FROM THE LIST OF CARDIAC CATH CODES. PER DCR 1219 PLEASE NOTE THE PROCEDURE CODE 93503 WAS REMOVED FROM THE CARDIAC CATH FLAT RATE PAY WITH DCR1253. PLEASE NOTE THAT THE PROCEDURE CODE 93505 AND 35226 WERE REMOVED FROM THE CARDIAC CATH FLAT RATE PAY WITH DCR1219 AND DCR 1239 RESPECTIVELY.			
PROCEDURES MONITORED:	BILATERAL CATH	LEFT/RIGHT CATH	
	35226 93511 93524 93526-93529 93531-93533	93501 93503 93505	93510 93514 93530
ESC EOB:	0671 – CLAIM/DETAIL DENIED. MEDICAID WILL PAY FOR ONLY ONE CARDIAC CATHETER PROCEDURE		
PROCESSING INSTRUCTIONS:	VERIFY MEMBER ID, PROCEDURE CODE, AND REVENUE WERE KEYED CORRECTLY. IF DATA HAS BEEN KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.		
	IF DATA HAS BEEN KEYED CORRECTLY, DENY THE DETAIL WITH EOB CODE 671.		

2.292 6128 (FORMER LEGACY AUDIT 685)

DMS LAST APPROVED: 04/01/96		
ESC 6128 (FORMER LEGACY AUDIT 685 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
ONLY ONE HOSPICE SERVICE IS PAYABLE PER DATE OF SERVICE	**CLAIM FIELD LABEL:**	MEMBER ID, DOS, REVENUE CODE
ESC TYPE: LIMIT	**C/T:**	H (PT 44)
IF A HOSPICE PROVIDER BILLS A HOSPICE SERVICE, OTHER THAN REVENUE CODES 659 OR 250, FOR THE SAME DATE OF SERVICE AS THE SAME/DIFFERENT HOSPICE SERVICE, THE CLAIM WILL FAIL ESC 6128.		
ESC CRITERIA:	SAME MEMBER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	653 658 654 651	652 655 656 182	183 184 185
ESC EOB:	0685 – CLAIM/DETAIL DENIED. A HOSPICE SERVICE HAS BEEN PAID FOR SAME MEMBER/SAME DATE	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6128, VERIFY THE MEMBER ID, PROVIDER NUMBER, REVENUE CODE, AND DETAIL DATE OF SERVICE HAVE BEEN KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF THE CURRENT DETAIL IS0 655, AND RELATED HISTORY SHOWS ANY HOSPICE REVENUE CODE FOR THE SAME DATE OF SERVICE, DENY THE CURRENT CLAIM/DETAIL.	
	IF THE CURRENT DETAIL IS 0656, AND RELATED HISTORY SHOWS ANY REVENUE CODE OTHER THAN 184 OR 185, DENY THE CURRENT CLAIM.	
	IF THE CURRENT DETAIL IS 0658 AND RELATED HISTORY SHOWS ANY REVENUE CODE OTHER THAN 653 AND 654, DENY THE CURRENT CLAIM.	
	IF THE CURRENT DETAIL IS 651 OR 652 AND: RELATED HISTORY SHOWS ONLY REVENUE CODES 653, 654, 182 OR 183, OVERRIDE THE ESC. RELATED HISTORY SHOWS REVENUE CODES 658, 651, 652, 655 OR 656, DENY THE ESC.	

DMS LAST APPROVED: 04/01/96	
	IF THE CURRENT DETAIL IS 653, OR 654 AND: RELATED HISTORY SHOWS ONLY REVENUE CODES 651, 652 OR 658, OVERRIDE THE ESC. RELATED HISTORY SHOWS REVENUE CODES OTHER THAN 651, 652 OR 658, DENY THE ESC.
	IF THE CURRENT DETAIL IS 182 AND 183, AND RELATED HISTORY SHOWS REVENUE CODES OTHER THAN 651 OR 652, DENY THE ESC.
	IF THE CURRENT DETAIL IS 184 AND 185, AND RELATED HISTORY SHOWS REVENUE CODES OTHER THAN 656, DENY THE ESC. **PER DMS REQUEST THIS ESC HAS BEEN SET TO PAY**

2.293 6129 (FORMER LEGACY AUDIT 741)

DMS LAST APPROVED: 1/26/2009		
ESC 6129 (EFFECTIVE 10/30/2004) (FORMER LEGACY AUDIT 741 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
DIAGNOSTIC ULTRASOUND PROCEDURES LIMITATION	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, DIAGNOSIS
ESC TYPE: LIMIT	**C/T:**	M (PT 13, 15, 20, 21, 22, 23, 24, 29, 64, 65, 78, 85)
IF A PROVIDER BILLS FOR MORE THAN TWO COMBINATIONS OF DIAGNOSTIC ULTRASOUNDS WITHIN A NINE MONTH PERIOD, THE CLAIM WILL FAIL FOR ESC 6129		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER DATE OF SERVICE WITHIN 9 MONTHS	
PROCEDURES MONITORED	76801 76810 76815 76818 76802 76811 76816 76819	
	76805 76812 76817	
	PROCEDURES WITH A TC OR 26 MODIFIER COUNT AS ONLY ONE HALF OF A FULL PROCEDURE	
EXCLUSION:	IF MONITORED PROCEDURE CODE IS REFERENCED TO ONE OF THE FOLLOWING DIAGNOSIS CODES, BYPASS THE ESC 130 - 13090 648 - 64889 661 - 66149 772 - 77269 260 - 26999 6489 662 - 66399 773 - 77359 390 - 45999 6510 - 6519 745 - 74799 775 - 77599 490 - 51999 652 - 65289 74819 776 580 - 59999 653 - 65379 7600 - 76099 800 - 99609 632 654 - 65489 761 - 76179 V231 - V235 640 - 64199 655 - 65589 76199 V237 642 - 64299 656 - 65699 762 - 76279 V2389 643 - 64679 657 - 65799 76389 V239 64683 - 64684 658 - 65889 764 - 76499 V283 6469 659 - 65969 77189 V284 647 - 64769 660 - 66079	

DMS LAST APPROVED: 1/26/2009	
ESC EOB:	0741 - MEMBER LIMITED TO 2 DIAGNOSTIC ULTRASOUNDS PER 9 MONTHS MED ICAL NECESSITY MUST SUPPORT UNUSUAL CIRCUMSTANCES DIAGNOSIS CODE MUST INDICATE MEDICAL NECESSITY
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6129, VERIFY THE DIAGNOSIS CODES, PROCEDURE CODE, MEMBER ID, PROVIDER NUMBER, AND DATE OF SERVICE HAVE BEEN KEYED CORRECTLY IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR
	THIS ESC IS SET TO AUTO-DENY AUDIT END DATED 07/31/2006 DUE TO CO 392 UPDATES EFFECTIVE 08/01/2006; SEE NEW AUDIT 6735

2.294 6130 (FORMER LEGACY AUDIT 744)

DMS LAST APPROVED: 12/19/03		
ESC 6130 (FORMER LEGACY AUDIT 744 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE CODES LIMITED TO 40 UNITS PER DAY	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE
ESC TYPE: LIMIT	**C/T:**	M (PT 21)
IF A PROVIDER BILLS FOR MORE THAN 40 UNITS OF SERVICE PER DAY FOR CERTAIN PROCEDURE CODES, THE CLAIM EXCEEDING THE LIMIT WILL FAIL ESC 6130.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME PROCEDURE CODE SAME DATE OF SERVICE	
PROCEDURES MONITORED:	96150 90887 96153 92508 97110 97530 XH100 99199 X0081 X0083 X0058 99499 X0082 X0084	
ESC EOB:	0744 - SCHOOL-BASED HEALTH SERVICES ARE LIMITED TO 40 UNITS OF SERVICE PER DATE OF SERVICE. CHECK THE UNITS OF SERVICE BILLED FOR ERRORS.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, PROCEDURE CODE, DATE OF SERVICE, AND UNITS WERE KEYED CORRECTLY. IF NOT, CORRECT EACH FIELD IN ERROR.	
	IF KEYED CORRECTLY, DENY THE DETAIL.	

2.295 6131 (FORMER LEGACY AUDIT 302)

APPROVED BY DMS: 09/25/06		
ESC 6131 (FORMER LEGACY AUDIT 302 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
FAMILY PLANNING SERVICES LIMITED TO ONE (1) PER DATE OF SERVICE	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS, PROCEDURE
	P/T EXCLUDED:	30, 33, 34, 42, 43 AND 90
ESC TYPE: LIMIT	**C/T:**	H (PT 34, 42), M (PT 17, 20, 30, 31, 32, 35, 37, 43, 71, 72, 74, 78, 86, 90), 0 (PT 41, 46, 47)
IF A PROVIDER BILLS FOR MORE THAN ONE OF THE MONITORED FAMILY PLANNING PROCEDURES ON THE SAME DATE OF SERVICE THE CLAIM WILL FAIL ESC 6131.		
ESC CRITERIA:	SAME PROVIDER SAME MEMBER SAME/DIFFERENT CODES SAME DATE OF SERVICE	
PROCEDURES MONITORED:	X0024-X0025, X0029	99199
	X0034-X0035, X0039	99201
	X1100-X1150	99202
	X1160-X1590	99211
	X2400-X2499	99212
	X3400-X3499	99249
	X4100-X4590	S0610
		S0612
	WP401-WP405, WP407	
	NOTE: IF ONE PROCEDURE IS BILLED WITH MODIFIER 25 AND THE OTHER IS NOT, THE CLAIM WILL BY PASS ESC 302 PER CO780.	

APPROVED BY DMS: 09/25/06	
ESC EOB:	0502 – ONE FAMILY PLANNING SERVICE PER DATE OF SERVICE.
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6131, VERIFY MEMBER ID, PROVIDER NUMBER, PROCEDURE CODE AND DATE OF SERVICE ARE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.
	IF RELATED HISTORY INDICATES ONE OF THE ABOVE MONITORED PROCEDURES HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM/DETAIL, DENY THE CURRENT CLAIM/DETAIL.
	IF RELATED HISTORY DOES NOT INDICATE ONE OF THE ABOVE MONITORED PROCEDURES HAS BEEN PAID FOR THE SAME DATE OF SERVICE AS THE CURRENT CLAIM/DETAIL, OVERRIDE THE ESC.
	IF A PROVIDER BILLS MORE THAN ONE OF THE ABOVE MONITORED PROCEDURES ON THE SAME CLAIM, AND HISTORY SHOWS NO PREVIOUS PAYMENT FOR SAME DATE OF SERVICE, OVERRIDE THE DETAIL WITH THE HIGHEST ALLOWABLE AMOUNT AND DENY THE OTHER DETAIL(S).
	THIS ESC TURNED OFF FOR C/T'S M AND P/T 22 ON 10/16/03 FOR HIPAA IMPLMENTATION

2.296 6132 (FORMER LEGACY AUDIT 714)

DMS LAST APPROVED: 09/14/04		
ESC 6132 (FORMER LEGACY AUDIT 714 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
DELIVERIES ARE LIMITED TO 1 PER MEMBER PER DATE OF SERVICE	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE
ESC TYPE: LIMIT	**C/T:**	M (PT 13, 20, 31, 35, 64, 65, 78, 85)
IF MORE THAN 1 DELIVERY PROCEDURE CODE IS BILLED FOR THE SAME MEMBER FOR THE SAME DATE OF SERVICE, THE CLAIM WILL FAIL FOR ESC 6132.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER OR DIFFERENT SAME DATE OF SERVICE FAILS IF MORE THAN ONE OF THE FOLLOWING VAGINAL DELIVERY CODES ARE SUBMITTED FOR THE SAME DOS REGARDLESS OF DIAGNOSIS CODE: 59409, 59410, 59612, 59614 FAILS IF MORE THAN ONE OF THE FOLLOWING C SECTION CODES ARE SUBMITTED FOR THE SAME DOS REGARDLESS OF DIAGNOSIS CODE: 59514, 59515, 59620, 59622 FAILS IF MORE THAN ONE OF THE FOLLOWING CODES THAT INCLUDE OBSTETRICAL CARE ARE SUBMITTED FOR THE SAME DOS REGARDLESS OF DIAGNOSIS CODE: 59410, 59515, 59614, 59622 FAILS IF MORE THAN ONE OF THE FOLLOWING DELIVERY CODES ARE SUBMITTED FOR THE SAME DATE OF SERVICE WITHOUT A DIAGNOSIS CODE OF V272 THRU V277: 59409, 59410, 59612, 59614, 59514, 59515, 59620, 59622 FOR CLAIMS WITH DATES OF SERVICE AFTER 07/30/03 FAILS IF MORE THAN ONE OF THE FOLLOWING DELIVERY CODES ARE SUBMITTED FOR THE SAME DATE OF SERVICE. REGARDLESS OF THE DIAGNOSIS CODE: PER DCR01181 59409, 59410, 59612, 59614, 59514, 59515, 59620, 59622	
PROCEDURES MONITORED:	59409 59410 59414 59415	59612 59614 59620 59622

DMS LAST APPROVED: 09/14/04	
ESC EOB:	0713 – ONLY ONE DELIVERY ALLOWED PER MEMBER/9 MOS.
	0713 – DELIVERY, ROUTINE NEWBORN CARE, CIRCUMCISION ARE LIMITED TO ONE EACH PER RECIPI ENT PER DATE OF SERVICE.
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 714, VERIFY THAT THE MEMBER MEMBER ID AND PROCEDURE CODES WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.
	IF RELATED HISTORY INDICATES THAT ONE OF THE MONITORED CODES HAS BEEN PAID FOR THE SAME DATE OF SERVICE, DENY THE CURRENT CLAIM.
	IF MORE THAN ONE PROVIDER BILLS THE MONITORED PROCEDURES ON THE SAME DATE OF SERVICE IN THE SAME CYCLE OVERRIDE THE PROVIDER WITH THE OLDEST JULIAN DATE AND DENY ALL OTHER PROVIDERS.
	IF THE PROCEDURE IS BILLED MORE THAN ONCE ON THE SAME CLAIM, ALLOW PAYMENT FOR THE FIRST PROCEDURE AND DENY THE SECOND..
	IF THE MONITORED PROCEDURE IS BILLED WITH A T.O.S. OF 8 OR AN 80 MODIFIER, OVERRIDE THE CLAIM.

2.297 6133 (FORMER LEGACY AUDIT 796)

DMS LAST APPROVED: 01/16/07		
ESC 6133 (FORMER LEGACY AUDIT 796 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE ANNUAL LIMITATION EXCEEDED	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 90)
FAILS ESC 6133 IF THE ANNUAL (CALENDAR YEAR) LIMITATIONS LISTED BELOW ARE EXCEEDED UNLESS A PRIOR AUTHORIZATION IS ON FILE. IF A MATCHING PRIOR AUTHORIZATION IS ON FILE FOR ONE OF THESE PROCEDURES, THE APPROVED UNITS ON THE PRIOR AUTHORIZATION S CONSIDERED THE ANNUAL LIMIT.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME CALENDAR YEAR	
PROCEDURES MONITORED: (FOR DOS AFTER 12/31/2000)	PROCEDURE CODE	ANNUAL LIMITATION
	A4356	4
	A4361	6
	A4398	4
	A4399	4
	A4455	32
	A5102	4
	A5119	6
	E0167	1
	E0210	1
	E0215	1
	E0238	1
	E0276	1

DMS LAST APPROVED: 01/16/07		
	E0325 E0607 L8000 L8020	1 2 5 5
	ADDED PER CO1020	**UNITS**
	A7030 A7033 A7034 A7035 A7036 A7039	1 12 4 2 2 2
	NOTE: PROCEDURE CODES A4320 AND A4322 REMOVED FROM ESC PER DCR 01188. PROCEDURE CODES E0607 AND A5119 WAS REMOVED FROM ESC PER CO1020.	
PROCEDURES MONITORED: **(FOR DOS PRIOR TO 1/1/2001)**	PROCEDURE CODE	ANNUAL LIMITATION
	A4320 A4322 A4356 A4361 A4367 A4398	104 104 4 7 4 4
	A4455 A5119	32 6

DMS LAST APPROVED: 01/16/07		
	E0167	1
	E0210	1
	E0215	1
	E0238	1
	E0276	1
	E0325	1
	E0607	2
	L8000	5
	L8020	5
ESC EOB:	0796 – CLAIM/DETAIL DENIED. THE ANNUAL (CALENDAR YEAR) LIMITATION FOR THIS PROCEDURE CODE HAS BEEN EXCEEDED.	
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE, MEMBER ID, DATES OF SERVICE AND PRIOR AUTHORIZATION NUMBER WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF DATA IS KEYED CORRECTLY, DENY THE DETAIL WITH EOB 796.	

2.298 ESC 6134 (FORMER LEGACY AUDIT 795)

DMS LAST APPROVED: 10/27/2009		
ESC 6134 (FORMER LEGACY AUDIT 795 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE MONTHLY LIMITATION EXCEEDED	**CLAIM FIELD LABEL:**	MAID, PROVIDER, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 90)

FAILS ESC 6134 IF THE MONTHLY (CALENDAR MONTH) LIMITATIONS LISTED BELOW ARE EXCEEDED UNLESS A PRIOR AUTHORIZATON IS ON FILE. IF A MATCHING PRIOR AUTHORIZATION IS ON FILE FOR ONE OF THESE PROCEDURES, THE APPROVED UNITS ON THE PRIOR AUTHORIZATION IS CONSIDERED THE MONTHLY LIMIT.

ESC CRITERIA:

SAME MEMBER

SAME OR DIFFERENT PROVIDER

SAME CALENDAR MONTH

PROCEDURES MONITORED:

(FOR DOS AFTER 12/31/2000)

PROCEDURE CODE	**MONTHLY LIMITATION**	**PROCEDURE CODE**	**MONTHLY LIMITATION**
A4310	1	A4625	1
A4311	1	A5082	1
A4338***	1	A5114	1
A4354	1	A5131	1
A4357	1	**A7525	1
A4359	1	**B4220	1
A4367	1	**B4222	1
**A4388	1	**B4224	1
A4400	1	E0605	1
A4621	1		

THE CODES BELOW WERE ADDED 11/15/2006 RELEASE PER CO1020 AND CO1021

DMS LAST APPROVED: 10/27/2009				
	A4366	1		
	* THESE CODES ADDED 05/06/2004 PER DCR 01078 ** THESE CODES ADDED 08/31/2004 PER DCR 01192 **NOTE:** PROCEDURE CODE A7526 LIMITATION CHANGED FROM 1 TO 31 ON 10/1/2004 PER DCR 01192 ADDENDUM. **NOTE:** PROCEDURE CODE A4388 REMOVED FROM ESC PER CO415 IMPLEMENTED 4/21/06. **NOTE:** THE FOLLOWING PRCEDURE CODES WERE REMOVED PER CO1020 CO1021 ON 11/15/06 A4621 A4347 A4363 A4364 A4388 A4455 A5091 A5123 E6605 K0169 **NOTE:** PROCEDURE CODE A4338 WAS REMOVED FROM ESC PER CO 8251 NOTE: PROCEDURE CODE A4344 REMOVED PER DEFECT 12825			
ESC EOB:	0795 - EXCEEDS ONCE PER MONTH LIMIT			
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE, MAID, DATES OF SERVICE AND PRIOR AUTHORIZATION NUMBER WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.			
	REVIEW CLAIM ATTACHMENTS FOR A DMS LETTER APPROVING QUANTITY. IF THE DATE(S) OF SERVICE ON THE DETAIL IS WITHIN 12 MONTHS OF THE DATE OF THE LETTER AND THE APPOVED QUANTITY FOR THE PROCEDURE CODE HAS NOT BEEN EXCEEDED, FORCE THE ESC. IF THE APPROVED QUANTITY ON THE LETTER HAS BEEN EXCEEDED, DENY THE DETAIL WITH EOB 0795.			
	IF DATA IS KEYED CORRECTLY AND NO LETTER IS ATTACHED, DENY THE DETAIL WITH EOB 0795.			

2.299 6135 (FORMER LEGACY AUDIT 654)

DMS LAST APPROVED: 11/15/99			
ESC 6135 (FORMER LEGACY AUDIT 654 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT	
MEMBERS ARE LIMITED TO 1 EPSDT SCREENING PER TIME SPAN ACCORDING TO THE PERIODICITY SCHEDULE	**CLAIM FIELD LABEL:**	RENDERING PROVIDER, PROCEDURE, MEMBER ID	
ESC TYPE:	**C/T:**	M (PT 13, 15, 20, 21, 22, 23, 24, 29, 40, 45, 64, 65, 85)	
MEMBERS ARE LIMITED TO 1 EPSDT SCREEN PER TIME SPAN ACCORDING TO THE PERIODICITY SCHEDULE.			
ESC CRITERIA (C/T E,K):	SAME MEMBER SAME RENDERING PROVIDER (NOT CLINIC)		
ESC CRITERIA (C/T J):	SAME MEMBER SAME RENDERING AND/OR CLINIC PROVIDER DOS AFTER 11/30/98		
PROCEDURES MONITORED:	WP101	WP111	WP113
	WP102	WP112	WP114
	PERIODICITY SCHEDULE FOR DOS AFTER 11/30/98		
	MEMBER AGE		
	1 MONTH OR LESS	35-46 MONTHS	168-179 MONTHS
	2 - 3 MONTHS	47-58 MONTHS	180-191 MONTHS
	4 - 5 MONTHS	59-70 MONTHS	192-203 MONTHS
	6 - 8 MONTHS	71-83 MONTHS	204-215 MONTHS
	9-10 MONTHS	96-107 MONTHS	216-227 MONTHS
	11-13 MONTHS	120-131 MONTHS	228-239 MONTHS
	14-16 MONTHS	132-143 MONTHS	240-251 MONTHS
	17-22 MONTHS	144-155 MONTHS	
	23-34 MONTHS	156-167 MONTHS	
	PERIODICITY SCHEDULE BETWEEN DOS 12/1/95 AND 12/01/98		
	MEMBER AGE		
	1 MONTH OR LESS	35-46 MONTHS	204-227 MONTHS

DMS LAST APPROVED: 11/15/99

	2 - 3 MONTHS	47-59 MONTHS	228-253 MONTHS
	4 - 5 MONTHS	60-71 MONTHS	
	6 - 8 MONTHS	72-83 MONTHS	
	9-11 MONTHS	84-107 MONTHS	
	12-13 MONTHS	108-131 MONTHS	
	14-15 MONTHS	132-155 MONTHS	
	16-22 MONTHS	156-179 MONTHS	
	23-34 MONTHS	180-203 MONTHS	
	PERIODICITY SCHEDULE FOR DATES OF SERVICE BETWEEN 6/30/91 AND 12/01/95		
	MEMBER AGE		
	1 MONTH OR LESS	48-59 MONTHS	180-191 MONTHS
	2 - 3 MONTHS	60-71 MONTHS	192-203 MONTHS
	4 - 5 MONTHS	72-83 MONTHS	204-215 MONTHS
	6 - 10 MONTHS	84-107 MONTHS	216-227 MONTHS
	11-14 MONTHS	108-131 MONTHS	228-239 MONTHS
	15-19 MONTHS	132-143 MONTHS	240-252 MONTHS
	20-25 MONTHS	144-155 MONTHS	
	26-35 MONTHS	156-167 MONTHS	
	36-47 MONTHS	168-179 MONTHS	
	NOTE: THE FOLLOWING IS THE PROCEDURE USED TO DETERMINE THE MEMBER AGE IN MONTHS FOR ESC 6135.		
	EXAMPLE: IF THE "DATE OF BIRTH" DAY IS LESS THAN OR EQUAL TO THE "FROM DATE OF SERVICE" DAY. FROM DATE OF SERVICE: 06/15/92 MEMBER DATE OF BIRTH: 08/12/79		
	STEP 1. THE "DATE OF BIRTH" YEAR IS SUBTRACTED FROM THE "FROM DATE OF SERVICE" YEAR AND MUTIPLIED BY 12.		
	92 - 79 = 13 YEARS X 12 MONTHS 156 MONTHS		

DMS LAST APPROVED: 11/15/99	
	STEP 2. SUBTRACT THE "DATE OF BIRTH" MONTH FROM THE FIGURE IN STEP 1. 156 MONTHS - 8 MONTHS 148 MONTHS
	STEP 3. ADD THE "FROM DATE OF SERVICE" MONTH TO THE FIGURE IN STEP 2. 148 MONTHS - 6 MONTHS 154 MONTHS MEMBER IS 154 MONTHS OLD.
	EXAMPLE: IF THE "DATE OF BIRTH" DAY IS GREATER THAN THE "FROM DATE OF SERVICE" DAY. FROM DATE OF SERVICE: 06/01/92 MEMBER DATE OF BIRTH: 08/12/79
	STEP 1. THE "DATE OF BIRTH" YEAR IS SUBTRACTED FROM THE "FROM DATE OF SERVICE" YEAR AND MUTIPLIED BY 12. 92 - 79 = 13 YEARS X 12 MONTHS 156 MONTHS
	STEP 2. SUBTRACT THE "DATE OF BIRTH" MONTH FROM THE FIGURE IN STEP 1. 156 MONTHS - 8 MONTHS 148 MONTHS
	STEP 3. ADD THE "FROM DATE OF SERVICE" MONTH TO THE FIGURE IN STEP 2. SUBTRACT 1 MONTH SINCE THE DATE OF BIRTH DAY HAS NOT BEEN REACHED FOR THE MONTH. 148 MONTHS + 6 MONTHS - 1 MONTH 153 MONTHS MEMBER IS 153 MONTHS OLD.
ESC EOB:	0113 – CLAIM DENIED. REQUIRED DOCUMENTATION MISSING/INCOMPLETE.

DMS LAST APPROVED: 11/15/99	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 654, VERIFY THE MEMBER ID, PROVIDER NUMBER AND PROCEDURE CODES WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT THE FIELDS IN ERROR.
	IF PROCEDURES ARE BILLED ON THE SAME CLAIM AND ARE FAILING AGAINST EACH OTHER, OVERRIDE THE FIRST DETAIL AND DENY THE SECOND DETAIL WITH EOB 202.
	FOR TYPE OF DOCUMENT - PAPER CLAIMS, IF RELATED HISTORY INDICATES A EPSDT SCREEN WAS PAID DURING THE SAME TIME INTERVAL AND THE CLAIM CONTAINS DOCUMENTATION (ON CLAIM OR ATTACHED) AS TO A REASON FOR THE SECOND EPSDT SCREEN, FORWARD TO DMS. THE RESOLUTIONS SUPERVISOR WILL CONTACT BETTY WEAVER FOR REVIEW. IF NO DOCUMENTATION IS INDICATED, DENY THE CLAIM WITH EOB 113.
	FOR TYPE OF DOCUMENT - NON-PAPER CLAIMS, IF RELATED HISTORY INDICATES AN EPSDT SCREEN HAS BEEN REIMBURSED DURING THE TIME INTERVAL, DENY THE ESC WITH EOB 029.

2.300 6136 (FORMER LEGACY AUDIT 436)

DMS APPROVED 11/22/2004		
ESC 6136 (FORMER LEGACY AUDIT 436 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
CERTAIN PROCEDURE CODES ARE LIMITED TO ONE UNIT PER MEMBER, PER FIVE YEARS	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE
ESC TYPE:	**C/T:**	M (PT 90)
FAILS ESC 6136 IF A MONITORED PROCEDURE CODE IS BILLED MORE THAN ONCE FOR THE SAME MEMBER WITHIN FIVE YEARS		
ESC CRITERIA:	SAME MEMBER SAME PROCEDURE CODE	
PROCEDURES MONITORED:	E0277 E0747 E0776 E0782 E0748 E0760 E0781 E0784	
EXCLUSIONS	IF THE ABOVE PROCEDURE CODES ARE BILLED USING AN 'RR' MODIFIER THE ESC IS NOT SET. THIS INCLUDES HISTORY CLAIMS BILLED WITH THE 'RR' MODIFIER. FOR EXAMPLE IF THE CURRENT CLAIM IS BILLED WITHOUT THE 'RR' MODIFIER AND THERE IS A CLAIM IN HISTORY WITHIN THE 5 YEARS WITH AN 'RR' MODIFIER, THE CURRENT CLAIM WILL NOT FAIL ESC 436. DCR 01287	
ESC EOB:	0436 – CLAIM DETAIL DENIED. THIS PROCEDURE CODE IS LIMITED TO 1 UNIT PER MEMBER, PER	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROCEDURE CODE, DATES OF SERVICE AND UNITS WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF THE CLAIM WAS KEYED CORRECTLY, DENY THE DETAIL WITH EOB CODE 436.	

2.301 6140 (FORMER LEGACY AUDIT 692)

DMS LAST APPROVED: 07/19/2011		
ESC 6140 (FORMER LEGACY AUDIT 692 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
RESPITE PAYMENTS FOR HCBS LIMITED TO A CUMULATIVE TOTAL OF $2,000 PER CALENDAR 6 MONTHS	**CLAIM FIELD LABEL:**	PROCEDURE CODE, REVENUE CODE
ESC TYPE: LIMIT	**C/T:**	M (PT 43), O (PT 42)
IF A MEMBER RECEIVES RESPITE SERVICES IN EXCESS OF $2000.00 DURING A CALENDAR 6 MONTHS, THE CLAIM BILLING THE EXCESS WILL FAIL ESC 6140.		
ESC CRITERIA:	**FOR DATES OF SERVICE 01/01/97 AND AFTER:** SAME MEMBER ACCUMULATIVE TOTAL OF $2,000 PER 6 MONTHS NOTE – MFP MEMBERS ARE EXCLUDED FROM THIS AUDIT (CO 15099) **FOR DATES OF SERVICE PRIOR TO 01/01/97:** SAME MEMBER ACCUMULATIVE TOTAL OF $1,000 PER 6 MONTHS	
PROCEDURES MONITORED:	**FOR DATES OF SERVICE AFTER 10/15/03** T1005 – RESPITE CARE 660 –RESPITE CARE S5150 – UNSKILLED RESPITE (ADDED ON 03/27/2008 PER CO 9994) **FOR DATES OF SERVICE PRIOR TO 1/1/97:** 660 – RESPITE CARE **FOR DATES OF SERVICE AFTER 1/1/97:** 660 - RESPITE CARE ZR660 - RESPITE CARE	
ESC EOB:	0621 – DETAIL DENIED. MAXIMUM DOLLAR AMOUNT FOR COMMUNITY BASED SERVICES RESPITE SERVICE HAS BEEN EXCEEDED.	

DMS LAST APPROVED: 07/19/2011	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 692, VERIFY THE MEMBER ID, DOS, PROCEDURE/REVENUE CODE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR. IF THE DATA WAS KEYED CORRECTLY, DENY WITH EOB 0621.
	NOTE: EFFECTIVE 01/21/04 THIS AUDIT NO LONGER APPLIES TO PROVIDER TYPE 33 – DCR 00996

2.302 6145 (FORMER LEGACY AUDIT 714)

DMS LAST APPROVED: 09/14/04		
ESC 6145 (FORMER LEGACY AUDIT 714 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
DELIVERIES ARE LIMITED TO 1 PER MEMBER PER DATE OF SERVICE	**CLAIM FIELD LABEL:**	PROCEDURE
ESC TYPE: LIMIT	**C/T:**	M (PT 13, 20, 31, 35, 64, 65, 78, 85)
IF MORE THAN 1 DELIVERY PROCEDURE CODE IS BILLED FOR THE SAME MEMBER FOR THE SAME DATE OF SERVICE, THE CLAIM WILL FAIL FOR ESC 6145.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME DATE OF SERVICE FAILS IF MORE THAN ONE OF THE FOLLOWING VAGINAL DELIVERY CODES ARE SUBMITTED FOR THE SAME DOS REGARDLESS OF DIAGNOSIS CODE: 59409, 59410, 59612, 59614 FAILS IF MORE THAN ONE OF THE FOLLOWING C SECTION CODES ARE SUBMITTED FOR THE SAME DOS REGARDLESS OF DIAGNOSIS CODE: 59514, 59515, 59620, 59622 FAILS IF MORE THAN ONE OF THE FOLLOWING CODES THAT INCLUDE OBSTETRICAL CARE ARE SUBMITTED FOR THE SAME DOS REGARDLESS OF DIAGNOSIS CODE: 59410, 59515, 59614, 59622 FAILS IF MORE THAN ONE OF THE FOLLOWING DELIVERY CODES ARE SUBMITTED FOR THE SAME DATE OF SERVICE WITHOUT A DIAGNOSIS CODE OF V272 THRU V277: 59409, 59410, 59612, 59614, 59514, 59515, 59620, 59622 FOR CLAIMS WITH DATES OF SERVICE AFTER 07/30/03 FAILS IF MORE THAN ONE OF THE FOLLOWING DELIVERY CODES ARE SUBMITTED FOR THE SAME DATE OF SERVICE. REGARDLESS OF THE DIAGNOSIS CODE: PER DCR01181 59409, 59410, 59612, 59614, 59514, 59515, 59620, 59622	
PROCEDURES MONITORED:	59409 59410 59414	59612 59614 59620

DMS LAST APPROVED: 09/14/04		
	59415	59622
ESC EOB:	0713 – ONLY ONE DELIVERY ALLOWED PER MEMBER/9 MOS.	
	0713 – DELIVERY, ROUTINE NEWBORN CARE, CIRCUMCISION ARE LIMITED TO ONE EACH PER RECIPI ENT PER DATE OF SERVICE.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 714, VERIFY THAT THE MEMBER MEMBER ID AND PROCEDURE CODES WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY INDICATES THAT ONE OF THE MONITORED CODES HAS BEEN PAID FOR THE SAME DATE OF SERVICE, DENY THE CURRENT CLAIM.	
	IF MORE THAN ONE PROVIDER BILLS THE MONITORED PROCEDURES ON THE SAME DATE OF SERVICE IN THE SAME CYCLE OVERRIDE THE PROVIDER WITH THE OLDEST JULIAN DATE AND DENY ALL OTHER PROVIDERS.	
	IF THE PROCEDURE IS BILLED MORE THAN ONCE ON THE SAME CLAIM, ALLOW PAYMENT FOR THE FIRST PROCEDURE AND DENY THE SECOND..	
	IF THE MONITORED PROCEDURE IS BILLED WITH A T.O.S. OF 8 OR AN 80 MODIFIER, OVERRIDE THE CLAIM.	

2.303 6148 (FORMER LEGACY AUDIT 714)

DMS LAST APPROVED: 09/14/04		
ESC 6148 (FORMER LEGACY AUDIT 714 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
DELIVERIES ARE LIMITED TO 1 PER MEMBER PER DATE OF SERVICE	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 13, 20, 31, 35, 64, 65, 78, 85)
IF MORE THAN 1 DELIVERY PROCEDURE CODE IS BILLED FOR THE SAME MEMBER FOR THE SAME DATE OF SERVICE, THE CLAIM WILL FAIL FOR ESC 6148.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME DATE OF SERVICE FAILS IF MORE THAN ONE OF THE FOLLOWING VAGINAL DELIVERY CODES ARE SUBMITTED FOR THE SAME DOS REGARDLESS OF DIAGNOSIS CODE: 59409, 59410, 59612, 59614 FAILS IF MORE THAN ONE OF THE FOLLOWING C SECTION CODES ARE SUBMITTED FOR THE SAME DOS REGARDLESS OF DIAGNOSIS CODE: 59514, 59515, 59620, 59622 FAILS IF MORE THAN ONE OF THE FOLLOWING CODES THAT INCLUDE OBSTETRICAL CARE ARE SUBMITTED FOR THE SAME DOS REGARDLESS OF DIAGNOSIS CODE: 59410, 59515, 59614, 59622 FAILS IF MORE THAN ONE OF THE FOLLOWING DELIVERY CODES ARE SUBMITTED FOR THE SAME DATE OF SERVICE WITHOUT A DIAGNOSIS CODE OF V272 THRU V277: 59409, 59410, 59612, 59614, 59514, 59515, 59620, 59622 FOR CLAIMS WITH DATES OF SERVICE AFTER 07/30/03 FAILS IF MORE THAN ONE OF THE FOLLOWING DELIVERY CODES ARE SUBMITTED FOR THE SAME DATE OF SERVICE. REGARDLESS OF THE DIAGNOSIS CODE: PER DCR01181 59409, 59410, 59612, 59614, 59514, 59515, 59620, 59622	
PROCEDURES MONITORED:	59409 59410 59414	59612 59614 59620

DMS LAST APPROVED: 09/14/04		
	59415	59622
ESC EOB:	0713 – ONLY ONE DELIVERY ALLOWED PER MEMBER/9 MOS.	
	0713 – DELIVERY, ROUTINE NEWBORN CARE, CIRCUMCISION ARE LIMITED TO ONE EACH PER RECIPI ENT PER DATE OF SERVICE.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 714, VERIFY THAT THE MEMBER MEMBER ID AND PROCEDURE CODES WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY INDICATES THAT ONE OF THE MONITORED CODES HAS BEEN PAID FOR THE SAME DATE OF SERVICE, DENY THE CURRENT CLAIM.	
	IF MORE THAN ONE PROVIDER BILLS THE MONITORED PROCEDURES ON THE SAME DATE OF SERVICE IN THE SAME CYCLE OVERRIDE THE PROVIDER WITH THE OLDEST JULIAN DATE AND DENY ALL OTHER PROVIDERS.	
	IF THE PROCEDURE IS BILLED MORE THAN ONCE ON THE SAME CLAIM, ALLOW PAYMENT FOR THE FIRST PROCEDURE AND DENY THE SECOND..	
	IF THE MONITORED PROCEDURE IS BILLED WITH A T.O.S. OF 8 OR AN 80 MODIFIER, OVERRIDE THE CLAIM.	

2.304 6160 (FORMER LEGACY AUDIT 447)

DMS LAST APPROVED: 12/19/03		
ESC 6160 (FORMER LEGACY AUDIT 447) LIMITATION AUDIT	**CLAIM TYPE:**	M
X0079 LIMITED TO 8 UNITS PER DAY	**PROVIDER TYPE:**	17
	TYPE OF DOCUMENT:	ALL EXCEPT MASS ADJUSTMENT
	FIELD NAME:	PROCEDURE
FAILS IF A PROVIDER BILLS MORE THAN EIGHT UNITS OF PROCEDURE CODE X0079 PER DAY.		
ESC CRITERIA:	SAME MEMBER SAME DAY	
PROCEDURES MONITORED:	X0079	
AUDIT EOB:	0447 – CLAIM/DETAIL DENIED. X0079 LIMITED TO EIGHT UNITS PER DAY.	
PROCESSING INSTRUCTIONS:	VERIFY THE MAID, DATES OF SERVICE, UNITS, AND PROCEDURE CODE ARE KEYED CORRECTLY. IF NOT, CORRECT THE FIELD IN ERROR.	
	AS PART OF THE HIPAA IMPLEMENTATION, THIS AUDIT WAS END DATED EFFECTIVE 10/15/2003 AND REPLACED BY AUDIT 558.	

2.305 6163 (FORMER LEGACY AUDIT 796)

DMS LAST APPROVED: 01/16/07		
ESC 6163 (FORMER LEGACY AUDIT 796 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE ANNUAL LIMITATION EXCEEDED	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 90)
FAILS ESC 6163 IF THE ANNUAL (CALENDAR YEAR) LIMITATIONS LISTED BELOW ARE EXCEEDED UNLESS A PRIOR AUTHORIZATION IS ON FILE. IF A MATCHING PRIOR AUTHORIZATION IS ON FILE FOR ONE OF THESE PROCEDURES, THE APPROVED UNITS ON THE PRIOR AUTHORIZATION S CONSIDERED THE ANNUAL LIMIT.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME CALENDAR YEAR	
PROCEDURES MONITORED: (FOR DOS AFTER 12/31/2000)	PROCEDURE CODE	ANNUAL LIMITATION
	A4356	4
	A4361	6
	A4398	4
	A4399	4
	A4455	32
	A5102	4
	A5119	6
	E0167	1
	E0210	1
	E0215	1
	E0238	1
	E0276	1

DMS LAST APPROVED: 01/16/07		
	E0325	1
	E0607	2
	L8000	5
	L8020	5
	ADDED PER CO1020	**UNITS**
	A7030	1
	A7033	12
	A7034	4
	A7035	2
	A7036	2
	A7039	2
	NOTE: PROCEDURE CODES A4320 AND A4322 REMOVED FROM ESC PER DCR 01188. PROCEDURE CODES E0607 AND A5119 WAS REMOVED FROM ESC PER CO1020.	
PROCEDURES MONITORED: **(FOR DOS PRIOR TO 1/1/2001)**	PROCEDURE CODE	ANNUAL LIMITATION
	A4320	104
	A4322	104
	A4356	4
	A4361	7
	A4367	4
	A4398	4
	A4455	32
	A5119	6

DMS LAST APPROVED: 01/16/07		
	E0167	1
	E0210	1
	E0215	1
	E0238	1
	E0276	1
	E0325	1
	E0607	2
	L8000	5
	L8020	5
ESC EOB:	0796 – CLAIM/DETAIL DENIED. THE ANNUAL (CALENDAR YEAR) LIMITATION FOR THIS PROCEDURE CODE HAS BEEN EXCEEDED.	
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE, MEMBER ID, DATES OF SERVICE AND PRIOR AUTHORIZATION NUMBER WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF DATA IS KEYED CORRECTLY, DENY THE DETAIL WITH EOB 0796.	

2.306 6164 (FORMER LEGACY AUDIT 796)

DMS LAST APPROVED: 01/16/07		
ESC 6164 (FORMER LEGACY AUDIT 796 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE ANNUAL LIMITATION EXCEEDED	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 90)
FAILS ESC 6164 IF THE ANNUAL (CALENDAR YEAR) LIMITATIONS LISTED BELOW ARE EXCEEDED UNLESS A PRIOR AUTHORIZATION IS ON FILE. IF A MATCHING PRIOR AUTHORIZATION IS ON FILE FOR ONE OF THESE PROCEDURES, THE APPROVED UNITS ON THE PRIOR AUTHORIZATION S CONSIDERED THE ANNUAL LIMIT.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME CALENDAR YEAR	
PROCEDURES MONITORED: (FOR DOS AFTER 12/31/2000)	PROCEDURE CODE	ANNUAL LIMITATION
	A4356	4
	A4361	6
	A4398	4
	A4399	4
	A4455	32
	A5102	4
	A5119	6
	E0167	1
	E0210	1
	E0215	1
	E0238	1

DMS LAST APPROVED: 01/16/07		
	E0276	1
	E0325	1
	E0607	2
	L8000	5
	L8020	5
	ADDED PER CO1020	**UNITS**
	A7030	1
	A7033	12
	A7034	4
	A7035	2
	A7036	2
	A7039	2
	NOTE: PROCEDURE CODES A4320 AND A4322 REMOVED FROM ESC PER DCR 01188. PROCEDURE CODES E0607 AND A5119 WAS REMOVED FROM ESC PER CO1020.	
PROCEDURES MONITORED: **(FOR DOS PRIOR TO 1/1/2001)**	PROCEDURE CODE	ANNUAL LIMITATION
	A4320	104
	A4322	104
	A4356	4
	A4361	7
	A4367	4
	A4398	4
	A4455	32

DMS LAST APPROVED: 01/16/07		
	A5119	6
	E0167	1
	E0210	1
	E0215	1
	E0238	1
	E0276	1
	E0325	1
	E0607	2
	L8000	5
	L8020	5
ESC EOB:	0796 – CLAIM/DETAIL DENIED. THE ANNUAL (CALENDAR YEAR) LIMITATION FOR THIS PROCEDURE CODE HAS BEEN EXCEEDED.	
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE, MEMBER ID, DATES OF SERVICE AND PRIOR AUTHORIZATION NUMBER WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF DATA IS KEYED CORRECTLY, DENY THE DETAIL WITH EOB 0796.	

2.307 6165 (FORMER LEGACY AUDIT 796)

DMS LAST APPROVED: 01/16/07		
ESC 6165 (FORMER LEGACY AUDIT 796 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE ANNUAL LIMITATION EXCEEDED	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 90)
FAILS ESC 6165 IF THE ANNUAL (CALENDAR YEAR) LIMITATIONS LISTED BELOW ARE EXCEEDED UNLESS A PRIOR AUTHORIZATION IS ON FILE. IF A MATCHING PRIOR AUTHORIZATION IS ON FILE FOR ONE OF THESE PROCEDURES, THE APPROVED UNITS ON THE PRIOR AUTHORIZATION S CONSIDERED THE ANNUAL LIMIT.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME CALENDAR	
PROCEDURES MONITORED: (FOR DOS AFTER 12/31/2000)	PROCEDURE CODE	ANNUAL LIMITATION
	A4356	4
	A4361	6
	A4398	4
	A4399	4
	A4455	32
	A5102	4
	A5119	6
	E0167	1
	E0210	1
	E0215	1
	E0238	1
	E0276	1

DMS LAST APPROVED: 01/16/07		
	E0325 E0607 L8000 L8020	1 2 5 5
	ADDED PER CO1020	**UNITS**
	A7030 A7033 A7034 A7035 A7036 A7039	1 12 4 2 2 2
	NOTE: PROCEDURE CODES A4320 AND A4322 REMOVED FROM ESC PER DCR 01188. PROCEDURE CODES E0607 AND A5119 WAS REMOVED FROM ESC PER CO1020.	
PROCEDURES MONITORED: **(FOR DOS PRIOR TO 1/1/2001)**	PROCEDURE CODE	ANNUAL LIMITATION
	A4320 A4322 A4356 A4361 A4367 A4398	104 104 4 7 4 4
	A4455 A5119	32 6

DMS LAST APPROVED: 01/16/07		
	E0167	1
	E0210	1
	E0215	1
	E0238	1
	E0276	1
	E0325	1
	E0607	2
	L8000	5
	L8020	5
ESC EOB:	0796 – CLAIM/DETAIL DENIED. THE ANNUAL (CALENDAR YEAR) LIMITATION FOR THIS PROCEDURE CODE HAS BEEN EXCEEDED.	
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE, MEMBER ID, DATES OF SERVICE AND PRIOR AUTHORIZATION NUMBER WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF DATA IS KEYED CORRECTLY, DENY THE DETAIL WITH EOB 0796.	

2.308 6166 (FORMER LEGACY AUDIT 796)

DMS LAST APPROVED: 01/16/07		
ESC 6166 (FORMER LEGACY AUDIT 796 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE ANNUAL LIMITATION EXCEEDED	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 90)
FAILS ESC 6166 IF THE ANNUAL (CALENDAR YEAR) LIMITATIONS LISTED BELOW ARE EXCEEDED UNLESS A PRIOR AUTHORIZATION IS ON FILE. IF A MATCHING PRIOR AUTHORIZATION IS ON FILE FOR ONE OF THESE PROCEDURES, THE APPROVED UNITS ON THE PRIOR AUTHORIZATION S CONSIDERED THE ANNUAL LIMIT.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME CALENDAR YEAR	
PROCEDURES MONITORED: (FOR DOS AFTER 12/31/2000)	PROCEDURE CODE	ANNUAL LIMITATION
	A4356	4
	A4361	6
	A4398	4
	A4399	4
	A4455	32
	A5102	4
	A5119	6
	E0167	1
	E0210	1
	E0215	1
	E0238	1
	E0276	1

DMS LAST APPROVED: 01/16/07		
	E0325 E0607 L8000 L8020	1 2 5 5
	ADDED PER CO1020	**UNITS**
	A7030 A7033 A7034 A7035 A7036 A7039	1 12 4 2 2 2
	NOTE: PROCEDURE CODES A4320 AND A4322 REMOVED FROM ESC PER DCR 01188. PROCEDURE CODES E0607 AND A5119 WAS REMOVED FROM ESC PER CO1020.	
PROCEDURES MONITORED: **(FOR DOS PRIOR TO 1/1/2001)**	**PROCEDURE CODE**	**ANNUAL LIMITATION**
	A4320 A4322 A4356 A4361 A4367 A4398	104 104 4 7 4 4
	A4455	32

DMS LAST APPROVED: 01/16/07		
	A5119	6
	E0167	1
	E0210	1
	E0215	1
	E0238	1
	E0276	1
	E0325	1
	E0607	2
	L8000	5
	L8020	5
ESC EOB:	0796 – CLAIM/DETAIL DENIED. THE ANNUAL (CALENDAR YEAR) LIMITATION FOR THIS PROCEDURE CODE HAS BEEN EXCEEDED.	
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE, MEMBER ID, DATES OF SERVICE AND PRIOR AUTHORIZATION NUMBER WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF DATA IS KEYED CORRECTLY, DENY THE DETAIL WITH EOB 0796.	

2.309 6167 (FORMER LEGACY AUDIT 796)

DMS LAST APPROVED: 01/16/07		
ESC 6167 (FORMER LEGACY AUDIT 796 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE ANNUAL LIMITATION EXCEEDED	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 90)
FAILS ESC 6167 IF THE ANNUAL (CALENDAR YEAR) LIMITATIONS LISTED BELOW ARE EXCEEDED UNLESS A PRIOR AUTHORIZATION IS ON FILE. IF A MATCHING PRIOR AUTHORIZATION IS ON FILE FOR ONE OF THESE PROCEDURES, THE APPROVED UNITS ON THE PRIOR AUTHORIZATION S CONSIDERED THE ANNUAL LIMIT.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME CALENDAR YEAR	
PROCEDURES MONITORED: (FOR DOS AFTER 12/31/2000)	PROCEDURE CODE	ANNUAL LIMITATION
	A4356	4
	A4361	6
	A4398	4
	A4399	4
	A4455	32
	A5102	4
	A5119	6
	E0167	1
	E0210	1
	E0215	1
	E0238	1
	E0276	1

DMS LAST APPROVED: 01/16/07		
	E0325 E0607 L8000 L8020	1 2 5 5
	ADDED PER CO1020	**UNITS**
	A7030 A7033 A7034 A7035 A7036 A7039	1 12 4 2 2 2
	NOTE: PROCEDURE CODES A4320 AND A4322 REMOVED FROM ESC PER DCR 01188. PROCEDURE CODES E0607 AND A5119 WAS REMOVED FROM ESC PER CO1020.	
PROCEDURES MONITORED: **(FOR DOS PRIOR TO 1/1/2001)**	PROCEDURE CODE	ANNUAL LIMITATION
	A4320 A4322 A4356 A4361 A4367 A4398	104 104 4 7 4 4
	A4455 A5119	32 6

DMS LAST APPROVED: 01/16/07		
	E0167	1
	E0210	1
	E0215	1
	E0238	1
	E0276	1
	E0325	1
	E0607	2
	L8000	5
	L8020	5
ESC EOB:	0796 – CLAIM/DETAIL DENIED. THE ANNUAL (CALENDAR YEAR) LIMITATION FOR THIS PROCEDURE CODE HAS BEEN EXCEEDED.	
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE, MEMBER ID, DATES OF SERVICE AND PRIOR AUTHORIZATION NUMBER WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF DATA IS KEYED CORRECTLY, DENY THE DETAIL WITH EOB 0796.	

2.310 6170 (FORMER LEGACY AUDIT 796)

DMS LAST APPROVED: 01/16/07		
ESC 6170 (FORMER LEGACY AUDIT 796 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE ANNUAL LIMITATION EXCEEDED	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 90)
FAILS ESC 6170 IF THE ANNUAL (CALENDAR YEAR) LIMITATIONS LISTED BELOW ARE EXCEEDED UNLESS A PRIOR AUTHORIZATION IS ON FILE. IF A MATCHING PRIOR AUTHORIZATION IS ON FILE FOR ONE OF THESE PROCEDURES, THE APPROVED UNITS ON THE PRIOR AUTHORIZATION S CONSIDERED THE ANNUAL LIMIT.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME CALENDAR YEAR	
PROCEDURES MONITORED: (FOR DOS AFTER 12/31/2000)	PROCEDURE CODE	ANNUAL LIMITATION
	A4356	4
	A4361	6
	A4398	4
	A4399	4
	A4455	32
	A5102	4
	A5119	6
	E0167	1
	E0210	1
	E0215	1
	E0238	1
	E0276	1

DMS LAST APPROVED: 01/16/07		
	E0325 E0607 L8000 L8020	1 2 5 5
	ADDED PER CO1020	**UNITS**
	A7030 A7033 A7034 A7035 A7036 A7039	1 12 4 2 2 2
	NOTE: PROCEDURE CODES A4320 AND A4322 REMOVED FROM ESC PER DCR 01188. PROCEDURE CODES E0607 AND A5119 WAS REMOVED FROM ESC PER CO1020.	
PROCEDURES MONITORED: **(FOR DOS PRIOR TO 1/1/2001)**	PROCEDURE CODE	ANNUAL LIMITATION
	A4320 A4322 A4356 A4361 A4367 A4398	104 104 4 7 4 4
	A4455 A5119	32 6

DMS LAST APPROVED: 01/16/07		
	E0167	1
	E0210	1
	E0215	1
	E0238	1
	E0276	1
	E0325	1
	E0607	2
	L8000	5
	L8020	5
ESC EOB:	0796 – CLAIM/DETAIL DENIED. THE ANNUAL (CALENDAR YEAR) LIMITATION FOR THIS PROCEDURE CODE HAS BEEN EXCEEDED.	
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE, MEMBER ID, DATES OF SERVICE AND PRIOR AUTHORIZATION NUMBER WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF DATA IS KEYED CORRECTLY, DENY THE DETAIL WITH EOB 0796.	

2.311 6172 (FORMER LEGACY AUDIT 796)

DMS LAST APPROVED: 01/16/07		
ESC 6172 (FORMER LEGACY AUDIT 796 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE ANNUAL LIMITATION EXCEEDED	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 90)
FAILS ESC 6172 IF THE ANNUAL (CALENDAR YEAR) LIMITATIONS LISTED BELOW ARE EXCEEDED UNLESS A PRIOR AUTHORIZATION IS ON FILE. IF A MATCHING PRIOR AUTHORIZATION IS ON FILE FOR ONE OF THESE PROCEDURES, THE APPROVED UNITS ON THE PRIOR AUTHORIZATION S CONSIDERED THE ANNUAL LIMIT.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME CALENDAR YEAR	
PROCEDURES MONITORED: (FOR DOS AFTER 12/31/2000)	PROCEDURE CODE	ANNUAL LIMITATION
	A4356	4
	A4361	6
	A4398	4
	A4399	4
	A4455	32
	A5102	4
	A5119	6
	E0167	1
	E0210	1
	E0215	1
	E0238	1
	E0276	1
	E0325	1
	E0607	2
	L8000	5
	L8020	5

	ADDED PER CO1020	UNITS
	A7030	1
	A7033	12
	A7034	4
	A7035	2
	A7036	2
	A7039	2
	NOTE: PROCEDURE CODES A4320 AND A4322 REMOVED FROM ESC PER DCR 01188. PROCEDURE CODES E0607 AND A5119 WAS REMOVED FROM ESC PER CO1020.	
PROCEDURES MONITORED: **(FOR DOS PRIOR TO 1/1/2001)**	PROCEDURE CODE	ANNUAL LIMITATION
	A4320	104
	A4322	104
	A4356	4
	A4361	7
	A4367	4
	A4398	4
	A4455	32
	A5119	6
	E0167	1
	E0210	1
	E0215	1
	E0238	1
	E0276	1
	E0325	1
	E0607	2
	L8000	5
	L8020	5
ESC EOB:	0796 – CLAIM/DETAIL DENIED. THE ANNUAL (CALENDAR YEAR) LIMITATION FOR THIS PROCEDURE CODE HAS BEEN EXCEEDED.	

PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE, MEMBER ID, DATES OF SERVICE AND PRIOR AUTHORIZATION NUMBER WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.
	IF DATA IS KEYED CORRECTLY, DENY THE DETAIL WITH EOB 0796.

2.312 6173 (FORMER LEGACY AUDIT 796)

DMS LAST APPROVED: 01/16/07		
ESC 6173 (FORMER LEGACY AUDIT 796 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE ANNUAL LIMITATION EXCEEDED	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 90)
FAILS ESC 6173 IF THE ANNUAL (CALENDAR YEAR) LIMITATIONS LISTED BELOW ARE EXCEEDED UNLESS A PRIOR AUTHORIZATION IS ON FILE. IF A MATCHING PRIOR AUTHORIZATION IS ON FILE FOR ONE OF THESE PROCEDURES, THE APPROVED UNITS ON THE PRIOR AUTHORIZATION S CONSIDERED THE ANNUAL LIMIT.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME CALENDAR YEAR	
PROCEDURES MONITORED: (FOR DOS AFTER 12/31/2000)	PROCEDURE CODE	ANNUAL LIMITATION
	A4356	4
	A4361	6
	A4398	4
	A4399	4
	A4455	32
	A5102	4
	A5119	6
	E0167	1
	E0210	1
	E0215	1
	E0238	1
	E0276	1

DMS LAST APPROVED: 01/16/07		
	E0325 E0607 L8000 L8020	1 2 5 5
	ADDED PER CO1020	**UNITS**
	A7030 A7033 A7034 A7035 A7036 A7039	1 12 4 2 2 2
	NOTE: PROCEDURE CODES A4320 AND A4322 REMOVED FROM ESC PER DCR 01188. PROCEDURE CODES E0607 AND A5119 WAS REMOVED FROM ESC PER CO1020.	
PROCEDURES MONITORED: **(FOR DOS PRIOR TO 1/1/2001)**	PROCEDURE CODE	ANNUAL LIMITATION
	A4320 A4322 A4356 A4361 A4367 A4398 A4455	104 104 4 7 4 4 32
	A5119	6

DMS LAST APPROVED: 01/16/07		
	E0167	1
	E0210	1
	E0215	1
	E0238	1
	E0276	1
	E0325	1
	E0607	2
	L8000	5
	L8020	5
ESC EOB:	0796 – CLAIM/DETAIL DENIED. THE ANNUAL (CALENDAR YEAR) LIMITATION FOR THIS PROCEDURE CODE HAS BEEN EXCEEDED.	
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE, MEMBER ID, DATES OF SERVICE AND PRIOR AUTHORIZATION NUMBER WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF DATA IS KEYED CORRECTLY, DENY THE DETAIL WITH EOB 0796.	

2.313 6174 (FORMER LEGACY AUDIT 796)

DMS LAST APPROVED: 01/16/07		
ESC 6174 (FORMER LEGACY AUDIT 796 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE ANNUAL LIMITATION EXCEEDED	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 90)
FAILS ESC 6174 IF THE ANNUAL (CALENDAR YEAR) LIMITATIONS LISTED BELOW ARE EXCEEDED UNLESS A PRIOR AUTHORIZATION IS ON FILE. IF A MATCHING PRIOR AUTHORIZATION IS ON FILE FOR ONE OF THESE PROCEDURES, THE APPROVED UNITS ON THE PRIOR AUTHORIZATION S CONSIDERED THE ANNUAL LIMIT.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME CALENDAR YEAR	
PROCEDURES MONITORED: (FOR DOS AFTER 12/31/2000)	PROCEDURE CODE	ANNUAL LIMITATION
	A4356	4
	A4361	6
	A4398	4
	A4399	4
	A4455	32
	A5102	4
	A5119	6
	E0167	1
	E0210	1
	E0215	1
	E0238	1
	E0276	1
	E0325	1
	E0607	2
	L8000	5
	L8020	5

	ADDED PER CO1020	UNITS
	A7030	1
	A7033	12
	A7034	4
	A7035	2
	A7036	2
	A7039	2
	NOTE: PROCEDURE CODES A4320 AND A4322 REMOVED FROM ESC PER DCR 01188. PROCEDURE CODES E0607 AND A5119 WAS REMOVED FROM ESC PER CO1020.	
PROCEDURES MONITORED: **(FOR DOS PRIOR TO 1/1/2001)**	PROCEDURE CODE	ANNUAL LIMITATION
	A4320	104
	A4322	104
	A4356	4
	A4361	7
	A4367	4
	A4398	4
	A4455	32
	A5119	6
	E0167	1
	E0210	1
	E0215	1
	E0238	1
	E0276	1
	E0325	1
	E0607	2
	L8000	5
	L8020	5
ESC EOB:	0796 – CLAIM/DETAIL DENIED. THE ANNUAL (CALENDAR YEAR) LIMITATION FOR THIS PROCEDURE CODE HAS BEEN EXCEEDED.	

PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE, MEMBER ID, DATES OF SERVICE AND PRIOR AUTHORIZATION NUMBER WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.
	IF DATA IS KEYED CORRECTLY, DENY THE DETAIL WITH EOB 0796.

2.314 6177 (FORMER LEGACY AUDIT 796)

DMS LAST APPROVED: 01/16/07		
ESC 6177 (FORMER LEGACY AUDIT 796 LIMITATION)	TYPE OF DOCUMENT:	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE ANNUAL LIMITATION EXCEEDED	CLAIM FIELD LABEL:	MAID, PROVIDER, DOS
ESC TYPE: LIMIT	C/T:	M (PT 90)
FAILS ESC 6177 IF THE ANNUAL (CALENDAR YEAR) LIMITATIONS LISTED BELOW ARE EXCEEDED UNLESS A PRIOR AUTHORIZATION IS ON FILE. IF A MATCHING PRIOR AUTHORIZATION IS ON FILE FOR ONE OF THESE PROCEDURES, THE APPROVED UNITS ON THE PRIOR AUTHORIZATION IS IN ADDITION TO THE ANNUAL LIMIT.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME CALENDAR	
	NOTE: PROCEDURE CODES A4320 AND A4322 REMOVED FROM ESC PER DCR 01188. PROCEDURE CODES E0607 AND A5119 WAS REMOVED FROM ESC PER CO1020.	
PROCEDURES MONITORED: (FOR DOS AFTER 12/31/2000)	PROCEDURE CODE	ANNUAL LIMITATION
	A7035 A7036 A7039	2 2 2
ESC EOB:	0796 – CLAIM/DETAIL DENIED. THE ANNUAL (CALENDAR YEAR) LIMITATION FOR THIS PROCEDURE CODE HAS BEEN EXCEEDED.	
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE, MAID, DATES OF SERVICE AND PRIOR AUTHORIZATION NUMBER WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF DATA IS KEYED CORRECTLY, DENY THE DETAIL WITH EOB 0796.	

2.315 6182 (FORMER LEGACY AUDIT 796)

DMS LAST APPROVED: 01/16/07		
ESC 6182 (FORMER LEGACY AUDIT 796 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE ANNUAL LIMITATION EXCEEDED	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 90)
FAILS ESC 6182 IF THE ANNUAL (CALENDAR YEAR) LIMITATIONS LISTED BELOW ARE EXCEEDED UNLESS A PRIOR AUTHORIZATION IS ON FILE. IF A MATCHING PRIOR AUTHORIZATION IS ON FILE FOR ONE OF THESE PROCEDURES, THE APPROVED UNITS ON THE PRIOR AUTHORIZATION S CONSIDERED THE ANNUAL LIMIT.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME CALENDAR YEAR	
PROCEDURES MONITORED: (FOR DOS AFTER 12/31/2000)	PROCEDURE CODE	ANNUAL LIMITATION
	A4356	4
	A4361	6
	A4398	4
	A4399	4
	A4455	32
	A5102	4
	A5119	6
	E0167	1
	E0210	1
	E0215	1
	E0238	1
	E0276	1

DMS LAST APPROVED: 01/16/07		
	E0325 E0607 L8000 L8020	1 2 5 5
	ADDED PER CO1020	**UNITS**
	A7030 A7033 A7034 A7035 A7036 A7039	1 12 4 2 2 2
	NOTE: PROCEDURE CODES A4320 AND A4322 REMOVED FROM ESC PER DCR 01188. PROCEDURE CODES E0607 AND A5119 WAS REMOVED FROM ESC PER CO1020.	
PROCEDURES MONITORED: **(FOR DOS PRIOR TO 1/1/2001)**	PROCEDURE CODE	ANNUAL LIMITATION
	A4320 A4322 A4356 A4361 A4367 A4398	104 104 4 7 4 4
	A4455	32

DMS LAST APPROVED: 01/16/07		
	A5119	6
	E0167	1
	E0210	1
	E0215	1
	E0238	1
	E0276	1
	E0325	1
	E0607	2
	L8000	5
	L8020	5
ESC EOB:	0796 – CLAIM/DETAIL DENIED. THE ANNUAL (CALENDAR YEAR) LIMITATION FOR THIS PROCEDURE CODE HAS BEEN EXCEEDED.	
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE, MEMBER ID, DATES OF SERVICE AND PRIOR AUTHORIZATION NUMBER WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF DATA IS KEYED CORRECTLY, DENY THE DETAIL WITH EOB 0796.	

2.316 6183 (FORMER LEGACY AUDIT 796)

DMS LAST APPROVED: 01/16/07		
ESC 6183 (FORMER LEGACY AUDIT 796 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE ANNUAL LIMITATION EXCEEDED	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 90)
FAILS ESC 6183 IF THE ANNUAL (CALENDAR YEAR) LIMITATIONS LISTED BELOW ARE EXCEEDED UNLESS A PRIOR AUTHORIZATION IS ON FILE. IF A MATCHING PRIOR AUTHORIZATION IS ON FILE FOR ONE OF THESE PROCEDURES, THE APPROVED UNITS ON THE PRIOR AUTHORIZATION S CONSIDERED THE ANNUAL LIMIT.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME CALENDAR YEAR	
PROCEDURES MONITORED: (FOR DOS AFTER 12/31/2000)	PROCEDURE CODE	ANNUAL LIMITATION
	A4356	4
	A4361	6
	A4398	4
	A4399	4
	A4455	32
	A5102	4
	A5119	6
	E0167	1
	E0210	1
	E0215	1
	E0238	1
	E0276	1

DMS LAST APPROVED: 01/16/07		
	E0325 E0607 L8000 L8020	1 2 5 5
	ADDED PER CO1020	**UNITS**
	A7030 A7033 A7034 A7035 A7036 A7039	1 12 4 2 2 2
	NOTE: PROCEDURE CODES A4320 AND A4322 REMOVED FROM ESC PER DCR 01188. PROCEDURE CODES E0607 AND A5119 WAS REMOVED FROM ESC PER CO1020.	
PROCEDURES MONITORED: **(FOR DOS PRIOR TO 1/1/2001)**	PROCEDURE CODE	ANNUAL LIMITATION
	A4320 A4322 A4356 A4361 A4367 A4398	104 104 4 7 4 4
	A4455 A5119	32 6

DMS LAST APPROVED: 01/16/07		
	E0167	1
	E0210	1
	E0215	1
	E0238	1
	E0276	1
	E0325	1
	E0607	2
	L8000	5
	L8020	5
ESC EOB:	0796 – CLAIM/DETAIL DENIED. THE ANNUAL (CALENDAR YEAR) LIMITATION FOR THIS PROCEDURE CODE HAS BEEN EXCEEDED.	
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE, MEMBER ID, DATES OF SERVICE AND PRIOR AUTHORIZATION NUMBER WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF DATA IS KEYED CORRECTLY, DENY THE DETAIL WITH EOB 0796.	

2.317 6184 (FORMER LEGACY AUDIT 796)

DMS LAST APPROVED: 01/16/07		
ESC 6184 (FORMER LEGACY AUDIT 796 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE ANNUAL LIMITATION EXCEEDED	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 90)
FAILS ESC 6184 IF THE ANNUAL (CALENDAR YEAR) LIMITATIONS LISTED BELOW ARE EXCEEDED UNLESS A PRIOR AUTHORIZATION IS ON FILE. IF A MATCHING PRIOR AUTHORIZATION IS ON FILE FOR ONE OF THESE PROCEDURES, THE APPROVED UNITS ON THE PRIOR AUTHORIZATION S CONSIDERED THE ANNUAL LIMIT.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME CALENDAR YEAR	
PROCEDURES MONITORED: (FOR DOS AFTER 12/31/2000)	PROCEDURE CODE	ANNUAL LIMITATION
	A4356	4
	A4361	6
	A4398	4
	A4399	4
	A4455	32
	A5102	4
	A5119	6
	E0167	1
	E0210	1
	E0215	1
	E0238	1
	E0276	1

DMS LAST APPROVED: 01/16/07		
	E0325 E0607 L8000 L8020	1 2 5 5
	ADDED PER CO1020	**UNITS**
	A7030 A7033 A7034 A7035 A7036 A7039	1 12 4 2 2 2
	NOTE: PROCEDURE CODES A4320 AND A4322 REMOVED FROM ESC PER DCR 01188. PROCEDURE CODES E0607 AND A5119 WAS REMOVED FROM ESC PER CO1020.	
PROCEDURES MONITORED: **(FOR DOS PRIOR TO 1/1/2001)**	PROCEDURE CODE	ANNUAL LIMITATION
	A4320 A4322 A4356 A4361 **A4367** **A4398**	104 104 4 7 **4** **4**
	A4455 A5119	32 6

DMS LAST APPROVED: 01/16/07		
	E0167	1
	E0210	1
	E0215	1
	E0238	1
	E0276	1
	E0325	1
	E0607	2
	L8000	5
	L8020	5
ESC EOB:	0796 – CLAIM/DETAIL DENIED. THE ANNUAL (CALENDAR YEAR) LIMITATION FOR THIS PROCEDURE CODE HAS BEEN EXCEEDED.	
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE, MEMBER ID, DATES OF SERVICE AND PRIOR AUTHORIZATION NUMBER WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF DATA IS KEYED CORRECTLY, DENY THE DETAIL WITH EOB 0796.	

2.318 6185 (FORMER LEGACY AUDIT 795)

DMS LAST APPROVED: 01/16/07				
ESC 6185 (FORMER LEGACY AUDIT 795 LIMITATION)	**TYPE OF DOCUMENT:**		ALL EXCEPT MASS ADJUSTMENT	
PROCEDURE MONTHLY LIMITATION EXCEEDED	**CLAIM FIELD LABEL:**		MEMBER ID, PROVIDER, DOS	
ESC TYPE: LIMIT	**C/T:**		M (PT 90)	
FAILS ESC 6185 IF THE MONTHLY (CALENDAR MONTH) LIMITATIONS LISTED BELOW ARE EXCEEDED UNLESS A PRIOR AUTHORIZATON IS ON FILE. IF A MATCHING PRIOR AUTHORIZATION IS ON FILE FOR ONE OF THESE PROCEDURES, THE APPROVED UNITS ON THE PRIOR AUTHORIZATION IS CONSIDERED THE MONTHLY LIMIT.				
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME CALENDAR MONTH			
PROCEDURES MONITORED: **(FOR DOS AFTER 12/31/2000)**	**PROCEDURE CODE**	**MONTHLY LIMITATION**	**PROCEDURE CODE**	**MONTHLY LIMITATION**
	A4253 **A4348 A4626	2 2 2	**A7046 **A7522 K0169	2 2 2
	THE CODES BELOW WERE ADDED 11/15/2006 RELEASE PER CO1020 AND CO1021			
	A7032 A7037	2 2	A7038	2
	* THESE CODES ADDED 05/06/2004 PER DCR 01078 ** THESE CODES ADDED 08/31/2004 PER DCR 01192 **NOTE:** PROCEDURE CODE A4388 REMOVED FROM ESC PER CO415 IMPLEMENTED 4/21/06. **NOTE:** THE FOLLOWING PRCEDURE CODES WERE REMOVED PER CO1020 CO1021 ON 11/15/06 A4621 A4347 A4363 A4364 A4388 A4455 A5091 A5123 E6605 K0169			

DMS LAST APPROVED: 01/16/07	
ESC EOB:	0795 -CLAIM/DETAIL REQUIRES PRIOR AUTHORIZATION. THE MONTHLY (CALENDAR MONTH) LIMITATION FOR THIS PROCEDURE CODE HAS BEEN EXCEEDED.
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE, MEMBER ID, DATES OF SERVICE AND PRIOR AUTHORIZATION NUMBER WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.
	REVIEW CLAIM ATTACHMENTS FOR A DMS LETTER APPROVING QUANTITY. IF THE DATE(S) OF SERVICE ON THE DETAIL IS WITHIN 12 MONTHS OF THE DATE OF THE LETTER AND THE APPOVED QUANTITY FOR THE PROCEDURE CODE HAS NOT BEEN EXCEEDED, FORCE THE ESC. IF THE APPROVED QUANTITY ON THE LETTER HAS BEEN EXCEEDED, DENY THE DETAIL WITH EOB 0795.
	IF DATA IS KEYED CORRECTLY AND NO LETTER IS ATTACHED, DENY THE DETAIL WITH EOB 0795.

2.319 6186 (FORMER LEGACY AUDIT 585)

DMS LAST APPROVED: 04/01/2008		
ESC 6186 (FORMER LEGACY AUDIT 585 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
INTENSIVE OUTPATIENT NON-RESIDENTIAL PROCEDURES LIMITED TO 28 UNITS PER DAY	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, UNITS OF SERVICE
ESC TYPE: LIMIT	**C/T:**	M (PT 30)
IF CMH INTENSIVE OUTPATIENT NON-RESIDENTIAL PROCEDURE CODES FOR A COMBINED TOTAL (FOR ALL MONITORED PROCEDURE CODES) OF MORE THAN 28 UNITS ARE BILLED FOR THE SAME MEMBER FOR THE SAME DATE OF SERVICE, CLAIM WILL FAIL ESC 6186. PROCEDURE CODE H0015 IS AUDITED BY ESC 6034 FOR DOS AFTER 03/31/2005.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER	
PROCEDURES MONITORED: (DOS AFTER 10/15/03 AND PRIOR TO 04/01/2005)	H0015 AND H0047 IF BILLED WITH MODIFIER UD NOTE: FOR CLAIMS WITH DATES OF SERVICE ON OR AFTER 04/01/05 THE PROCEDURE CODE H0047 IS NOT CONSIDERED A MONITORED CODE. PER DCR 1314	
PROCEDURES MONITORED: (DOS PRIOR TO 10/16/03)	WB510 WB524 WB605	
ESC EOB:	0585 - INTENSIVE OUTPATIENT NON-RESIDENTIAL SERVICES PROCEDURE CODES ARE LIMITED TO A COMBINED TOTAL OF 28 UNITS PER MEMBER, PER DAY.	
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE AND UNITS WERE KEYED CORRECTLY. IF NOT, CORRECT EACH FIELD IN ERROR.	
	IF THE DATA IS KEYED CORRECTLY, DENY THE CLAIM WITH EOB 0585.	

2.320 6187 (FORMER LEGACY AUDIT 586)

DMS LAST APPROVED: 05/25/05		
ESC 6187 (FORMER LEGACY AUDIT 586 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
INTENSIVE OUTPATIENT NON-RESIDENTIAL PROCEDURES LIMITED TO 80 UNITS PER CALENDAR WEEK	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, UNITS OF SERVICE
ESC TYPE: LIMIT	**C/T:**	M (PT 30)
IF CMH INTENSIVE OUTPATIENT NON-RESIDENTIAL PROCEDURE CODES FOR A COMBINED TOTAL (FOR ALL MONITORED PROCEDURE CODES) OF MORE THAN 80 UNITS ARE BILLED FOR THE SAME MEMBER DURING ONE CALENDAR WEEK (SUNDAY THRU SATURDAY), CLAIMS WILL FAIL ESC 6035.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER	
PROCEDURES MONITORED: DOS PRIOR TO 4/01/05	H0015 AND H0047 IF BILLED WITH MODIFIER UD NOTE: FOR CLAIMS WITH DATES OF SERVICE ON OR AFTER 04/01/05 THE PROCEDURE CODE H0047 IS NOT CONSIDERED A MONITORED CODE. PER DCR 1314. PRIOR TO THE IMPLEMENTATION OF DCR1314, THE NUMBER OF UNITS WAS LIMITED TO (80) EIGHTY.	
PROCEDURES MONITORED: **(DOS PRIOR TO 10/16/03)**	WB510 WB524 WB605	
ESC EOB:	0586 - INTENSIVE OUTPATIENT NON-RESIDENTIAL SERVICES PROCEDURE C ODES ARE LIMITED TO A COMBINED TOTAL OF 80 UNITS PER MEMBER, PER CALENDAR WEEK (SUNDAY THRU SATURDAY).	
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE AND UNITS WERE KEYED CORRECTLY. IF NOT, CORRECT EACH FIELD IN ERROR.	
	IF THE DATA IS KEYED CORRECTLY, DENY THE CLAIM WITH EOB 0586.	

2.321 6189

DMS APPROVED: 03/26/2012		
ESC 6189 /EFFECTIVE 10/1/2010 PER CO 15546	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
99407 IS LIMITED TO 2 UNITS PER CALENDAR YEAR	**CLAIM FIELD LABEL:**	PROCEDURE, MEMBER ID
ESC TYPE: LIMIT	**C/T:**	M (PT 20, 64, 65, 78)
MEMBERS ARE LIMITED TO TWO UNITS OF PROCEDURE CODE 99407 PER CALENDAR YEAR. IF MORE THAN TWO UNITS OF 99407 IS BILLED PER MEMBER, PER CALENDAR YEAR ESC 6189 WILL FAIL.		
ESC CRITERIA:	SAME MEMBER SAME CALENDAR YEAR	
PROCEDURE MONITORED:	99407	
ESC EOB:	6189 - CLAIM/DETAIL DENIED. 99407 IS LIMITED TO 2 UNITS PER CALENDAR YEAR, PER MEMBER.	
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE, DATE OF SERVICE AND MEMBER ID WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR. IF DATA IS KEYED CORRECTLY DENY THE DETAIL EXCEEDING THE LIMITATION OF TWO PER CALENDAR YEAR WITH EOB 6189.	

2.322 6190 (FORMER LEGACY AUDIT 605)

DMS LAST APPROVED: 09/08/04		
ESC 6190 (FORMER LEGACY AUDIT 605 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
4 PSYCHOTHERAPY TREATMENTS ARE PAYABLE PER YEAR WITH THE EXCEPTION OF SPECIALTY 26 (PSYCHIATRIST)	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 13, 22, 64, 65, 78, 85)
IF A PROVIDER BILLS FOR MORE THAN 4 PSYCHOTHERAPY TREATMENTS PER YEAR THE CLAIM EXCEEDING THE LIMIT WILL FAIL ESC 6190.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME OR DIFFERENT PROCEDURE	
PROCEDURES MONITORED	90801 90843 90857 90820 90844 90862 90825 90845 90870 90830 90847 90871 90835 90849 90899 90841 90853 96100 90842 90855 <u>NOTE:</u> FOR CLAIMS WITH THE DOS ON OR AFTER 08-01-04 THE PROCEDURES MONITORED ARE 90801THRU 90899 AND PROCEDURE CODE 96100. PER DCR01180 <u>EXCLUSIONS:</u> CLAIMS SUBMITTED BY PHYSICIANS (PROV TYPES 64, 65) WITH SPECIALTY 26 DO NOT FAIL ESC 605. CLAIMS WITH TYPE OF SERVICE 7 OR B DO NOT FAIL ESC 605.	
ESC EOB:	0605 - ONLY FOUR PSYCHIATRIC PROCEDURES ALLOWED PER YEAR, PER PROVIDER, PER MEMBER.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 605, VERIFY THE PROCEDURE CODE, DATE OF SERVICE AND PROVIDER NUMBER WERE KEYED CORRECTLY. IF DATA WAS KEYED IN ERROR, DATA CORRECT EACH FIELD IN ERROR.	

DMS LAST APPROVED: 09/08/04	
	MULTIPLE UNITS OF SERVICE ON THE SAME DATE OF SERVICE ARE TO BE CONSIDERED ONE TREATMENT. IF THE CURRENT OR A RELATED HISTORY CLAIM INDICATES MULTIPLE UNITS OF SERVICE, CALCULATE THE TOTAL NUMBER OF TREATMENTS (DIFFERENT DAYS OF SERVICE). IF THE CURRENT CLAIM DOES NOT EXCEED 4 TREATMENTS, OVERRIDE THE DETAIL.
	IF DATE OF SERVICE FOR THE CURRENT CLAIM IS EXACTLY ONE YEAR FROM THE HISTORY CLAIM DATE OF SERVICE (5-1-94 AND 5-1-95), OVERRIDE THE ESC
	IF RELATED HISTORY INDICATES THE LIMIT HAS NOT BEEN MET, BUT PAYING ALL DETAILS ON THE CURRENT CLAIM WOULD EXCEED THE LIMIT, OVERRIDE THOSE DETAILS WHICH COULD BE PAID WITHOUT EXCEEDING THE MAXIMUM, AND DENY THOSE DETAILS WHICH EXCEED THE LIMIT.
	IF THE CONDITIONS IN STEPS 1-4 DO NOT APPLY, DENY THE CLAIM.
	ADJUSTMENTS
	FOLLOW RESOLUTION INSTRUCTIONS FOR CONDITIONS EXISTING IN NUMBERS 1, 2, 3, AND 4.
	IF CONDITIONS IN RESOLUTION STEPS 1-4 DO NOT EXIST AND THE ADJUSTMENT REQUEST IS ADDING ONE OF THE LISTED PSYCHOTHERAPY TREATMENTS, DELETE THE ADJUSTMENT. ATTACH AN RTP SHEET TO THE ADJUSTMENT REQUEST FORM. INDICATE ON THE RTP SHEET, “ONLY FOUR PSYCHIATRIC PROCEDURES ALLOWED PER YEAR, PER PROVIDER, PER MEMBER.” RETURN ADJUSTMENT REQUEST AND RTP SHEET TO THE PROVIDER.
	IF CONDITIONS IN RESOLUTION STEPS 1-4 DO NOT EXIST AND THE ADJUSTMENT REQUEST IS CHANGING A DETAIL OTHER THAN ONE OF THE LISTED PSYCHOTHERAPY CODES, DENY THE DETAIL.
	IF DATE OF SERVICE FOR THE CURRENT CLAIM IS EXACTLY ONE YEAR FROM THE HISTORY CLAIM DATE OF SERVICE (5-1-94 AND 5-1-95), OVERRIDE THE ESC
	IF RELATED HISTORY INDICATES THE LIMIT HAS NOT BEEN MET, BUT PAYING ALL DETAILS ON THE CURRENT CLAIM WOULD EXCEED THE LIMIT, OVERRIDE THOSE DETAILS WHICH COULD BE PAID WITHOUT EXCEEDING THE MAXIMUM, AND DENY THOSE DETAILS WHICH EXCEED THE LIMIT.
	IF THE CONDITIONS IN STEPS 1-4 DO NOT APPLY, DENY THE CLAIM.

DMS LAST APPROVED: 09/08/04	
	ADJUSTMENTS
	FOLLOW RESOLUTION INSTRUCTIONS FOR CONDITIONS EXISTING IN NUMBERS 1, 2, 3, AND 4.
	IF CONDITIONS IN RESOLUTION STEPS 1-4 DO NOT EXIST AND THE ADJUSTMENT REQUEST IS ADDING ONE OF THE LISTED PSYCHOTHERAPY TREATMENTS, DELETE THE ADJUSTMENT. ATTACH AN RTP SHEET TO THE ADJUSTMENT REQUEST FORM. INDICATE ON THE RTP SHEET, "ONLY FOUR PSYCHIATRIC PROCEDURES ALLOWED PER YEAR, PER PROVIDER, PER MEMBER." RETURN ADJUSTMENT REQUEST AND RTP SHEET TO THE PROVIDER.
	IF CONDITIONS IN RESOLUTION STEPS 1-4 DO NOT EXIST AND THE ADJUSTMENT REQUEST IS CHANGING A DETAIL OTHER THAN ONE OF THE LISTED PSYCHOTHERAPY CODES, DENY THE DETAIL.

2.323 6191 (FORMER LEGACY AUDIT 795)

DMS LAST APPROVED: 01/16/07				
ESC 6191 (FORMER LEGACY AUDIT 795 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT		
PROCEDURE MONTHLY LIMITATION EXCEEDED	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS		
ESC TYPE: LIMIT	**C/T:**	M (PT 90)		
FAILS ESC 6191 IF THE MONTHLY (CALENDAR MONTH) LIMITATIONS LISTED BELOW ARE EXCEEDED UNLESS A PRIOR AUTHORIZATON IS ON FILE. IF A MATCHING PRIOR AUTHORIZATION IS ON FILE FOR ONE OF THESE PROCEDURES, THE APPROVED UNITS ON THE PRIOR AUTHORIZATION IS CONSIDERED THE MONTHLY LIMIT.				
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME CALENDAR MONTH			
PROCEDURES MONITORED: **(FOR DOS AFTER 12/31/2000)**	**PROCEDURE CODE**	**MONTHLY LIMITATION**	**PROCEDURE CODE**	**MONTHLY LIMITATION**
	A4357 A4364 A4397	4 4 4	A4402 A4615	4 4
	* THESE CODES ADDED 05/06/2004 PER DCR 01078 ** THESE CODES ADDED 08/31/2004 PER DCR 01192 **NOTE:** PROCEDURE CODE A7526 LIMITATION CHANGED FROM 1 TO 31 ON 10/1/2004 PER DCR 01192 ADDENDUM. **NOTE:** PROCEDURE CODE A4388 REMOVED FROM ESC PER CO415 IMPLEMENTED 4/21/06. **NOTE:** THE FOLLOWING PRCEDURE CODES WERE REMOVED PER CO1020 CO1021 ON 11/15/06 A4621 A4347 A4363 A4364 A4388 A4455 A5091 A5123 E6605 K0169			
ESC EOB:	0795 - CLAIM/DETAIL REQUIRES PRIOR AUTHORIZATION. THE MONTHLY (CALENDAR MONTH) LIMITATION FOR THIS PROCEDURE CODE HAS BEEN EXCEEDED.			

DMS LAST APPROVED: 01/16/07	
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE, MEMBER ID, DATES OF SERVICE AND PRIOR AUTHORIZATION NUMBER WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.
	REVIEW CLAIM ATTACHMENTS FOR A DMS LETTER APPROVING QUANTITY. IF THE DATE(S) OF SERVICE ON THE DETAIL IS WITHIN 12 MONTHS OF THE DATE OF THE LETTER AND THE APPOVED QUANTITY FOR THE PROCEDURE CODE HAS NOT BEEN EXCEEDED, FORCE THE ESC. IF THE APPROVED QUANTITY ON THE LETTER HAS BEEN EXCEEDED, DENY THE DETAIL WITH EOB 0795.
	IF DATA IS KEYED CORRECTLY AND NO LETTER IS ATTACHED, DENY THE DETAIL WITH EOB 0795.

2.324 6192 (FORMER LEGACY AUDIT 795)

DMS APPROVED 4/21/2005				
ESC 6192 (FORMER LEGACY AUDIT 795 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT		
PROCEDURE MONTHLY LIMITATION EXCEEDED	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS		
ESC TYPE: LIMIT	**C/T:**	M (PT 90)		
FAILS ESC 6192 IF THE MONTHLY (CALENDAR MONTH) LIMITATIONS LISTED BELOW ARE EXCEEDED UNLESS A PRIOR AUTHORIZATON IS ON FILE. IF A MATCHING PRIOR AUTHORIZATION IS ON FILE FOR ONE OF THESE PROCEDURES, THE APPROVED UNITS ON THE PRIOR AUTHORIZATION IS CONSIDERED THE MONTHLY LIMIT.				
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME CALENDAR MONTH			
PROCEDURES MONITORED: **(FOR DOS AFTER 12/31/2000)**	**PROCEDURE CODE**	**MONTHLY LIMITATION**	**PROCEDURE CODE**	**MONTHLY LIMITATION**
	**A4320	9	**A4322	9
	* THESE CODES ADDED 05/06/2004 PER DCR 01078 ** THESE CODES ADDED 08/31/2004 PER DCR 01192 **NOTE:** PROCEDURE CODE A7526 LIMITATION CHANGED FROM 1 TO 31 ON 10/1/2004 PER DCR 01192 ADDENDUM. **NOTE:** PROCEDURE CODE A4388 REMOVED FROM ESC PER CO415 IMPLEMENTED 4/21/06. **NOTE:** THE FOLLOWING PRCEDURE CODES WERE REMOVED PER CO1020 CO1021 ON 11/15/06 A4621 A4347 A4363 A4364 A4388 A4455 A5091 A5123 E6605 K0169			
ESC EOB:	0795 - CLAIM/DETAIL REQUIRES PRIOR AUTHORIZATION. THE MONTHLY (CALENDAR MONTH) LIMITATION FOR THIS PROCEDURE CODE HAS BEEN EXCEEDED.			
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE, MEMBER ID, DATES OF SERVICE AND PRIOR AUTHORIZATION NUMBER WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.			

	REVIEW CLAIM ATTACHMENTS FOR A DMS LETTER APPROVING QUANTITY. IF THE DATE(S) OF SERVICE ON THE DETAIL IS WITHIN 12 MONTHS OF THE DATE OF THE LETTER AND THE APPOVED QUANTITY FOR THE PROCEDURE CODE HAS NOT BEEN EXCEEDED, FORCE THE ESC. IF THE APPROVED QUANTITY ON THE LETTER HAS BEEN EXCEEDED, DENY THE DETAIL WITH EOB 0795.
	IF DATA IS KEYED CORRECTLY AND NO LETTER IS ATTACHED, DENY THE DETAIL WITH EOB 0795.

2.325 6193 (FORMER LEGACY AUDIT 795)

DMS APPROVED 4/21/2005				
ESC 6193 (FORMER LEGACY AUDIT 795 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT		
PROCEDURE MONTHLY LIMITATION EXCEEDED	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS		
ESC TYPE: LIMIT	**C/T:**	M (PT 90)		
FAILS ESC 6193 IF THE MONTHLY (CALENDAR MONTH) LIMITATIONS LISTED BELOW ARE EXCEEDED UNLESS A PRIOR AUTHORIZATON IS ON FILE. IF A MATCHING PRIOR AUTHORIZATION IS ON FILE FOR ONE OF THESE PROCEDURES, THE APPROVED UNITS ON THE PRIOR AUTHORIZATION IS CONSIDERED THE MONTHLY LIMIT.				
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME CALENDAR MONTH			
PROCEDURES MONITORED: **(FOR DOS AFTER 12/31/2000)**	**PROCEDURE CODE**	**MONTHLY LIMITATION**	**PROCEDURE CODE**	**MONTHLY LIMITATION**
	* A4207	10	A5091	10
	* A4208	10	A5093	10
	* A4209	10	A5126	10
	A4404	10		
	* THESE CODES ADDED 05/06/2004 PER DCR 01078 ** THESE CODES ADDED 08/31/2004 PER DCR 01192 **NOTE:** PROCEDURE CODE A7526 LIMITATION CHANGED FROM 1 TO 31 ON 10/1/2004 PER DCR 01192 ADDENDUM. **NOTE:** PROCEDURE CODE A4388 REMOVED FROM ESC PER CO415 IMPLEMENTED 4/21/06. **NOTE:** THE FOLLOWING PRCEDURE CODES WERE REMOVED PER CO1020 CO1021 ON 11/15/06 A4621 A4347 A4363 A4364 A4388 A4455 A5091 A5123 E6605 K0169			
ESC EOB:	0795 - - CLAIM/DETAIL REQUIRES PRIOR AUTHORIZATION. THE MONTHLY (CALENDAR MONTH) LIMITATION FOR THIS PROCEDURE CODE HAS BEEN EXCEEDED.			
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE, MEMBER ID, DATES OF SERVICE AND PRIOR AUTHORIZATION NUMBER WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.			

	REVIEW CLAIM ATTACHMENTS FOR A DMS LETTER APPROVING QUANTITY. IF THE DATE(S) OF SERVICE ON THE DETAIL IS WITHIN 12 MONTHS OF THE DATE OF THE LETTER AND THE APPOVED QUANTITY FOR THE PROCEDURE CODE HAS NOT BEEN EXCEEDED, FORCE THE ESC. IF THE APPROVED QUANTITY ON THE LETTER HAS BEEN EXCEEDED, DENY THE DETAIL WITH EOB 0795.
	IF DATA IS KEYED CORRECTLY AND NO LETTER IS ATTACHED, DENY THE DETAIL WITH EOB 0795.

2.326 6194 (FORMER LEGACY AUDIT 795)

DMS APPROVED 4/21/2005				
ESC 6194 (FORMER LEGACY AUDIT 795 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT		
PROCEDURE MONTHLY LIMITATION EXCEEDED	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS		
ESC TYPE: LIMIT	**C/T:**	M (PT 90)		
FAILS ESC 6194 IF THE MONTHLY (CALENDAR MONTH) LIMITATIONS LISTED BELOW ARE EXCEEDED UNLESS A PRIOR AUTHORIZATON IS ON FILE. IF A MATCHING PRIOR AUTHORIZATION IS ON FILE FOR ONE OF THESE PROCEDURES, THE APPROVED UNITS ON THE PRIOR AUTHORIZATION IS CONSIDERED THE MONTHLY LIMIT.				
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME CALENDAR MONTH			
PROCEDURES MONITORED: **(FOR DOS AFTER 12/31/2000)**	**PROCEDURE CODE**	**MONTHLY LIMITATION**	**PROCEDURE CODE**	**MONTHLY LIMITATION**
	A4362	20	A5072	20
	A5061	20	A5073	20
	A5062	20	A5121	20
	A5063	20	A5122	20
	A5071	20	A5123	20
	* THESE CODES ADDED 05/06/2004 PER DCR 01078 ** THESE CODES ADDED 08/31/2004 PER DCR 01192 **NOTE:** PROCEDURE CODE A7526 LIMITATION CHANGED FROM 1 TO 31 ON 10/1/2004 PER DCR 01192 ADDENDUM. **NOTE:** PROCEDURE CODE A4388 REMOVED FROM ESC PER CO415 IMPLEMENTED 4/21/06. **NOTE:** THE FOLLOWING PRCEDURE CODES WERE REMOVED PER CO1020 CO1021 ON 11/15/06 A4621 A4347 A4363 A4364 A4388 A4455 A5091 A5123 E6605 K0169			
ESC EOB:	0795 - - CLAIM/DETAIL REQUIRES PRIOR AUTHORIZATION. THE MONTHLY (CALENDAR MONTH) LIMITATION FOR THIS PROCEDURE CODE HAS BEEN EXCEEDED.			

PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE, MEMBER ID, DATES OF SERVICE AND PRIOR AUTHORIZATION NUMBER WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.
	REVIEW CLAIM ATTACHMENTS FOR A DMS LETTER APPROVING QUANTITY. IF THE DATE(S) OF SERVICE ON THE DETAIL IS WITHN 12 MONTHS OF THE DATE OF THE LETTER AND THE APPOVED QUANTITY FOR THE PROCEDURE CODE HAS NOT BEEN EXCEEDED, FORCE THE ESC. IF THE APPROVED QUANTITY ON THE LETTER HAS BEEN EXCEEDED, DENY THE DETAIL WITH EOB 0795.
	IF DATA IS KEYED CORRECTLY AND NO LETTER IS ATTACHED, DENY THE DETAIL WITH EOB 0795.

2.327 6197 (FORMER LEGACY AUDIT 795)

DMS APPROVED 4/21/2005				
ESC 6197 (FORMER LEGACY AUDIT 795 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT		
PROCEDURE MONTHLY LIMITATION EXCEEDED	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS		
ESC TYPE: LIMIT	**C/T:**	M (PT 90)		
FAILS ESC 6197 IF THE MONTHLY (CALENDAR MONTH) LIMITATIONS LISTED BELOW ARE EXCEEDED UNLESS A PRIOR AUTHORIZATON IS ON FILE. IF A MATCHING PRIOR AUTHORIZATION IS ON FILE FOR ONE OF THESE PROCEDURES, THE APPROVED UNITS ON THE PRIOR AUTHORIZATION IS CONSIDERED THE MONTHLY LIMIT.				
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME CALENDAR MONTH			
PROCEDURES MONITORED: **(FOR DOS AFTER 12/31/2000)**	**PROCEDURE CODE**	**MONTHLY LIMITATION**	**PROCEDURE CODE**	**MONTHLY LIMITATION**
	A4363	23		
	* THESE CODES ADDED 05/06/2004 PER DCR 01078 ** THESE CODES ADDED 08/31/2004 PER DCR 01192 **NOTE:** PROCEDURE CODE A7526 LIMITATION CHANGED FROM 1 TO 31 ON 10/1/2004 PER DCR 01192 ADDENDUM. **NOTE:** PROCEDURE CODE A4388 REMOVED FROM ESC PER CO415 IMPLEMENTED 4/21/06. **NOTE:** THE FOLLOWING PRCEDURE CODES WERE REMOVED PER CO1020 CO1021 ON 11/15/06 A4621 A4347 A4363 A4364 A4388 A4455 A5091 A5123 E6605 K0169			
ESC EOB:	0795 - - CLAIM/DETAIL REQUIRES PRIOR AUTHORIZATION. THE MONTHLY (CALENDAR MONTH) LIMITATION FOR THIS PROCEDURE CODE HAS BEEN EXCEEDED.			
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE, MEMBER ID, DATES OF SERVICE AND PRIOR AUTHORIZATION NUMBER WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.			

	REVIEW CLAIM ATTACHMENTS FOR A DMS LETTER APPROVING QUANTITY. IF THE DATE(S) OF SERVICE ON THE DETAIL IS WITHIN 12 MONTHS OF THE DATE OF THE LETTER AND THE APPOVED QUANTITY FOR THE PROCEDURE CODE HAS NOT BEEN EXCEEDED, FORCE THE ESC. IF THE APPROVED QUANTITY ON THE LETTER HAS BEEN EXCEEDED, DENY THE DETAIL WITH EOB 0795.
	IF DATA IS KEYED CORRECTLY AND NO LETTER IS ATTACHED, DENY THE DETAIL WITH EOB 0795.

2.328 6200

DMS LAST APPROVED: 08/25/2008		
ESC 6200	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
92012, 92014 IS LIMITED TO ONE PER MEMBER PER PROVIDER PER CALENDAR YEAR	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE
ESC TYPE: LIMIT	**C/T:**	M (PT 20, 22, 64, 65, 77, 78)
IF THE COMPREHENSIVE FOLLOW-UP OPHTHALMOLOGIC SERVICE PROCEDURE CODES 92012 AND 92014 ARE BILLED MORE THAN ONCE IN A 12 MONTH PERIOD, CUMMULATIVELY, FOR THE SAME MEMBER BY THE SAME PROVIDER, THE CLAIM WILL FAIL ESC 6200.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME CALENDAR YEAR EFFECTIVE FOR DATES OF SERVICE 01/01/2008 AND AFTER NOTE – AUDIT 6200 WAS CREATED PER CO 10199 AND REPLACES AUDIT 6078 WHICH WAS FORMERLY LEGACY AUDIT 644.	
PROCEDURES MONITORED:	92012	92014
ESC EOB:	6200 – MEMBERS ARE LIMITED TO ONE OPHTHALMOLOGICAL EXAMINATION PER PROVIDER PER CALENDAR YEAR.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6200, VERIFY DATE OF SERVICE, PROCEDURE CODE, MEMBER ID AND PROVIDER NUMBER WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF THE CLAIM IS KEYED CORRECTLY DENY THE DETAIL WITH EOB CODE 6200.	

2.329 6201 (FORMER LEGACY AUDIT 643)

DMS APPROVED: 06/04/2008		
ESC 6201 (FORMER LEGACY AUDIT 643 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
NEW PATIENT OFFICE MEDICAL SERVICES ARE LIMITED TO ONE PER MEMBER PER PHYSICIAN PER 12 MONTHS	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: LIMIT	**C/T:**	D (PT 60, 61)
IF A PROVIDER BILLS FOR NEW PATIENT OFFICE MEDICAL SERVICES MORE THAN ONCE IN A 12 MONTH PERIOD, THE CLAIMS WILL FAIL ESC 6201.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER **<u>EXCEPTION</u>** EFFECTIVE DOS 9/30/06 FOR P/T 60 AND 61, FOR MEMBERS AGES 20 AND UNDER, ONE ADDITIONAL D0150 IS ALLOWED IF BILLED ON SDOS, AND PROVIDER AS D1110, D1120 OR D1201 PER CO911. NOTE- THIS ESC ALSO INCLUDES LOOKING FOR THE ABOVE HISTORY CODES ON DIFFERENT CLAIMS FOR THE CURRENT DOS.	
PROCEDURES MONITORED:	D0150	
ESC EOB:	0642 – THIS PROCEDURE IS LIMITED TO ONE PER 12 MONTHS PER MEMBER PER PROVIDER.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 643, VERIFY THE DATE OF SERVICE, PROCEDURE, MEMBER ID, AND PROVIDER NUMBER WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY INDICATES A PAID CLAIM FOR WHICH THE DATE OF SERVICE FOR THE CURRENT CLAIM IS PRIOR TO THE BEGINNING OF THE CALENDAR MONTH IN WHICH THE 365TH DAY FAILS (I.E., HISTORY 2/15/90, CURRENT 01/31/91), DENY CURRENT CLAIM.	

DMS APPROVED: 06/04/2008	
	IF RELATED HISTORY INDICATES A PAID CLAIM FOR WHICH THE DATE OF SERVICE FOR THE CURRENT CLAIM IS AFTER THE BEGINNING OF THE CALENDAR MONTH IN WHICH THE 365TH DAY FAILS (I.E., HISTORY 02/15/90, CURRENT 02/1/91), OVERRIDE THE ESC.
	IF TWO OR MORE OF THE ABOVE MONITORED PROCEDURES ARE BILLED ON THE SAME CLAIM, OVERRIDE THE DETAIL WITH THE EARLIER DATE OF SERVICE AND DENY REMAINING DETAILS.
	IF THERE IS NO PAID DATE OR PAID AMOUNT FOR THE RELATED HISTORY CLAIM, CHECK THE CURRENT CLAIM DATE OF SERVICE. IF THE CURRENT CLAIM HAS AN EARLIER DATE OF SERVICE THAN THE HISTORY CLAIM, OVERRIDE THE ESC IF THE RELATED HISTORY CLAIM HAS THE EARLIER DATE OF SERVICE, DENY THE CURRENT CLAIM. IF HISTORY OF A D1110, D1120 OR D1201 SHOW PAID ON SAME DATE AS CURRENT CLAIM AND THERE IS ONLY ONE MONITORED CODE IN HISTORY. OVERRIDE THE CURRENT CLAIM

2.330 6202 (FORMER LEGACY AUDIT 643)

DMS APPROVED: 03/28/2008		
ESC 6202 (FORMER LEGACY AUDIT 643 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
NEW PATIENT OFFICE MEDICAL SERVICES ARE LIMITED TO ONE PER MEMBER PER PHYSICIAN PER 12 MONTHS	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: LIMIT	**C/T:**	D (PT 60, 61)
IF A PROVIDER BILLS FOR NEW PATIENT OFFICE MEDICAL SERVICES MORE THAN ONCE IN A 12 MONTH PERIOD, THE CLAIMS WILL FAIL ESC 6077.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER	
PROCEDURES MONITORED:	D0150	
ESC EOB:	0642 – THIS PROCEDURE IS LIMITED TO ONE PER 12 MONTHS PER MEMBER PER PROVIDER.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 643, VERIFY THE DATE OF SERVICE, PROCEDURE, MEMBER ID, AND PROVIDER NUMBER WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY INDICATES A PAID CLAIM FOR WHICH THE DATE OF SERVICE FOR THE CURRENT CLAIM IS PRIOR TO THE BEGINNING OF THE CALENDAR MONTH IN WHICH THE 365TH DAY FAILS (I.E., HISTORY 2/15/90, CURRENT 01/31/91), DENY CURRENT CLAIM.	
	IF RELATED HISTORY INDICATES A PAID CLAIM FOR WHICH THE DATE OF SERVICE FOR THE CURRENT CLAIM IS AFTER THE BEGINNING OF THE CALENDAR MONTH IN WHICH THE 365TH DAY FAILS (I.E., HISTORY 02/15/90, CURRENT 02/1/91), OVERRIDE THE ESC.	
	IF TWO OR MORE OF THE ABOVE MONITORED PROCEDURES ARE BILLED ON THE SAME CLAIM, OVERRIDE THE DETAIL WITH THE EARLIER DATE OF SERVICE AND DENY REMAINING DETAILS.	
	IF THERE IS NO PAID DATE OR PAID AMOUNT FOR THE RELATED HISTORY CLAIM, CHECK THE CURRENT CLAIM DATE OF SERVICE.	
	IF THE CURRENT CLAIM HAS AN EARLIER DATE OF	

DMS APPROVED: 03/28/2008	
	SERVICE THAN THE HISTORY CLAIM, OVERRIDE THE ESC
	IF THE RELATED HISTORY CLAIM HAS THE EARLIER DATE OF SERVICE, DENY THE CURRENT CLAIM.

2.331 6203 (FORMER LEGACY AUDIT 795)

DMS APPROVED 4/21/2005				
ESC 6203 (FORMER LEGACY AUDIT 795 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT		
PROCEDURE MONTHLY LIMITATION EXCEEDED	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS		
ESC TYPE: LIMIT	**C/T:**	M (PT 90)		
FAILS ESC 6203 IF THE MONTHLY (CALENDAR MONTH) LIMITATIONS LISTED BELOW ARE EXCEEDED UNLESS A PRIOR AUTHORIZATON IS ON FILE. IF A MATCHING PRIOR AUTHORIZATION IS ON FILE FOR ONE OF THESE PROCEDURES, THE APPROVED UNITS ON THE PRIOR AUTHORIZATION IS CONSIDERED THE MONTHLY LIMIT.				
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME CALENDAR MONTH			
PROCEDURES MONITORED: **(FOR DOS AFTER 12/31/2000)**	**PROCEDURE CODE**	**MONTHLY LIMITATION**	**PROCEDURE CODE**	**MONTHLY LIMITATION**
	A4623	31	A5081	31
	A5055	31	**A7526	31
	* THESE CODES ADDED 05/06/2004 PER DCR 01078 ** THESE CODES ADDED 08/31/2004 PER DCR 01192 **NOTE:** PROCEDURE CODE A7526 LIMITATION CHANGED FROM 1 TO 31 ON 10/1/2004 PER DCR 01192 ADDENDUM. **NOTE:** PROCEDURE CODE A4388 REMOVED FROM ESC PER CO415 IMPLEMENTED 4/21/06. **NOTE:** THE FOLLOWING PRCEDURE CODES WERE REMOVED PER CO1020 CO1021 ON 11/15/06 A4621 A4347 A4363 A4364 A4388 A4455 A5091 A5123 E6605 K0169			
ESC EOB:	0795 - CLAIM/DETAIL REQUIRES PRIOR AUTHORIZATION. THE MONTHLY (CALENDAR MONTH) LIMITATION FOR THIS PROCEDURE CODE HAS BEEN EXCEEDED.			
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE, MEMBER ID, DATES OF SERVICE AND PRIOR AUTHORIZATION NUMBER WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.			

	REVIEW CLAIM ATTACHMENTS FOR A DMS LETTER APPROVING QUANTITY. IF THE DATE(S) OF SERVICE ON THE DETAIL IS WITHIN 12 MONTHS OF THE DATE OF THE LETTER AND THE APPOVED QUANTITY FOR THE PROCEDURE CODE HAS NOT BEEN EXCEEDED, FORCE THE ESC. IF THE APPROVED QUANTITY ON THE LETTER HAS BEEN EXCEEDED, DENY THE DETAIL WITH EOB 0795.
	IF DATA IS KEYED CORRECTLY AND NO LETTER IS ATTACHED, DENY THE DETAIL WITH EOB 0795.

2.333 6204 (FORMER LEGACY AUDIT 643)

DMS LAST APPROVED: 04/27/2012		
ESC 6204 (FORMER LEGACY AUDIT 643 LIMITATION) END DATED 09/29/2006	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
NEW PATIENT OFFICE MEDICAL SERVICES ARE LIMITED TO ONE PER MEMBER PER PHYSICIAN PER 12 MONTHS	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: LIMIT	**C/T:**	D (PTs 60, 61)
IF A PROVIDER BILLS FOR NEW PATIENT OFFICE MEDICAL SERVICES MORE THAN ONCE IN A 12 MONTH PERIOD, THE CLAIMS WILL FAIL ESC 6077.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER EFFECTIVE DOS 9/30/06 FOR P/T 60 AND 61, FOR MEMBERS AGES 20 AND UNDER, ONE ADDITIONAL D0150 IS ALLOWED IF BILLED ON SDOS, AND PROVIDER AS D1110, D1120 OR D1201 PER CO911. SEE AUDIT 6201.	
PROCEDURES MONITORED:	00150, D0150	
ESC EOB:	0642 – THIS PROCEDURE IS LIMITED TO ONE PER 12 MONTHS PER MEMBER PER PROVIDER.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6204, VERIFY THAT THE DATE OF SERVICE, PROCEDURE, MEMBER ID, AND PROVIDER NUMBER WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY INDICATES A PAID CLAIM FOR WHICH THE DATE OF SERVICE FOR THE CURRENT CLAIM IS PRIOR TO THE BEGINNING OF THE CALENDAR MONTH IN WHICH THE 365TH DAY FAILS (I.E., HISTORY 2/15/90, CURRENT 01/31/91), DENY CURRENT CLAIM.	
	IF RELATED HISTORY INDICATES A PAID CLAIM FOR WHICH THE DATE OF SERVICE FOR THE CURRENT CLAIM IS AFTER THE BEGINNING OF THE CALENDAR MONTH IN WHICH THE 365TH DAY FAILS (I.E., HISTORY 02/15/90, CURRENT 02/1/91), OVERRIDE THE ESC.	
	IF TWO OR MORE OF THE ABOVE MONITORED PROCEDURES ARE BILLED ON THE SAME CLAIM, OVERRIDE THE DETAIL WITH THE EARLIER DATE OF SERVICE AND DENY REMAINING DETAILS.	
	IF THERE IS NO PAID DATE OR PAID AMOUNT FOR THE RELATED HISTORY CLAIM, CHECK THE CURRENT CLAIM DATE OF SERVICE.	

DMS LAST APPROVED: 04/27/2012	
	IF THE CURRENT CLAIM HAS AN EARLIER DATE OF SERVICE THAN THE HISTORY CLAIM, OVERRIDE THE ESC IF THE RELATED HISTORY CLAIM HAS THE EARLIER DATE OF SERVICE, DENY THE CURRENT CLAIM.

2.334 6205

DMS LAST APPROVED: 06/09/2008		
ESC 6205	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE CODES 99214 AND 99215 ARE LIMITED TO TWO UNITS PER CALENDAR YEAR	**CLAIM FIELD LABEL:**	PROC, DOS, PROVIDER
ESC TYPE: LIMIT	**C/T:**	CT M (PT 22)
IF A PROVIDER BILLS FOR MORE THAN TWO UNITS (CUMULATIVELY) OF PROCEDURE CODES 99214 AND 99215 DURING A CALENDAR YEAR, THE CLAIM IN EXCESS WILL FAIL AUDIT 6205.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME CALENDAR YEAR	
	Note – THIS AUDIT IS EFFECTIVE 01/01/2008 AND PARTIALLY REPLACED AUDIT 6080 (CO# 10200)	
PROCEDURES MONITORED:	99214 99215	
ESC EOB:	6205 – ESTABLISHED PATIENT MEDICAL SERVICES LIMITED TO TWO PER MEMBER PER PROVIDER, PER CALENDAR YEAR.	
PROCESSING INSTRUCTIONS:	VERIFY THE DATE OF SERVICE, PROCEDURE CODE, MEMBER ID AND PROVIDER NUMBER WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	REVIEW THE CURRENT CLAIM FOR DOCUMENTATION. IF DOCUMENTATION INDICATES THE PROCEDURE WAS PROVIDED FOR A DIFFERENT PURPOSE (NOT PROCEDURE) I.E., ONE CLAIM INDICATES CARDIOLOGY EXAM AND THE OTHER INDICATES ORTHROPEDIC EXAM, OVERRIDE THE ESC.	
	IF NO DOCUMENTATION IS ATTACHED AND THE DATA IS KEYED CORECTLY, DENY THE DETAIL WITH EOB CODE 6205.	

2.335 6206 (FORMER LEGACY AUDIT 795)

DMS LAST APPROVED: 04/27/2012		
ESC 6206 (FORMER LEGACY AUDIT 795 LIMITATION) (AUDIT IS INACTIVE)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE MONTHLY LIMITATION EXCEEDED	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 90)
FAILS ESC 6206 IF THE MONTHLY (CALENDAR MONTH) LIMITATION OF 35 IS EXCEEDED FOR THE PROCEDURE CODE LISTED BELOW UNLESS A PRIOR AUTHORIZATON IS ON FILE. IF A MATCHING PRIOR AUTHORIZATION IS ON FILE FOR THE PROCEDURE CODE LISTED BELOW, THE APPROVED UNITS ON THE PRIOR AUTHORIZATION IS CONSIDERED THE MONTHLY LIMIT.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME CALENDAR MONTH CALENDAR MONTH LIMITATION 35	
PROCEDURE MONITORED:	A4347 NOTE: PROCEDURE CODE A4347 WAS REMOVED FROM LEGACY AUDIT 795 ON 11/15/2006 PER CO 1020 AND CO 1021.	
ESC EOB:	0795 – CLAIM/DETAIL REQUIRES PRIOR AUTHORIZATION. THE MONTHLY (CALENDAR MONTH) LIMITATION FOR THIS PROCEDURE CODE HAS BEEN EXCEEDED.	
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE, MEMBER ID, DATES OF SERVICE AND PRIOR AUTHORIZATION NUMBER WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	REVIEW CLAIM ATTACHMENTS FOR A DMS LETTER APPROVING QUANTITY. IF THE DATE(S) OF SERVICE ON THE DETAIL IS WITHIN 12 MONTHS OF THE DATE OF THE LETTER AND THE APPOVED QUANTITY FOR THE PROCEDURE CODE HAS NOT BEEN EXCEEDED, FORCE THE ESC. IF THE APPROVED QUANTITY ON THE LETTER HAS BEEN EXCEEDED, DENY THE DETAIL WITH EOB 0795.	
	IF DATA IS KEYED CORRECTLY AND NO LETTER IS ATTACHED, DENY THE DETAIL WITH EOB 0795.	

2.336 6207 (FORMER LEGACY AUDIT 795)

DMS APPROVED 4/21/2005				
ESC 6207 (FORMER LEGACY AUDIT 795 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT		
PROCEDURE MONTHLY LIMITATION EXCEEDED	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS		
ESC TYPE: LIMIT	**C/T:**	M (PT 90)		
FAILS ESC 6207 IF THE MONTHLY (CALENDAR MONTH) LIMITATIONS LISTED BELOW ARE EXCEEDED UNLESS A PRIOR AUTHORIZATON IS ON FILE. IF A MATCHING PRIOR AUTHORIZATION IS ON FILE FOR ONE OF THESE PROCEDURES, THE APPROVED UNITS ON THE PRIOR AUTHORIZATION IS CONSIDERED THE MONTHLY LIMIT.				
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME CALENDAR MONTH			
PROCEDURES MONITORED: **(FOR DOS AFTER 12/31/2000)**	**PROCEDURE CODE**	**MONTHLY LIMITATION**	**PROCEDURE CODE**	**MONTHLY LIMITATION**
	A6265	40		
	* THESE CODES ADDED 05/06/2004 PER DCR 01078 ** THESE CODES ADDED 08/31/2004 PER DCR 01192 **NOTE:** PROCEDURE CODE A7526 LIMITATION CHANGED FROM 1 TO 31 ON 10/1/2004 PER DCR 01192 ADDENDUM. **NOTE:** PROCEDURE CODE A4388 REMOVED FROM ESC PER CO415 IMPLEMENTED 4/21/06. **NOTE:** THE FOLLOWING PRCEDURE CODES WERE REMOVED PER CO1020 CO1021 ON 11/15/06 A4621 A4347 A4363 A4364 A4388 A4455 A5091 A5123 E6605 K0169			
ESC EOB:	0795 - CLAIM/DETAIL REQUIRES PRIOR AUTHORIZATION. THE MONTHLY (CALENDAR MONTH) LIMITATION FOR THIS PROCEDURE CODE HAS BEEN EXCEEDED.			
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE, MEMBER ID, DATES OF SERVICE AND PRIOR AUTHORIZATION NUMBER WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.			

	REVIEW CLAIM ATTACHMENTS FOR A DMS LETTER APPROVING QUANTITY. IF THE DATE(S) OF SERVICE ON THE DETAIL IS WITHIN 12 MONTHS OF THE DATE OF THE LETTER AND THE APPOVED QUANTITY FOR THE PROCEDURE CODE HAS NOT BEEN EXCEEDED, FORCE THE ESC. IF THE APPROVED QUANTITY ON THE LETTER HAS BEEN EXCEEDED, DENY THE DETAIL WITH EOB 0795.
	IF DATA IS KEYED CORRECTLY AND NO LETTER IS ATTACHED, DENY THE DETAIL WITH EOB 0795.

2.337 6208 (FORMER LEGACY AUDIT 821)

DMS APPROVED 10/26/2009		
ESC 6208 (FORMER LEGACY AUDIT 821) EFFECTIVE 03/06/2001 – 09/30/2006	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT AND ENCOUNTER
ONLY 12 CHIROPRACTIC CONTACTS ALLOWED WITHOUT PRIOR AUTHORIZATION	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 85)
IF MORE THAN 12 CHIROPRACTIC *CONTACTS HAVE BEEN BILLED WITHOUT A GAP OF MORE THAN 6 MONTHS BETWEEN THE DATES OF SERVICE OF ANY OF THE CONTACTS, CLAIM WILL FAIL ESC 6208.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER DOS	
PROCEDURES MONITORED:	ALL *NOTE – ANY SERVICE/PROCEDURE CODE IS CONSIDERED A CONTACT. HOWEVER, TWO OR MORE SERVICES ON THE SAME DATE OF SERVICE ONLY COUNT AS ONE CONTACT. FOR DATES OF SERVICE PRIOR TO 03/06/01 THE CRITERIA WAS 'TWELVE CONTACTS PER DIAGNOSIS CODE.' SEE AUDIT 6209. FOR DATES OF SERVICE ON AND AFTER 03/06/01 DIAGNOSIS CODE IS NOT CONSIDERED. PLEASE ALSO NOTE THAT DATES OF SERVICE ON OR AFTER 03/06/01 WILL NOT FAIL AGAINST DATES OF SERVICE PRIOR TO 03/06/01. **EXCLUSIONS** CLAIMS WITH PRIOR AUTHORIZATION NUMBERS DO **NOT** FAIL THIS ESC. CLAIMS WITH PA NUMBERS SHOULD NOT COUNT AS ONE OF THE 12 CONTACTS. CLAIMS WITH DOS PRIOR TO 9/26/00 DO **NOT** FAIL THIS ESC. HOWEVER, CLAIMS WITH DOS ON OR AFTER 9/26/00 CAN FAIL AGAINST CLAIMS WITH DOS PRIOR TO	

DMS APPROVED 10/26/2009	
	9/26/00.
ESC EOB:	0821 – CLAIM DETAIL DENIED. LIMITATION EXCEEDED, PRIOR AUTHORIZATION REQUIRED.
PROCESSING INSTRUCTIONS:	13. VERIFY THE MEMBER ID, PROVIDER ID, AND DATES OF SERVICE WERE KEYED CORRECTLY. 14. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR. 15. IF DATA IS KEYED CORRECTLY, DENY THE DETAIL WITH EOB 0821.

2.338 6209 (FORMER LEGACY AUDIT 821)

DMS APPROVED 10/26/2009		
ESC 6209 (FORMER LEGACY AUDIT 821) EFFECTIVE 09/26/2000 – 03/05/2001	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT AND ENCOUNTER
ONLY 12 CHIROPRACTIC CONTACTS ALLOWED WITHOUT PRIOR AUTHORIZATION	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS, DIAGNOSIS
ESC TYPE: LIMIT	**C/T:**	M (PT 85)
IF MORE THAN 12 CHIROPRACTIC *CONTACTS HAVE BEEN BILLED WITHOUT A GAP OF MORE THAN 6 MONTHS BETWEEN THE DATES OF SERVICE OF ANY OF THE CONTACTS, CLAIM WILL FAIL ESC 6209.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DIAGNOSIS DOS	
PROCEDURES MONITORED:	ALL *NOTE – ANY SERVICE/PROCEDURE CODE IS CONSIDERED A CONTACT. HOWEVER, TWO OR MORE SERVICES ON THE SAME DATE OF SERVICE ONLY COUNT AS ONE CONTACT. FOR DATES OF SERVICE 09/26/200 THROUGH 03/06/01 THE CRITERIA WAS 'TWELVE CONTACTS PER DIAGNOSIS CODE.' **EXCLUSIONS** CLAIMS WITH PRIOR AUTHORIZATION NUMBERS DO **NOT** FAIL THIS ESC. CLAIMS WITH PA NUMBERS SHOULD NOT COUNT AS ONE OF THE 12 CONTACTS. CLAIMS WITH DOS PRIOR TO 9/26/00 DO **NOT** FAIL THIS ESC. HOWEVER, CLAIMS WITH DOS ON OR AFTER 9/26/00 CAN FAIL AGAINST CLAIMS WITH DOS PRIOR TO 9/26/00.	
ESC EOB:	0821 – CLAIM DETAIL DENIED. LIMITATION EXCEEDED, PRIOR AUTHORIZATION REQUIRED.	

DMS APPROVED 10/26/2009	
PROCESSING INSTRUCTIONS:	16. VERIFY THE MEMBER ID, DIAGNOSIS CODE, PROVIDER ID, AND DATES OF SERVICE WERE KEYED CORRECTLY. 17. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR. 18. IF DATA IS KEYED CORRECTLY, DENY THE DETAIL WITH EOB 0821.

2.339 6210

DMS LAST APPROVED: 06/09/2008		
ESC 6210	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE CODES 99349 AND 99350 ARE LIMITED TO ONE UNIT PER CALENDAR YEAR	**CLAIM FIELD LABEL:**	PROC, DOS, PROVIDER
ESC TYPE: LIMIT	**C/T:**	CT M (PT 64, 65, 77, 78)
IF A PROVIDER BILLS FOR MORE THAN ONE UNIT (CUMULATIVELY) OF PROCEDURE CODES 99349 AND 99350 DURING A CALENDAR YEAR, REIMBURSEMENT FOR THE UNITS IN EXCESS WILL BE CUT BACK TO THE RATE FOR PROCEDURE CODE 99348.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME FIRST 3 DIGITS OF THE DIAGNOSIS NCODE (BASED ON DIAGNOSIS INDICATOR) SAME CALENDAR YEAR	
	Note – THIS AUDIT IS EFFECTIVE 01/01/2008 AND PARTIALLY REPLACED AUDITS 5102 AND 6080 (CO# 9744 AND 10200)	
PROCEDURES MONITORED:	99349 99350	
ESC EOB:	6210 – PROCEDURE CODES 99349 AND 99350 ARE LIMITED TO ONE UNIT PER CALENDAR YEAR. REIMBURSEMENT CUT BACK TO RATE FOR PROCEDURE CODE 99348.	
PROCESSING INSTRUCTIONS:	NONE	

2.340 6211

DMS LAST APPROVED: 06/09/2008		
ESC 6211	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE CODES 99349 AND 99350 ARE LIMITED TO ONE UNIT PER CALENDAR YEAR	**CLAIM FIELD LABEL:**	PROC, DOS, PROVIDER IS
ESC TYPE: LIMIT	**C/T:**	CT M (PT 22)
IF A PROVIDER BILLS FOR MORE THAN ONE UNIT (CUMULATIVELY) OF PROCEDURE CODES 99349 AND 99350 DURING A CALENDAR YEAR, THE CLAIM IN EXCESS WILL FAIL AUDIT 6211.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DIAGNOSIS CODE SAME CALENDAR YEAR	
	Note – THIS AUDIT IS EFFECTIVE 01/01/2008 AND PARTIALLY REPLACED AUDIT 6080 (CO# 10200)	
PROCEDURES MONITORED:	99349 99350	
ESC EOB:	6211 – PROCEDURE CODES 99349 AND 99350 ARE LIMITED TO ONE UNIT PER CALENDAR YEAR, PER PROVIDER.	
PROCESSING INSTRUCTIONS:	VERIFY THE DATE OF SERVICE, PROCEDURE CODE, MEMBER ID AND PROVIDER NUMBER WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	REVIEW THE CURRENT CLAIM FOR DOCUMENTATION. IF DOCUMENTATION INDICATES THE PROCEDURE WAS PROVIDED FOR A DIFFERENT PURPOSE (NOT PROCEDURE) I.E., ONE CLAIM INDICATES CARDIOLOGY EXAM AND THE OTHER INDICATES ORTHROPEDIC EXAM, OVERRIDE THE ESC.	
	IF NO DOCUMENTATION IS ATTACHED AND THE DATA IS KEYED CORRECTLY, DENY THE DETAIL WITH EOB CODE 6211.	

2.341 6213

DMS LAST APPROVED: 05/15/2008		
ESC 6213	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
99436 CANNOT BE BILLED WITH OTHER E & M CODES	**CLAIM FIELD LABEL:**	PROCEDURE, DOS, MEMBER ID, PROVIDER
ESC TYPE: CONTRA	**C/T:**	M (PT 31, 35, 64, 65, 78)
IF A PROVIDER BILLS PROCEDURE CODE 99436 ON THE SAME DATE OF SERVICE OF ONE OR MORE OTHER E & M CODES FOR THE SAME MEMBER (OR VICE VERSA), THE CLAIM WILL FAIL ESC 6041.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE NOTE – PROCEDURE CODE 99436 WAS REMOVED FROM AUDIT 6041 AND AUDIT 6213 WAS CREATED ON 04/04/2008 PER CO #10263	
PROCEDURES MONITORED:	99436	MONITORED E & M CODES 99201 THRU 99289 99291 99293 THRU 99353 99358 THRU 99429 99432 THRU 99455
ESC EOB:	0598 –ONLY ONE 'E AND M' CODE ALLOWED PER DATE OF SERVICE.	
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE, DATE OF SERVICE, MEMBER ID, AND PROVIDER NUMBER WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF DATA IS KEYED CORRECTLY, DENY THE DETAIL WITH EOB 0598.	

2.342 6214 (FORMER LEGACY AUDIT 736)

DMS Approved 09/24/2009		
ESC 6214 (FORMER LEGACY AUDIT 736 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
VACCINE ADMINISTRATION LIMITED TO THREE (3) PER DAY.	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, MODIFIER, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 13)
IF A PROVIDER BILLS MORE THAN THREE VACCINE ADMINISTRATION PROCEDURES FOR A SINGLE DATE OF SERVICE, CLAIM FAILS ESC 6214.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE PROCEDURE CODE MODIFIER OF 26	
PROCEDURES MONITORED:	90476-90749	
ESC EOB:	0736 - VACCINE ADMINISTRATION LIMITED TO THREE PER MEMBER, PER PROVIDER, PER DAY.	
PROCESSING INSTRUCTIONS:	). VERIFY THAT THE MEMBER NUMBER, PROVIDER NUMBER, DATES OF SERVICE, UNITS, PROCEDURE CODE AND PROCEDURE CODE MODIFIER ARE KEYED CORRECTLY.). IF NOT, DATA CORRECT THE FIELDS IN ERROR. . IF DATA WAS KEYED CORRECTLY, DENY WITH EOB 0736.	
	THIS ESC IS SET TO AUTO-DENY.	

2.343 6215 (FORMER LEGACY AUDIT 795)

DMS APPROVED 4/21/2005				
ESC 6215 (FORMER LEGACY AUDIT 795 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT		
PROCEDURE MONTHLY LIMITATION EXCEEDED	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS		
ESC TYPE: LIMIT	**C/T:**	M (PT 90)		
FAILS ESC 6215 IF THE MONTHLY (CALENDAR MONTH) LIMITATIONS LISTED BELOW ARE EXCEEDED UNLESS A PRIOR AUTHORIZATON IS ON FILE. IF A MATCHING PRIOR AUTHORIZATION IS ON FILE FOR ONE OF THESE PROCEDURES, THE APPROVED UNITS ON THE PRIOR AUTHORIZATION IS CONSIDERED THE MONTHLY LIMIT.				
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME CALENDAR MONTH			
PROCEDURES MONITORED: **(FOR DOS AFTER 12/31/2000)**	**PROCEDURE CODE**	**MONTHLY LIMITATION**	**PROCEDURE CODE**	**MONTHLY LIMITATION**
	* A4206	125	**A4432	60
	* A4207	10	**A4433	60
	* A4208	10	**A4434	60
	* A4209	10	A4615	4
	A4250	1	A4621	1
	A4253	2	A4623	31
	A4259	1	A4624	91
	A4310	1	A4625	1
	A4311	1	A4626	2
	**A4320	9	A5051	60
	**A4322	9	A5052	60
	A4338	1	A5053	60
	A4344	1	A5054	60
	A4347	35	A5055	31
	**A4348	2	A5061	20
	A4357	4	A5062	20
	A4354	1	A5063	20

	A4357	1	A5071	20
	A4359	1	A5072	20
	A4362	20	A5073	20
	A4363	23	A5081	31
	A4364	4	A5082	1
	A4367	1	A5091	10
	**A4388	1	A5093	10
	A4397	4	A5114	1
	A4400	1	A5121	20
	A4402	4	A5122	20
	A4404	10	A5123	20
	**A4416	60	A5126	10
	**A4417	60	A5131	1
	**A4418	60	A6216	60
	**A4419	60	A6265	40
	**A4420	60	**A7046	2
	**A4423	60	**A7522	2
	**A4424	60	**A7525	1
	**A4425	60	**A7526	31
	**A4426	60	**B4220	1
	**A4427	60	**B4222	1
	**A4428	60	**B4224	1
	**A4429	60	E0605	1
	**A4430	60	K0169	2
	**A4431	60		
	THE CODES BELOW WERE ADDED 11/15/2006 RELEASE PER CO1020 AND CO1021			
	A4366	1	A7032	2
	A7037	2	A7038	2

	* THESE CODES ADDED 05/06/2004 PER DCR 01078 ** THESE CODES ADDED 08/31/2004 PER DCR 01192 **NOTE:** PROCEDURE CODE A7526 LIMITATION CHANGED FROM 1 TO 31 ON 10/1/2004 PER DCR 01192 ADDENDUM. **NOTE:** PROCEDURE CODE A4388 REMOVED FROM ESC PER CO415 IMPLEMENTED 4/21/06. **NOTE:** THE FOLLOWING PRCEDURE CODES WERE REMOVED PER CO1020 CO1021 ON 11/15/06 A4621 A4347 A4363 A4364 A4388 A4455 A5091 A5123 E6605 K0169			
PROCEDURES MONITORED: **(FOR DOS PRIOR TO 1/1/2001)**	**PROCEDURE ODE**	**MONTHLY LIMITATION**	**PROCEDURE CODE**	**MONTHLY LIMITATIO N**
	A4250	100	A4623	31
	A4253	100	A4624	91
	A4310	1	A4625	1
	A4311	1	A5051	30
	A4388	1	A5052	30
	A4344	1	A5054	30
	A4347	35	A5055	30
	A4351	4	A5061	10
	A4354	1	A5062	10
	A4359	1	A5063	10
	A4362	10	A5071	10
	A4363	23	A5072	10
	A4364	4	A5073	10
	A4397	1	A5114	1
	A4400	30	A5123	25
	A4402	4	E0605	1
	A4615	4	K0169	2
	A4621	1	A4626	2
ESC EOB:	0795 - CLAIM/DETAIL REQUIRES PRIOR AUTHORIZATION. THE MONTHLY (CALENDAR MONTH) LIMITATION FOR THIS PROCEDURE CODE HAS BEEN EXCEEDED.			

PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE, MEMBER ID, DATES OF SERVICE AND PRIOR AUTHORIZATION NUMBER WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.
	REVIEW CLAIM ATTACHMENTS FOR A DMS LETTER APPROVING QUANTITY. IF THE DATE(S) OF SERVICE ON THE DETAIL IS WITHIN 12 MONTHS OF THE DATE OF THE LETTER AND THE APPOVED QUANTITY FOR THE PROCEDURE CODE HAS NOT BEEN EXCEEDED, FORCE THE ESC. IF THE APPROVED QUANTITY ON THE LETTER HAS BEEN EXCEEDED, DENY THE DETAIL WITH EOB 0795.
	IF DATA IS KEYED CORRECTLY AND NO LETTER IS ATTACHED, DENY THE DETAIL WITH EOB 0795.

2.344 6217 (FORMER LEGACY AUDIT NA)

DMS APPROVED: 01/21/20100			
ESC 6217 (FORMER LEGACY AUDIT NA)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT	
CARDIO EVAL 93293 - 93296 LIMITED TO 1 PER 90 DAYS	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, DOS, UNITS OF SERVICE	
ESC TYPE: LIMIT	**C/T:**	O (PT 01)	
FAILS IF A PROVIDER BILLS THE SAME CARDIOVASCULAR EVALUATION PROCEDURE CODE MORE THAN ONCE IN A 90 DAY TIME PERIOD.			
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME PROCEDURE		
PROCEDURES MONITORED:	93293	93294	93295
	93296		
ESC EOB:	6217 – CARDIOVASCULAR DEVICE EVALUATION CODE LIMITED TO ONE IN A 90 DAY TIME PERIOD.		
PROCESSING INSTRUCTIONS:	1. VERIFY THE MEMBER ID, DATES OF SERVICE, UNITS, AND PROCEDURE CODE ARE KEYED CORRECTLY. 2. IF NOT, DATA CORRECT THE FIELD IN ERROR. 3. IF KEYED CORRECTLY, DENY USING EOB 6217.		

2.345 6218 (FORMER LEGACY AUDIT NA)

DMS APPROVED: 01/20/2010			
ESC 6218 (FORMER LEGACY AUDIT NA)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT	
INTERROGATION EVAL CODE LIMITED TO 1 PER 30 DAY	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, DOS, UNITS OF SERVICE	
ESC TYPE: LIMIT	**C/T:**	O (PT 01)	
FAILS IF A PROVIDER BILLS THE SAME INTERROGATION DEVICE EVALUATION PROCEDURE CODE MORE THAN ONCE IN A 30 DAY TIME PERIOD.			
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME PROCEDURE		
PROCEDURES MONITORED:	93297	93298	93299
ESC EOB:	6218 – INTERROGATION DEVICE EVALUATION LIMITED TO ONE IN A 30 DAY TIME PERIOD.		
PROCESSING INSTRUCTIONS:	1) VERIFY THE MEMBER ID, DATES OF SERVICE, UNITS, AND PROCEDURE CODE ARE KEYED CORRECTLY. 2) IF NOT, DATA CORRECT THE FIELD IN ERROR. 3) IF KEYED CORRECTLY, DENY USING EOB 6218.		

2.346 6220

DMS LAST APPROVED: 09/03/08		
ESC 6220	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
CERTAIN SERVICES PROVIDED TO A MICHELLE P WAIVER MEMBER ARE LIMITED TO 40 HOURS PER CALENDAR WEEK	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, DOS
ESC TYPE: LIMIT	**C/T:**	H (PROVIDER TYPE 42), M (PROVIDER TYPES 33, 43)
IF A MICHELLE P WAIVER MEMBER RECEIVES CERTAIN SERVICES IN EXCESS OF 40 HOURS (160 UNITS) DURING A CALENDAR WEEK, CUMMULATIVELY, THE CLAIM BILLING THE EXCESS WILL FAIL AUDIT 6220.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER MEMBER IN MICHELLE P ASSIGNMENT (MEMBER) PLAN SAME CALENDAR WEEK	
PROCEDURES MONITORED:	92507	S5130
	97110	H0004
	97530	H0039
	97535	T1019
	S5100	T2021
	S5125	
REVENUE CODES MONITORED:	420	589
	430	
	440	
	580	
	581	
	582	
ESC EOB:	6220 – CERTAIN SERVICES ARE LIMITED TO 40 HOURS PER CALENDAR WEEK FOR MEMBERS IN THE MICHELLE P WAIVER PROGRAM.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6220 VERIFY THE MEMBER ID, PROCEDURE/REVENUE CODE, UNITS OF SERVICE, AND DATE OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	

DMS LAST APPROVED: 09/03/08	
	IF THE CLAIM WAS KEYED CORRECTLY DENY THE CLAIM DETAIL WITH EOB CODE 6220.

2.347 6240 (FORMER LEGACY AUDIT 795)

DMS APPROVED 4/21/2005				
ESC 6240 (FORMER LEGACY AUDIT 795 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT		
PROCEDURE MONTHLY LIMITATION EXCEEDED	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS		
ESC TYPE: LIMIT	**C/T:**	M (PT 90)		
FAILS ESC 6240 IF THE MONTHLY (CALENDAR MONTH) LIMITATIONS LISTED BELOW ARE EXCEEDED UNLESS A PRIOR AUTHORIZATON IS ON FILE. IF A MATCHING PRIOR AUTHORIZATION IS ON FILE FOR ONE OF THESE PROCEDURES, THE APPROVED UNITS ON THE PRIOR AUTHORIZATION IS CONSIDERED THE MONTHLY LIMIT.				
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME CALENDAR MONTH			
PROCEDURES MONITORED: **(FOR DOS AFTER 12/31/2000)**	**PROCEDURE CODE**	**MONTHLY LIMITATION**	**PROCEDURE CODE**	**MONTHLY LIMITATION**
	* A4206	125	**A4432	60
	* A4207	10	**A4433	60
	* A4208	10	**A4434	60
	* A4209	10	A4615	4
	A4250	1	A4621	1
	A4253	2	A4623	31
	A4259	1	A4624	91
	A4310	1	A4625	1
	A4311	1	A4626	2
	**A4320	9	A5051	60
	**A4322	9	A5052	60
	A4338	1	A5053	60
	A4344	1	A5054	60
	A4347	35	A5055	31
	**A4348	2	A5061	20
	A4357	4	A5062	20

	A4354	1	A5063	20
	A4357	1	A5071	20
	A4359	1	A5072	20
	A4362	20	A5073	20
	A4363	23	A5081	31
	A4364	4	A5082	1
	A4367	1	A5091	10
	**A4388	1	A5093	10
	A4397	4	A5114	1
	A4400	1	A5121	20
	A4402	4	A5122	20
	A4404	10	A5123	20
	**A4416	60	A5126	10
	**A4417	60	A5131	1
	**A4418	60	A6216	60
	**A4419	60	A6265	40
	**A4420	60	**A7046	2
	**A4423	60	**A7522	2
	**A4424	60	**A7525	1
	**A4425	60	**A7526	31
	**A4426	60	**B4220	1
	**A4427	60	**B4222	1
	**A4428	60	**B4224	1
	**A4429	60	E0605	1
	**A4430	60	K0169	2
	**A4431	60		
	THE CODES BELOW WERE ADDED 11/15/2006 RELEASE PER CO1020 AND CO1021			
	A4366	1	A7032	2
	A7037	2	A7038	2

	* THESE CODES ADDED 05/06/2004 PER DCR 01078 ** THESE CODES ADDED 08/31/2004 PER DCR 01192 **NOTE:** PROCEDURE CODE A7526 LIMITATION CHANGED FROM 1 TO 31 ON 10/1/2004 PER DCR 01192 ADDENDUM. **NOTE:** PROCEDURE CODE A4388 REMOVED FROM ESC PER CO415 IMPLEMENTED 4/21/06. **NOTE:** THE FOLLOWING PRCEDURE CODES WERE REMOVED PER CO1020 CO1021 ON 11/15/06 A4621 A4347 A4363 A4364 A4388 A4455 A5091 A5123 E6605 K0169			
PROCEDURES MONITORED: **(FOR DOS PRIOR TO 1/1/2001)**	**PROCEDURE CODE**	**MONTHLY LIMITATION**	**PROCEDURE CODE**	**MONTHLY LIMITATION**
	A4250	100	A4623	31
	A4253	100	A4624	91
	A4310	1	A4625	1
	A4311	1	A5051	30
	A4388	1	A5052	30
	A4344	1	A5054	30
	A4347	35	A5055	30
	A4351	4	A5061	10
	A4354	1	A5062	10
	A4359	1	A5063	10
	A4362	10	A5071	10
	A4363	23	A5072	10
	A4364	4	A5073	10
	A4397	1	A5114	1
	A4400	30	A5123	25
	A4402	4	E0605	1
	A4615	4	K0169	2
	A4621	1	A4626	2
ESC EOB:	0795 - CLAIM/DETAIL REQUIRES PRIOR AUTHORIZATION. THE MONTHLY (CALENDAR MONTH) LIMITATION FOR THIS PROCEDURE CODE HAS BEEN EXCEEDED.			

PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE, MEMBER ID, DATES OF SERVICE AND PRIOR AUTHORIZATION NUMBER WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.
	REVIEW CLAIM ATTACHMENTS FOR A DMS LETTER APPROVING QUANTITY. IF THE DATE(S) OF SERVICE ON THE DETAIL IS WITHIN 12 MONTHS OF THE DATE OF THE LETTER AND THE APPOVED QUANTITY FOR THE PROCEDURE CODE HAS NOT BEEN EXCEEDED, FORCE THE ESC. IF THE APPROVED QUANTITY ON THE LETTER HAS BEEN EXCEEDED, DENY THE DETAIL WITH EOB 0795.
	IF DATA IS KEYED CORRECTLY AND NO LETTER IS ATTACHED, DENY THE DETAIL WITH EOB 0795.

2.348 6241 (FORMER LEGACY AUDIT 795)

DMS APPROVED 4/21/2005		
ESC 6241 (FORMER LEGACY AUDIT 795 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE MONTHLY LIMITATION EXCEEDED	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 90)
FAILS ESC 6241 IF THE MONTHLY (CALENDAR MONTH) LIMITATIONS LISTED BELOW ARE EXCEEDED UNLESS A PRIOR AUTHORIZATON IS ON FILE. IF A MATCHING PRIOR AUTHORIZATION IS ON FILE FOR ONE OF THESE PROCEDURES, THE APPROVED UNITS ON THE PRIOR AUTHORIZATION IS CONSIDERED THE MONTHLY LIMIT.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME CALENDAR MONTH	

PROCEDURES MONITORED: **(FOR DOS AFTER 12/31/2000)**	**PROCEDURE CODE**	**MONTHLY LIMITATION**	**PROCEDURE CODE**	**MONTHLY LIMITATION**
	* A4206	125	**A4432	60
	* A4207	10	**A4433	60
	* A4208	10	**A4434	60
	* A4209	10	A4615	4
	A4250	1	A4621	1
	A4253	2	A4623	31
	A4259	1	A4624	91
	A4310	1	A4625	1
	A4311	1	A4626	2
	**A4320	9	A5051	60
	**A4322	9	A5052	60
	A4338	1	A5053	60
	A4344	1	A5054	60
	A4347	35	A5055	31
	**A4348	2	A5061	20

	A4357	4	A5062	20
	A4354	1	A5063	20
	A4357	1	A5071	20
	A4359	1	A5072	20
	A4362	20	A5073	20
	A4363	23	A5081	31
	A4364	4	A5082	1
	A4367	1	A5091	10
	**A4388	1	A5093	10
	A4397	4	A5114	1
	A4400	1	A5121	20
	A4402	4	A5122	20
	A4404	10	A5123	20
	**A4416	60	A5126	10
	**A4417	60	A5131	1
	**A4418	60	A6216	60
	**A4419	60	A6265	40
	**A4420	60	**A7046	2
	**A4423	60	**A7522	2
	**A4424	60	**A7525	1
	**A4425	60	**A7526	31
	**A4426	60	**B4220	1
	**A4427	60	**B4222	1
	**A4428	60	**B4224	1
	**A4429	60	E0605	1
	**A4430	60	K0169	2
	**A4431	60		
	THE CODES BELOW WERE ADDED 11/15/2006 RELEASE PER CO1020 AND CO1021			
	A4366	1	A7032	2

	A7037	2	A7038	2
	* THESE CODES ADDED 05/06/2004 PER DCR 01078 ** THESE CODES ADDED 08/31/2004 PER DCR 01192 **NOTE:** PROCEDURE CODE A7526 LIMITATION CHANGED FROM 1 TO 31 ON 10/1/2004 PER DCR 01192 ADDENDUM. **NOTE:** PROCEDURE CODE A4388 REMOVED FROM ESC PER CO415 IMPLEMENTED 4/21/06. **NOTE:** THE FOLLOWING PRCEDURE CODES WERE REMOVED PER CO1020 CO1021 ON 11/15/06 A4621 A4347 A4363 A4364 A4388 A4455 A5091 A5123 E6605 K0169			
PROCEDURES MONITORED: **(FOR DOS PRIOR TO 1/1/2001)**	**PROCEDURE CODE**	**MONTHLY LIMITATION**	**PROCEDURE CODE**	**MONTHLY LIMITATION**
	A4250	100	A4623	31
	A4253	100	A4624	91
	A4310	1	A4625	1
	A4311	1	A5051	30
	A4388	1	A5052	30
	A4344	1	A5054	30
	A4347	35	A5055	30
	A4351	4	A5061	10
	A4354	1	A5062	10
	A4359	1	A5063	10
	A4362	10	A5071	10
	A4363	23	A5072	10
	A4364	4	A5073	10
	A4397	1	A5114	1
	A4400	30	A5123	25
	A4402	4	E0605	1
	A4615	4	K0169	2
	A4621	1	A4626	2

ESC EOB:	0795 - CLAIM/DETAIL REQUIRES PRIOR AUTHORIZATION. THE MONTHLY (CALENDAR MONTH) LIMITATION FOR THIS PROCEDURE CODE HAS BEEN EXCEEDED.
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE, MEMBER ID, DATES OF SERVICE AND PRIOR AUTHORIZATION NUMBER WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.
	REVIEW CLAIM ATTACHMENTS FOR A DMS LETTER APPROVING QUANTITY. IF THE DATE(S) OF SERVICE ON THE DETAIL IS WITHIN 12 MONTHS OF THE DATE OF THE LETTER AND THE APPOVED QUANTITY FOR THE PROCEDURE CODE HAS NOT BEEN EXCEEDED, FORCE THE ESC. IF THE APPROVED QUANTITY ON THE LETTER HAS BEEN EXCEEDED, DENY THE DETAIL WITH EOB 0795.
	IF DATA IS KEYED CORRECTLY AND NO LETTER IS ATTACHED, DENY THE DETAIL WITH EOB 0795.

2.349 6242 (FORMER LEGACY AUDIT 795)

DMS APPROVED 4/21/2005		
ESC 6242 (FORMER LEGACY AUDIT 795 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE MONTHLY LIMITATION EXCEEDED	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 90)
FAILS ESC 6242 IF THE MONTHLY (CALENDAR MONTH) LIMITATIONS LISTED BELOW ARE EXCEEDED UNLESS A PRIOR AUTHORIZATON IS ON FILE. IF A MATCHING PRIOR AUTHORIZATION IS ON FILE FOR ONE OF THESE PROCEDURES, THE APPROVED UNITS ON THE PRIOR AUTHORIZATION IS CONSIDERED THE MONTHLY LIMIT.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME CALENDAR MONTH	

PROCEDURES MONITORED: **(FOR DOS AFTER 12/31/2000)**	**PROCEDURE CODE**	**MONTHLY LIMITATION**	**PROCEDURE CODE**	**MONTHLY LIMITATION**
	* A4206	125	**A4432	60
	* A4207	10	**A4433	60
	* A4208	10	**A4434	60
	* A4209	10	A4615	4
	A4250	1	A4621	1
	A4253	2	A4623	31
	A4259	1	A4624	91
	A4310	1	A4625	1
	A4311	1	A4626	2
	**A4320	9	A5051	60
	**A4322	9	A5052	60
	A4338	1	A5053	60
	A4344	1	A5054	60
	A4347	35	A5055	31
	**A4348	2	A5061	20

	A4357	4	A5062	20
	A4354	1	A5063	20
	A4357	1	A5071	20
	A4359	1	A5072	20
	A4362	20	A5073	20
	A4363	23	A5081	31
	A4364	4	A5082	1
	A4367	1	A5091	10
	**A4388	1	A5093	10
	A4397	4	A5114	1
	A4400	1	A5121	20
	A4402	4	A5122	20
	A4404	10	A5123	20
	**A4416	60	A5126	10
	**A4417	60	A5131	1
	**A4418	60	A6216	60
	**A4419	60	A6265	40
	**A4420	60	**A7046	2
	**A4423	60	**A7522	2
	**A4424	60	**A7525	1
	**A4425	60	**A7526	31
	**A4426	60	**B4220	1
	**A4427	60	**B4222	1
	**A4428	60	**B4224	1
	**A4429	60	E0605	1
	**A4430	60	K0169	2
	**A4431	60		
	THE CODES BELOW WERE ADDED 11/15/2006 RELEASE PER CO1020 AND CO1021			
	A4366	1	A7032	2

	A7037	2	A7038	2
	* THESE CODES ADDED 05/06/2004 PER DCR 01078 ** THESE CODES ADDED 08/31/2004 PER DCR 01192 **NOTE:** PROCEDURE CODE A7526 LIMITATION CHANGED FROM 1 TO 31 ON 10/1/2004 PER DCR 01192 ADDENDUM. **NOTE:** PROCEDURE CODE A4388 REMOVED FROM ESC PER CO415 IMPLEMENTED 4/21/06. **NOTE:** THE FOLLOWING PRCEDURE CODES WERE REMOVED PER CO1020 CO1021 ON 11/15/06 A4621 A4347 A4363 A4364 A4388 A4455 A5091 A5123 E6605 K0169			
PROCEDURES MONITORED: **(FOR DOS PRIOR TO 1/1/2001)**	**PROCEDURE CODE**	**MONTHLY LIMITATION**	**PROCEDURE CODE**	**MONTHLY LIMITATION**
	A4250	100	A4623	31
	A4253	100	A4624	91
	A4310	1	A4625	1
	A4311	1	A5051	30
	A4388	1	A5052	30
	A4344	1	A5054	30
	A4347	35	A5055	30
	A4351	4	A5061	10
	A4354	1	A5062	10
	A4359	1	A5063	10
	A4362	10	A5071	10
	A4363	23	A5072	10
	A4364	4	A5073	10
	A4397	1	A5114	1
	A4400	30	A5123	25
	A4402	4	E0605	1
	A4615	4	K0169	2
	A4621	1	A4626	2

ESC EOB:	0795 - CLAIM/DETAIL REQUIRES PRIOR AUTHORIZATION. THE MONTHLY (CALENDAR MONTH) LIMITATION FOR THIS PROCEDURE CODE HAS BEEN EXCEEDED.			
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE, MEMBER ID, DATES OF SERVICE AND PRIOR AUTHORIZATION NUMBER WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.			
	REVIEW CLAIM ATTACHMENTS FOR A DMS LETTER APPROVING QUANTITY. IF THE DATE(S) OF SERVICE ON THE DETAIL IS WITHIN 12 MONTHS OF THE DATE OF THE LETTER AND THE APPOVED QUANTITY FOR THE PROCEDURE CODE HAS NOT BEEN EXCEEDED, FORCE THE ESC. IF THE APPROVED QUANTITY ON THE LETTER HAS BEEN EXCEEDED, DENY THE DETAIL WITH EOB 0795.			
	IF DATA IS KEYED CORRECTLY AND NO LETTER IS ATTACHED, DENY THE DETAIL WITH EOB 0795.			

2.350 6243 (FORMER LEGACY AUDIT 795)

DMS APPROVED 4/21/2005		
ESC 6243 (FORMER LEGACY AUDIT 795 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE MONTHLY LIMITATION EXCEEDED	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 90)
FAILS ESC 6243 IF THE MONTHLY (CALENDAR MONTH) LIMITATIONS LISTED BELOW ARE EXCEEDED UNLESS A PRIOR AUTHORIZATON IS ON FILE. IF A MATCHING PRIOR AUTHORIZATION IS ON FILE FOR ONE OF THESE PROCEDURES, THE APPROVED UNITS ON THE PRIOR AUTHORIZATION IS CONSIDERED THE MONTHLY LIMIT.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME CALENDAR MONTH	

PROCEDURES MONITORED: **(FOR DOS AFTER 12/31/2000)**	**PROCEDURE CODE**	**MONTHLY LIMITATION**	**PROCEDURE CODE**	**MONTHLY LIMITATION**
	* A4206	125	**A4432	60
	* A4207	10	**A4433	60
	* A4208	10	**A4434	60
	* A4209	10	A4615	4
	A4250	1	A4621	1
	A4253	2	A4623	31
	A4259	1	A4624	91
	A4310	1	A4625	1
	A4311	1	A4626	2
	**A4320	9	A5051	60
	**A4322	9	A5052	60
	A4338	1	A5053	60
	A4344	1	A5054	60
	A4347	35	A5055	31
	**A4348	2	A5061	20
	A4357	4	A5062	20

	A4354	1	A5063	20
	A4357	1	A5071	20
	A4359	1	A5072	20
	A4362	20	A5073	20
	A4363	23	A5081	31
	A4364	4	A5082	1
	A4367	1	A5091	10
	**A4388	1	A5093	10
	A4397	4	A5114	1
	A4400	1	A5121	20
	A4402	4	A5122	20
	A4404	10	A5123	20
	**A4416	60	A5126	10
	**A4417	60	A5131	1
	**A4418	60	A6216	60
	**A4419	60	A6265	40
	**A4420	60	**A7046	2
	**A4423	60	**A7522	2
	**A4424	60	**A7525	1
	**A4425	60	**A7526	31
	**A4426	60	**B4220	1
	**A4427	60	**B4222	1
	**A4428	60	**B4224	1
	**A4429	60	E0605	1
	**A4430	60	K0169	2
	**A4431	60		
	THE CODES BELOW WERE ADDED 11/15/2006 RELEASE PER CO1020 AND CO1021			
	A4366	1	A7032	2
	A7037	2	A7038	2

	* THESE CODES ADDED 05/06/2004 PER DCR 01078 ** THESE CODES ADDED 08/31/2004 PER DCR 01192 **NOTE:** PROCEDURE CODE A7526 LIMITATION CHANGED FROM 1 TO 31 ON 10/1/2004 PER DCR 01192 ADDENDUM. **NOTE:** PROCEDURE CODE A4388 REMOVED FROM ESC PER CO415 IMPLEMENTED 4/21/06. **NOTE:** THE FOLLOWING PRCEDURE CODES WERE REMOVED PER CO1020 CO1021 ON 11/15/06 A4621 A4347 A4363 A4364 A4388 A4455 A5091 A5123 E6605 K0169			
PROCEDURES MONITORED: **(FOR DOS PRIOR TO 1/1/2001)**	**PROCEDURE CODE**	**MONTHLY LIMITATION**	**PROCEDURE CODE**	**MONTHLY LIMITATION**
	A4250	100	A4623	31
	A4253	100	A4624	91
	A4310	1	A4625	1
	A4311	1	A5051	30
	A4388	1	A5052	30
	A4344	1	A5054	30
	A4347	35	A5055	30
	A4351	4	A5061	10
	A4354	1	A5062	10
	A4359	1	A5063	10
	A4362	10	A5071	10
	A4363	23	A5072	10
	A4364	4	A5073	10
	A4397	1	A5114	1
	A4400	30	A5123	25
	A4402	4	E0605	1
	A4615	4	K0169	2
	A4621	1	A4626	2

ESC EOB:	0795 - CLAIM/DETAIL REQUIRES PRIOR AUTHORIZATION. THE MONTHLY (CALENDAR MONTH) LIMITATION FOR THIS PROCEDURE CODE HAS BEEN EXCEEDED.
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE, MEMBER ID, DATES OF SERVICE AND PRIOR AUTHORIZATION NUMBER WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.
	REVIEW CLAIM ATTACHMENTS FOR A DMS LETTER APPROVING QUANTITY. IF THE DATE(S) OF SERVICE ON THE DETAIL IS WITHIN 12 MONTHS OF THE DATE OF THE LETTER AND THE APPOVED QUANTITY FOR THE PROCEDURE CODE HAS NOT BEEN EXCEEDED, FORCE THE ESC. IF THE APPROVED QUANTITY ON THE LETTER HAS BEEN EXCEEDED, DENY THE DETAIL WITH EOB 0795.
	IF DATA IS KEYED CORRECTLY AND NO LETTER IS ATTACHED, DENY THE DETAIL WITH EOB 0795.

2.351 6245 (FORMER LEGACY AUDIT 795)

DMS APPROVED 4/21/2005		
ESC 6245 (FORMER LEGACY AUDIT 795 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE MONTHLY LIMITATION EXCEEDED	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 90)
FAILS ESC 6245 IF THE MONTHLY (CALENDAR MONTH) LIMITATIONS LISTED BELOW ARE EXCEEDED UNLESS A PRIOR AUTHORIZATON IS ON FILE. IF A MATCHING PRIOR AUTHORIZATION IS ON FILE FOR ONE OF THESE PROCEDURES, THE APPROVED UNITS ON THE PRIOR AUTHORIZATION IS CONSIDERED THE MONTHLY LIMIT.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME CALENDAR MONTH	

PROCEDURES MONITORED: **(FOR DOS AFTER 12/31/2000)**	**PROCEDURE CODE**	**MONTHLY LIMITATION**	**PROCEDURE CODE**	**MONTHLY LIMITATION**
	* A4206	125	**A4432	60
	* A4207	10	**A4433	60
	* A4208	10	**A4434	60
	* A4209	10	A4615	4
	A4250	1	A4621	1
	A4253	2	A4623	31
	A4259	1	A4624	91
	A4310	1	A4625	1
	A4311	1	A4626	2
	**A4320	9	A5051	60
	**A4322	9	A5052	60
	A4338	1	A5053	60
	A4344	1	A5054	60
	A4347	35	A5055	31
	**A4348	2	A5061	20
	A4357	4	A5062	20

	A4354	1	A5063	20
	A4357	1	A5071	20
	A4359	1	A5072	20
	A4362	20	A5073	20
	A4363	23	A5081	31
	A4364	4	A5082	1
	A4367	1	A5091	10
	**A4388	1	A5093	10
	A4397	4	A5114	1
	A4400	1	A5121	20
	A4402	4	A5122	20
	A4404	10	A5123	20
	**A4416	60	A5126	10
	**A4417	60	A5131	1
	**A4418	60	A6216	60
	**A4419	60	A6265	40
	**A4420	60	**A7046	2
	**A4423	60	**A7522	2
	**A4424	60	**A7525	1
	**A4425	60	**A7526	31
	**A4426	60	**B4220	1
	**A4427	60	**B4222	1
	**A4428	60	**B4224	1
	**A4429	60	E0605	1
	**A4430	60	K0169	2
	**A4431	60		
	THE CODES BELOW WERE ADDED 11/15/2006 RELEASE PER CO1020 AND CO1021			
	A4366	1	A7032	2
	A7037	2	A7038	2

	* THESE CODES ADDED 05/06/2004 PER DCR 01078 ** THESE CODES ADDED 08/31/2004 PER DCR 01192 **NOTE:** PROCEDURE CODE A7526 LIMITATION CHANGED FROM 1 TO 31 ON 10/1/2004 PER DCR 01192 ADDENDUM. **NOTE:** PROCEDURE CODE A4388 REMOVED FROM ESC PER CO415 IMPLEMENTED 4/21/06. **NOTE:** THE FOLLOWING PRCEDURE CODES WERE REMOVED PER CO1020 CO1021 ON 11/15/06 A4621 A4347 A4363 A4364 A4388 A4455 A5091 A5123 E6605 K0169			
PROCEDURES MONITORED: **(FOR DOS PRIOR TO 1/1/2001)**	**PROCEDURE CODE**	**MONTHLY LIMITATION**	**PROCEDURE CODE**	**MONTHLY LIMITATION**
	A4250	100	A4623	31
	A4253	100	A4624	91
	A4310	1	A4625	1
	A4311	1	A5051	30
	A4388	1	A5052	30
	A4344	1	A5054	30
	A4347	35	A5055	30
	A4351	4	A5061	10
	A4354	1	A5062	10
	A4359	1	A5063	10
	A4362	10	A5071	10
	A4363	23	A5072	10
	A4364	4	A5073	10
	A4397	1	A5114	1
	A4400	30	A5123	25
	A4402	4	E0605	1
	A4615	4	K0169	2
	A4621	1	A4626	2
ESC EOB:	0795 - CLAIM/DETAIL REQUIRES PRIOR AUTHORIZATION. THE MONTHLY (CALENDAR MONTH) LIMITATION FOR THIS PROCEDURE CODE HAS BEEN EXCEEDED.			

PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE, MEMBER ID, DATES OF SERVICE AND PRIOR AUTHORIZATION NUMBER WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.
	REVIEW CLAIM ATTACHMENTS FOR A DMS LETTER APPROVING QUANTITY. IF THE DATE(S) OF SERVICE ON THE DETAIL IS WITHIN 12 MONTHS OF THE DATE OF THE LETTER AND THE APPOVED QUANTITY FOR THE PROCEDURE CODE HAS NOT BEEN EXCEEDED, FORCE THE ESC. IF THE APPROVED QUANTITY ON THE LETTER HAS BEEN EXCEEDED, DENY THE DETAIL WITH EOB 0795.
	IF DATA IS KEYED CORRECTLY AND NO LETTER IS ATTACHED, DENY THE DETAIL WITH EOB 0795.

2.352 6246 (FORMER LEGACY AUDIT 795)

DMS APPROVED 4/21/2005		
ESC 6246 (FORMER LEGACY AUDIT 795 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE MONTHLY LIMITATION EXCEEDED	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 90)
FAILS ESC 6246 IF THE MONTHLY (CALENDAR MONTH) LIMITATIONS LISTED BELOW ARE EXCEEDED UNLESS A PRIOR AUTHORIZATON IS ON FILE. IF A MATCHING PRIOR AUTHORIZATION IS ON FILE FOR ONE OF THESE PROCEDURES, THE APPROVED UNITS ON THE PRIOR AUTHORIZATION IS CONSIDERED THE MONTHLY LIMIT.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME CALENDAR MONTH	

PROCEDURES MONITORED: **(FOR DOS AFTER 12/31/2000)**	**PROCEDURE CODE**	**MONTHLY LIMITATION**	**PROCEDURE CODE**	**MONTHLY LIMITATION**
	* A4206	125	**A4432	60
	* A4207	10	**A4433	60
	* A4208	10	**A4434	60
	* A4209	10	A4615	4
	A4250	1	A4621	1
	A4253	2	A4623	31
	A4259	1	A4624	91
	A4310	1	A4625	1
	A4311	1	A4626	2
	**A4320	9	A5051	60
	**A4322	9	A5052	60
	A4338	1	A5053	60
	A4344	1	A5054	60
	A4347	35	A5055	31
	**A4348	2	A5061	20
	A4357	4	A5062	20

	A4354	1	A5063	20
	A4357	1	A5071	20
	A4359	1	A5072	20
	A4362	20	A5073	20
	A4363	23	A5081	31
	A4364	4	A5082	1
	A4367	1	A5091	10
	**A4388	1	A5093	10
	A4397	4	A5114	1
	A4400	1	A5121	20
	A4402	4	A5122	20
	A4404	10	A5123	20
	**A4416	60	A5126	10
	**A4417	60	A5131	1
	**A4418	60	A6216	60
	**A4419	60	A6265	40
	**A4420	60	**A7046	2
	**A4423	60	**A7522	2
	**A4424	60	**A7525	1
	**A4425	60	**A7526	31
	**A4426	60	**B4220	1
	**A4427	60	**B4222	1
	**A4428	60	**B4224	1
	**A4429	60	E0605	1
	**A4430	60	K0169	2
	**A4431	60		
	THE CODES BELOW WERE ADDED 11/15/2006 RELEASE PER CO1020 AND CO1021			
	A4366	1	A7032	2
	A7037	2	A7038	2

	* THESE CODES ADDED 05/06/2004 PER DCR 01078 ** THESE CODES ADDED 08/31/2004 PER DCR 01192 **NOTE:** PROCEDURE CODE A7526 LIMITATION CHANGED FROM 1 TO 31 ON 10/1/2004 PER DCR 01192 ADDENDUM. **NOTE:** PROCEDURE CODE A4388 REMOVED FROM ESC PER CO415 IMPLEMENTED 4/21/06. **NOTE:** THE FOLLOWING PRCEDURE CODES WERE REMOVED PER CO1020 CO1021 ON 11/15/06 A4621 A4347 A4363 A4364 A4388 A4455 A5091 A5123 E6605 K0169			
PROCEDURES MONITORED: **(FOR DOS PRIOR TO 1/1/2001)**	**PROCEDURE CODE**	**MONTHLY LIMITATION**	**PROCEDURE CODE**	**MONTHLY LIMITATION**
	A4250	100	A4623	31
	A4253	100	A4624	91
	A4310	1	A4625	1
	A4311	1	A5051	30
	A4388	1	A5052	30
	A4344	1	A5054	30
	A4347	35	A5055	30
	A4351	4	A5061	10
	A4354	1	A5062	10
	A4359	1	A5063	10
	A4362	10	A5071	10
	A4363	23	A5072	10
	A4364	4	A5073	10
	A4397	1	A5114	1
	A4400	30	A5123	25
	A4402	4	E0605	1
	A4615	4	K0169	2
	A4621	1	A4626	2
ESC EOB:	0795 - CLAIM/DETAIL REQUIRES PRIOR AUTHORIZATION. THE MONTHLY (CALENDAR MONTH) LIMITATION FOR THIS PROCEDURE CODE HAS BEEN EXCEEDED.			

PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE, MEMBER ID, DATES OF SERVICE AND PRIOR AUTHORIZATION NUMBER WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.
	REVIEW CLAIM ATTACHMENTS FOR A DMS LETTER APPROVING QUANTITY. IF THE DATE(S) OF SERVICE ON THE DETAIL IS WITHIN 12 MONTHS OF THE DATE OF THE LETTER AND THE APPOVED QUANTITY FOR THE PROCEDURE CODE HAS NOT BEEN EXCEEDED, FORCE THE ESC. IF THE APPROVED QUANTITY ON THE LETTER HAS BEEN EXCEEDED, DENY THE DETAIL WITH EOB 0795.
	IF DATA IS KEYED CORRECTLY AND NO LETTER IS ATTACHED, DENY THE DETAIL WITH EOB 0795.

2.353 6290 (FORMER LEGACY AUDIT 795)

DMS APPROVED 4/21/2005		
ESC 6290 (FORMER LEGACY AUDIT 795 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE MONTHLY LIMITATION EXCEEDED	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 90)
FAILS ESC 6290 IF THE MONTHLY (CALENDAR MONTH) LIMITATIONS LISTED BELOW ARE EXCEEDED UNLESS A PRIOR AUTHORIZATON IS ON FILE. IF A MATCHING PRIOR AUTHORIZATION IS ON FILE FOR ONE OF THESE PROCEDURES, THE APPROVED UNITS ON THE PRIOR AUTHORIZATION IS CONSIDERED THE MONTHLY LIMIT.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME CALENDAR MONTH	

PROCEDURES MONITORED: **(FOR DOS AFTER 12/31/2000)**	**PROCEDURE CODE**	**MONTHLY LIMITATION**	**PROCEDURE CODE**	**MONTHLY LIMITATION**
	* A4206	125	**A4432	60
	* A4207	10	**A4433	60
	* A4208	10	**A4434	60
	* A4209	10	A4615	4
	A4250	1	A4621	1
	A4253	2	A4623	31
	A4259	1	A4624	91
	A4310	1	A4625	1
	A4311	1	A4626	2
	**A4320	9	A5051	60
	**A4322	9	A5052	60
	A4338	1	A5053	60
	A4344	1	A5054	60
	A4347	35	A5055	31
	**A4348	2	A5061	20
	A4357	4	A5062	20

	A4354	1	A5063	20
	A4357	1	A5071	20
	A4359	1	A5072	20
	A4362	20	A5073	20
	A4363	23	A5081	31
	A4364	4	A5082	1
	A4367	1	A5091	10
	**A4388	1	A5093	10
	A4397	4	A5114	1
	A4400	1	A5121	20
	A4402	4	A5122	20
	A4404	10	A5123	20
	**A4416	60	A5126	10
	**A4417	60	A5131	1
	**A4418	60	A6216	60
	**A4419	60	A6265	40
	**A4420	60	**A7046	2
	**A4423	60	**A7522	2
	**A4424	60	**A7525	1
	**A4425	60	**A7526	31
	**A4426	60	**B4220	1
	**A4427	60	**B4222	1
	**A4428	60	**B4224	1
	**A4429	60	E0605	1
	**A4430	60	K0169	2
	**A4431	60		
	THE CODES BELOW WERE ADDED 11/15/2006 RELEASE PER CO1020 AND CO1021			
	A4366	1	A7032	2
	A7037	2	A7038	2

	* THESE CODES ADDED 05/06/2004 PER DCR 01078 ** THESE CODES ADDED 08/31/2004 PER DCR 01192 **NOTE:** PROCEDURE CODE A7526 LIMITATION CHANGED FROM 1 TO 31 ON 10/1/2004 PER DCR 01192 ADDENDUM. **NOTE:** PROCEDURE CODE A4388 REMOVED FROM ESC PER CO415 IMPLEMENTED 4/21/06. **NOTE:** THE FOLLOWING PRCEDURE CODES WERE REMOVED PER CO1020 CO1021 ON 11/15/06 A4621 A4347 A4363 A4364 A4388 A4455 A5091 A5123 E6605 K0169			
PROCEDURES MONITORED: **(FOR DOS PRIOR TO 1/1/2001)**	**PROCEDURE CODE**	**MONTHLY LIMITATION**	**PROCEDURE CODE**	**MONTHLY LIMITATIO N**
	A4250	100	A4623	31
	A4253	100	A4624	91
	A4310	1	A4625	1
	A4311	1	A5051	30
	A4388	1	A5052	30
	A4344	1	A5054	30
	A4347	35	A5055	30
	A4351	4	A5061	10
	A4354	1	A5062	10
	A4359	1	A5063	10
	A4362	10	A5071	10
	A4363	23	A5072	10
	A4364	4	A5073	10
	A4397	1	A5114	1
	A4400	30	A5123	25
	A4402	4	E0605	1
	A4615	4	K0169	2
	A4621	1	A4626	2

ESC EOB:	0795 - CLAIM/DETAIL REQUIRES PRIOR AUTHORIZATION. THE MONTHLY (CALENDAR MONTH) LIMITATION FOR THIS PROCEDURE CODE HAS BEEN EXCEEDED.
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE, MEMBER ID, DATES OF SERVICE AND PRIOR AUTHORIZATION NUMBER WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.
	REVIEW CLAIM ATTACHMENTS FOR A DMS LETTER APPROVING QUANTITY. IF THE DATE(S) OF SERVICE ON THE DETAIL IS WITHIN 12 MONTHS OF THE DATE OF THE LETTER AND THE APPOVED QUANTITY FOR THE PROCEDURE CODE HAS NOT BEEN EXCEEDED, FORCE THE ESC. IF THE APPROVED QUANTITY ON THE LETTER HAS BEEN EXCEEDED, DENY THE DETAIL WITH EOB 0795.
	IF DATA IS KEYED CORRECTLY AND NO LETTER IS ATTACHED, DENY THE DETAIL WITH EOB 0795.

2.354 6291 (FORMER LEGACY AUDIT 795)

DMS APPROVED 4/21/2005		
ESC 6291 (FORMER LEGACY AUDIT 795 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE MONTHLY LIMITATION EXCEEDED	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 90)
FAILS ESC 6291IF THE MONTHLY (CALENDAR MONTH) LIMITATIONS LISTED BELOW ARE EXCEEDED UNLESS A PRIOR AUTHORIZATON IS ON FILE. IF A MATCHING PRIOR AUTHORIZATION IS ON FILE FOR ONE OF THESE PROCEDURES, THE APPROVED UNITS ON THE PRIOR AUTHORIZATION IS CONSIDERED THE MONTHLY LIMIT.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME CALENDAR MONTH	

PROCEDURES MONITORED: **(FOR DOS AFTER 12/31/2000)**	**PROCEDURE CODE**	**MONTHLY LIMITATION**	**PROCEDURE CODE**	**MONTHLY LIMITATION**
	* A4206	125	**A4432	60
	* A4207	10	**A4433	60
	* A4208	10	**A4434	60
	* A4209	10	A4615	4
	A4250	1	A4621	1
	A4253	2	A4623	31
	A4259	1	A4624	91
	A4310	1	A4625	1
	A4311	1	A4626	2
	**A4320	9	A5051	60
	**A4322	9	A5052	60
	A4338	1	A5053	60
	A4344	1	A5054	60
	A4347	35	A5055	31
	**A4348	2	A5061	20
	A4357	4	A5062	20

	A4354	1	A5063	20
	A4357	1	A5071	20
	A4359	1	A5072	20
	A4362	20	A5073	20
	A4363	23	A5081	31
	A4364	4	A5082	1
	A4367	1	A5091	10
	**A4388	1	A5093	10
	A4397	4	A5114	1
	A4400	1	A5121	20
	A4402	4	A5122	20
	A4404	10	A5123	20
	**A4416	60	A5126	10
	**A4417	60	A5131	1
	**A4418	60	A6216	60
	**A4419	60	A6265	40
	**A4420	60	**A7046	2
	**A4423	60	**A7522	2
	**A4424	60	**A7525	1
	**A4425	60	**A7526	31
	**A4426	60	**B4220	1
	**A4427	60	**B4222	1
	**A4428	60	**B4224	1
	**A4429	60	E0605	1
	**A4430	60	K0169	2
	**A4431	60		
	THE CODES BELOW WERE ADDED 11/15/2006 RELEASE PER CO1020 AND CO1021			
	A4366	1	A7032	2
	A7037	2	A7038	2

	* THESE CODES ADDED 05/06/2004 PER DCR 01078 ** THESE CODES ADDED 08/31/2004 PER DCR 01192 **NOTE:** PROCEDURE CODE A7526 LIMITATION CHANGED FROM 1 TO 31 ON 10/1/2004 PER DCR 01192 ADDENDUM. **NOTE:** PROCEDURE CODE A4388 REMOVED FROM ESC PER CO415 IMPLEMENTED 4/21/06. **NOTE:** THE FOLLOWING PRCEDURE CODES WERE REMOVED PER CO1020 CO1021 ON 11/15/06 A4621 A4347 A4363 A4364 A4388 A4455 A5091 A5123 E6605 K0169			
PROCEDURES MONITORED: **(FOR DOS PRIOR TO 1/1/2001)**	**PROCEDURE CODE**	**MONTHLY LIMITATION**	**PROCEDURE CODE**	**MONTHLY LIMITATIO N**
	A4250	100	A4623	31
	A4253	100	A4624	91
	A4310	1	A4625	1
	A4311	1	A5051	30
	A4388	1	A5052	30
	A4344	1	A5054	30
	A4347	35	A5055	30
	A4351	4	A5061	10
	A4354	1	A5062	10
	A4359	1	A5063	10
	A4362	10	A5071	10
	A4363	23	A5072	10
	A4364	4	A5073	10
	A4397	1	A5114	1
	A4400	30	A5123	25
	A4402	4	E0605	1
	A4615	4	K0169	2
	A4621	1	A4626	2

ESC EOB:	0795 - CLAIM/DETAIL REQUIRES PRIOR AUTHORIZATION. THE MONTHLY (CALENDAR MONTH) LIMITATION FOR THIS PROCEDURE CODE HAS BEEN EXCEEDED.
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE, MEMBER ID, DATES OF SERVICE AND PRIOR AUTHORIZATION NUMBER WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.
	REVIEW CLAIM ATTACHMENTS FOR A DMS LETTER APPROVING QUANTITY. IF THE DATE(S) OF SERVICE ON THE DETAIL IS WITHIN 12 MONTHS OF THE DATE OF THE LETTER AND THE APPOVED QUANTITY FOR THE PROCEDURE CODE HAS NOT BEEN EXCEEDED, FORCE THE ESC. IF THE APPROVED QUANTITY ON THE LETTER HAS BEEN EXCEEDED, DENY THE DETAIL WITH EOB 0795.
	IF DATA IS KEYED CORRECTLY AND NO LETTER IS ATTACHED, DENY THE DETAIL WITH EOB 0795.

2.355 6292 (FORMER LEGACY AUDIT 795)

DMS APPROVED 4/21/2005		
ESC6292 (FORMER LEGACY AUDIT 795 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE MONTHLY LIMITATION EXCEEDED	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 90)
FAILS ESC 6292 IF THE MONTHLY (CALENDAR MONTH) LIMITATIONS LISTED BELOW ARE EXCEEDED UNLESS A PRIOR AUTHORIZATON IS ON FILE. IF A MATCHING PRIOR AUTHORIZATION IS ON FILE FOR ONE OF THESE PROCEDURES, THE APPROVED UNITS ON THE PRIOR AUTHORIZATION IS CONSIDERED THE MONTHLY LIMIT.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME CALENDAR MONTH	

PROCEDURES MONITORED: **(FOR DOS AFTER 12/31/2000)**	**PROCEDURE CODE**	**MONTHLY LIMITATION**	**PROCEDURE CODE**	**MONTHLY LIMITATION**
	* A4206	125	**A4432	60
	* A4207	10	**A4433	60
	* A4208	10	**A4434	60
	* A4209	10	A4615	4
	A4250	1	A4621	1
	A4253	2	A4623	31
	A4259	1	A4624	91
	A4310	1	A4625	1
	A4311	1	A4626	2
	**A4320	9	A5051	60
	**A4322	9	A5052	60
	A4338	1	A5053	60
	A4344	1	A5054	60
	A4347	35	A5055	31
	**A4348	2	A5061	20
	A4357	4	A5062	20

	A4354	1	A5063	20
	A4357	1	A5071	20
	A4359	1	A5072	20
	A4362	20	A5073	20
	A4363	23	A5081	31
	A4364	4	A5082	1
	A4367	1	A5091	10
	**A4388	1	A5093	10
	A4397	4	A5114	1
	A4400	1	A5121	20
	A4402	4	A5122	20
	A4404	10	A5123	20
	**A4416	60	A5126	10
	**A4417	60	A5131	1
	**A4418	60	A6216	60
	**A4419	60	A6265	40
	**A4420	60	**A7046	2
	**A4423	60	**A7522	2
	**A4424	60	**A7525	1
	**A4425	60	**A7526	31
	**A4426	60	**B4220	1
	**A4427	60	**B4222	1
	**A4428	60	**B4224	1
	**A4429	60	E0605	1
	**A4430	60	K0169	2
	**A4431	60		
	THE CODES BELOW WERE ADDED 11/15/2006 RELEASE PER CO1020 AND CO1021			
	A4366	1	A7032	2
	A7037	2	A7038	2

	* THESE CODES ADDED 05/06/2004 PER DCR 01078 ** THESE CODES ADDED 08/31/2004 PER DCR 01192 **NOTE:** PROCEDURE CODE A7526 LIMITATION CHANGED FROM 1 TO 31 ON 10/1/2004 PER DCR 01192 ADDENDUM. **NOTE:** PROCEDURE CODE A4388 REMOVED FROM ESC PER CO415 IMPLEMENTED 4/21/06. **NOTE:** THE FOLLOWING PRCEDURE CODES WERE REMOVED PER CO1020 CO1021 ON 11/15/06 A4621 A4347 A4363 A4364 A4388 A4455 A5091 A5123 E6605 K0169			
PROCEDURES MONITORED: **(FOR DOS PRIOR TO 1/1/2001)**	**PROCEDURE CODE**	**MONTHLY LIMITATION**	**PROCEDURE CODE**	**MONTHLY LIMITATIO N**
	A4250	100	A4623	31
	A4253	100	A4624	91
	A4310	1	A4625	1
	A4311	1	A5051	30
	A4388	1	A5052	30
	A4344	1	A5054	30
	A4347	35	A5055	30
	A4351	4	A5061	10
	A4354	1	A5062	10
	A4359	1	A5063	10
	A4362	10	A5071	10
	A4363	23	A5072	10
	A4364	4	A5073	10
	A4397	1	A5114	1
	A4400	30	A5123	25
	A4402	4	E0605	1
	A4615	4	K0169	2
	A4621	1	A4626	2

ESC EOB:	0795 - CLAIM/DETAIL REQUIRES PRIOR AUTHORIZATION. THE MONTHLY (CALENDAR MONTH) LIMITATION FOR THIS PROCEDURE CODE HAS BEEN EXCEEDED.
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE, MEMBER ID, DATES OF SERVICE AND PRIOR AUTHORIZATION NUMBER WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.
	REVIEW CLAIM ATTACHMENTS FOR A DMS LETTER APPROVING QUANTITY. IF THE DATE(S) OF SERVICE ON THE DETAIL IS WITHIN 12 MONTHS OF THE DATE OF THE LETTER AND THE APPOVED QUANTITY FOR THE PROCEDURE CODE HAS NOT BEEN EXCEEDED, FORCE THE ESC. IF THE APPROVED QUANTITY ON THE LETTER HAS BEEN EXCEEDED, DENY THE DETAIL WITH EOB 0795.
	IF DATA IS KEYED CORRECTLY AND NO LETTER IS ATTACHED, DENY THE DETAIL WITH EOB 0795.

2.356 6293 (FORMER LEGACY AUDIT 795)

DMS APPROVED 4/21/2005		
ESC 6293 (FORMER LEGACY AUDIT 795 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE MONTHLY LIMITATION EXCEEDED	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 90)
FAILS ESC 6293 IF THE MONTHLY (CALENDAR MONTH) LIMITATIONS LISTED BELOW ARE EXCEEDED UNLESS A PRIOR AUTHORIZATON IS ON FILE. IF A MATCHING PRIOR AUTHORIZATION IS ON FILE FOR ONE OF THESE PROCEDURES, THE APPROVED UNITS ON THE PRIOR AUTHORIZATION IS CONSIDERED THE MONTHLY LIMIT.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME CALENDAR MONTH	

PROCEDURES MONITORED: **(FOR DOS AFTER 12/31/2000)**	**PROCEDURE CODE**	**MONTHLY LIMITATION**	**PROCEDURE CODE**	**MONTHLY LIMITATION**
	* A4206	125	**A4432	60
	* A4207	10	**A4433	60
	* A4208	10	**A4434	60
	* A4209	10	A4615	4
	A4250	1	A4621	1
	A4253	2	A4623	31
	A4259	1	A4624	91
	A4310	1	A4625	1
	A4311	1	A4626	2
	**A4320	9	A5051	60
	**A4322	9	A5052	60
	A4338	1	A5053	60
	A4344	1	A5054	60
	A4347	35	A5055	31
	**A4348	2	A5061	20
	A4357	4	A5062	20

	A4354	1	A5063	20
	A4357	1	A5071	20
	A4359	1	A5072	20
	A4362	20	A5073	20
	A4363	23	A5081	31
	A4364	4	A5082	1
	A4367	1	A5091	10
	**A4388	1	A5093	10
	A4397	4	A5114	1
	A4400	1	A5121	20
	A4402	4	A5122	20
	A4404	10	A5123	20
	**A4416	60	A5126	10
	**A4417	60	A5131	1
	**A4418	60	A6216	60
	**A4419	60	A6265	40
	**A4420	60	**A7046	2
	**A4423	60	**A7522	2
	**A4424	60	**A7525	1
	**A4425	60	**A7526	31
	**A4426	60	**B4220	1
	**A4427	60	**B4222	1
	**A4428	60	**B4224	1
	**A4429	60	E0605	1
	**A4430	60	K0169	2
	**A4431	60		
	THE CODES BELOW WERE ADDED 11/15/2006 RELEASE PER CO1020 AND CO1021			
	A4366	1	A7032	2
	A7037	2	A7038	2

	* THESE CODES ADDED 05/06/2004 PER DCR 01078 ** THESE CODES ADDED 08/31/2004 PER DCR 01192 **NOTE:** PROCEDURE CODE A7526 LIMITATION CHANGED FROM 1 TO 31 ON 10/1/2004 PER DCR 01192 ADDENDUM. **NOTE:** PROCEDURE CODE A4388 REMOVED FROM ESC PER CO415 IMPLEMENTED 4/21/06. **NOTE:** THE FOLLOWING PRCEDURE CODES WERE REMOVED PER CO1020 CO1021 ON 11/15/06 A4621 A4347 A4363 A4364 A4388 A4455 A5091 A5123 E6605 K0169			
PROCEDURES MONITORED: **(FOR DOS PRIOR TO 1/1/2001)**	**PROCEDURE CODE**	**MONTHLY LIMITATION**	**PROCEDURE CODE**	**MONTHLY LIMITATIO N**
	A4250	100	A4623	31
	A4253	100	A4624	91
	A4310	1	A4625	1
	A4311	1	A5051	30
	A4388	1	A5052	30
	A4344	1	A5054	30
	A4347	35	A5055	30
	A4351	4	A5061	10
	A4354	1	A5062	10
	A4359	1	A5063	10
	A4362	10	A5071	10
	A4363	23	A5072	10
	A4364	4	A5073	10
	A4397	1	A5114	1
	A4400	30	A5123	25
	A4402	4	E0605	1
	A4615	4	K0169	2
	A4621	1	A4626	2

ESC EOB:	0795 - CLAIM/DETAIL REQUIRES PRIOR AUTHORIZATION. THE MONTHLY (CALENDAR MONTH) LIMITATION FOR THIS PROCEDURE CODE HAS BEEN EXCEEDED.
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE, MEMBER ID, DATES OF SERVICE AND PRIOR AUTHORIZATION NUMBER WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.
	REVIEW CLAIM ATTACHMENTS FOR A DMS LETTER APPROVING QUANTITY. IF THE DATE(S) OF SERVICE ON THE DETAIL IS WITHIN 12 MONTHS OF THE DATE OF THE LETTER AND THE APPOVED QUANTITY FOR THE PROCEDURE CODE HAS NOT BEEN EXCEEDED, FORCE THE ESC. IF THE APPROVED QUANTITY ON THE LETTER HAS BEEN EXCEEDED, DENY THE DETAIL WITH EOB 0795.
	IF DATA IS KEYED CORRECTLY AND NO LETTER IS ATTACHED, DENY THE DETAIL WITH EOB 0795.

2.357 6294 (FORMER LEGACY AUDIT 795)

DMS APPROVED 4/21/2005		
ESC 6294 (FORMER LEGACY AUDIT 795 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE MONTHLY LIMITATION EXCEEDED	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 90)
FAILS ESC 6294 IF THE MONTHLY (CALENDAR MONTH) LIMITATIONS LISTED BELOW ARE EXCEEDED UNLESS A PRIOR AUTHORIZATON IS ON FILE. IF A MATCHING PRIOR AUTHORIZATION IS ON FILE FOR ONE OF THESE PROCEDURES, THE APPROVED UNITS ON THE PRIOR AUTHORIZATION IS CONSIDERED THE MONTHLY LIMIT.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERNET PROVIDER SAME CALENDAR MONTH	

PROCEDURES MONITORED: **(FOR DOS AFTER 12/31/2000)**	**PROCEDURE CODE**	**MONTHLY LIMITATION**	**PROCEDURE CODE**	**MONTHLY LIMITATION**
	* A4206	125	**A4432	60
	* A4207	10	**A4433	60
	* A4208	10	**A4434	60
	* A4209	10	A4615	4
	A4250	1	A4621	1
	A4253	2	A4623	31
	A4259	1	A4624	91
	A4310	1	A4625	1
	A4311	1	A4626	2
	**A4320	9	A5051	60
	**A4322	9	A5052	60
	A4338	1	A5053	60
	A4344	1	A5054	60
	A4347	35	A5055	31
	**A4348	2	A5061	20
	A4357	4	A5062	20

	A4354	1	A5063	20
	A4357	1	A5071	20
	A4359	1	A5072	20
	A4362	20	A5073	20
	A4363	23	A5081	31
	A4364	4	A5082	1
	A4367	1	A5091	10
	**A4388	1	A5093	10
	A4397	4	A5114	1
	A4400	1	A5121	20
	A4402	4	A5122	20
	A4404	10	A5123	20
	**A4416	60	A5126	10
	**A4417	60	A5131	1
	**A4418	60	A6216	60
	**A4419	60	A6265	40
	**A4420	60	**A7046	2
	**A4423	60	**A7522	2
	**A4424	60	**A7525	1
	**A4425	60	**A7526	31
	**A4426	60	**B4220	1
	**A4427	60	**B4222	1
	**A4428	60	**B4224	1
	**A4429	60	E0605	1
	**A4430	60	K0169	2
	**A4431	60		
	THE CODES BELOW WERE ADDED 11/15/2006 RELEASE PER CO1020 AND CO1021			
	A4366	1	A7032	2
	A7037	2	A7038	2

	* THESE CODES ADDED 05/06/2004 PER DCR 01078 ** THESE CODES ADDED 08/31/2004 PER DCR 01192 **NOTE:** PROCEDURE CODE A7526 LIMITATION CHANGED FROM 1 TO 31 ON 10/1/2004 PER DCR 01192 ADDENDUM. **NOTE:** PROCEDURE CODE A4388 REMOVED FROM ESC PER CO415 IMPLEMENTED 4/21/06. **NOTE:** THE FOLLOWING PRCEDURE CODES WERE REMOVED PER CO1020 CO1021 ON 11/15/06 A4621 A4347 A4363 A4364 A4388 A4455 A5091 A5123 E6605 K0169			
PROCEDURES MONITORED: **(FOR DOS PRIOR TO 1/1/2001)**	**PROCEDURE CODE**	**MONTHLY LIMITATION**	**PROCEDURE CODE**	**MONTHLY LIMITATIO N**
	A4250	100	A4623	31
	A4253	100	A4624	91
	A4310	1	A4625	1
	A4311	1	A5051	30
	A4388	1	A5052	30
	A4344	1	A5054	30
	A4347	35	A5055	30
	A4351	4	A5061	10
	A4354	1	A5062	10
	A4359	1	A5063	10
	A4362	10	A5071	10
	A4363	23	A5072	10
	A4364	4	A5073	10
	A4397	1	A5114	1
	A4400	30	A5123	25
	A4402	4	E0605	1
	A4615	4	K0169	2
	A4621	1	A4626	2

ESC EOB:	0795 - CLAIM/DETAIL REQUIRES PRIOR AUTHORIZATION. THE MONTHLY (CALENDAR MONTH) LIMITATION FOR THIS PROCEDURE CODE HAS BEEN EXCEEDED.
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE, MEMBER ID, DATES OF SERVICE AND PRIOR AUTHORIZATION NUMBER WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.
	REVIEW CLAIM ATTACHMENTS FOR A DMS LETTER APPROVING QUANTITY. IF THE DATE(S) OF SERVICE ON THE DETAIL IS WITHIN 12 MONTHS OF THE DATE OF THE LETTER AND THE APPOVED QUANTITY FOR THE PROCEDURE CODE HAS NOT BEEN EXCEEDED, FORCE THE ESC. IF THE APPROVED QUANTITY ON THE LETTER HAS BEEN EXCEEDED, DENY THE DETAIL WITH EOB 0795.
	IF DATA IS KEYED CORRECTLY AND NO LETTER IS ATTACHED, DENY THE DETAIL WITH EOB 0795.

2.358 6295 (FORMER LEGACY AUDIT 795)

DMS APPROVED 4/21/2005		
ESC 6295 (FORMER LEGACY AUDIT 795 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE MONTHLY LIMITATION EXCEEDED	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 90)
FAILS ESC 6295 IF THE MONTHLY (CALENDAR MONTH) LIMITATIONS LISTED BELOW ARE EXCEEDED UNLESS A PRIOR AUTHORIZATON IS ON FILE. IF A MATCHING PRIOR AUTHORIZATION IS ON FILE FOR ONE OF THESE PROCEDURES, THE APPROVED UNITS ON THE PRIOR AUTHORIZATION IS CONSIDERED THE MONTHLY LIMIT.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME CALENDAR MONTH	

PROCEDURES MONITORED: **(FOR DOS AFTER 12/31/2000)**	**PROCEDURE CODE**	**MONTHLY LIMITATION**	**PROCEDURE CODE**	**MONTHLY LIMITATION**
	* A4206	125	**A4432	60
	* A4207	10	**A4433	60
	* A4208	10	**A4434	60
	* A4209	10	A4615	4
	A4250	1	A4621	1
	A4253	2	A4623	31
	A4259	1	A4624	91
	A4310	1	A4625	1
	A4311	1	A4626	2
	**A4320	9	A5051	60
	**A4322	9	A5052	60
	A4338	1	A5053	60
	A4344	1	A5054	60
	A4347	35	A5055	31
	**A4348	2	A5061	20
	A4357	4	A5062	20

	A4354	1	A5063	20
	A4357	1	A5071	20
	A4359	1	A5072	20
	A4362	20	A5073	20
	A4363	23	A5081	31
	A4364	4	A5082	1
	A4367	1	A5091	10
	**A4388	1	A5093	10
	A4397	4	A5114	1
	A4400	1	A5121	20
	A4402	4	A5122	20
	A4404	10	A5123	20
	**A4416	60	A5126	10
	**A4417	60	A5131	1
	**A4418	60	A6216	60
	**A4419	60	A6265	40
	**A4420	60	**A7046	2
	**A4423	60	**A7522	2
	**A4424	60	**A7525	1
	**A4425	60	**A7526	31
	**A4426	60	**B4220	1
	**A4427	60	**B4222	1
	**A4428	60	**B4224	1
	**A4429	60	E0605	1
	**A4430	60	K0169	2
	**A4431	60		
	THE CODES BELOW WERE ADDED 11/15/2006 RELEASE PER CO1020 AND CO1021			
	A4366	1	A7032	2
	A7037	2	A7038	2

	* THESE CODES ADDED 05/06/2004 PER DCR 01078 ** THESE CODES ADDED 08/31/2004 PER DCR 01192 **NOTE:** PROCEDURE CODE A7526 LIMITATION CHANGED FROM 1 TO 31 ON 10/1/2004 PER DCR 01192 ADDENDUM. **NOTE:** PROCEDURE CODE A4388 REMOVED FROM ESC PER CO415 IMPLEMENTED 4/21/06. **NOTE:** THE FOLLOWING PRCEDURE CODES WERE REMOVED PER CO1020 CO1021 ON 11/15/06 A4621 A4347 A4363 A4364 A4388 A4455 A5091 A5123 E6605 K0169			
PROCEDURES MONITORED: **(FOR DOS PRIOR TO 1/1/2001)**	**PROCEDURE CODE**	**MONTHLY LIMITATION**	**PROCEDURE CODE**	**MONTHLY LIMITATIO N**
	A4250	100	A4623	31
	A4253	100	A4624	91
	A4310	1	A4625	1
	A4311	1	A5051	30
	A4388	1	A5052	30
	A4344	1	A5054	30
	A4347	35	A5055	30
	A4351	4	A5061	10
	A4354	1	A5062	10
	A4359	1	A5063	10
	A4362	10	A5071	10
	A4363	23	A5072	10
	A4364	4	A5073	10
	A4397	1	A5114	1
	A4400	30	A5123	25
	A4402	4	E0605	1
	A4615	4	K0169	2
	A4621	1	A4626	2

ESC EOB:	0795 - CLAIM/DETAIL REQUIRES PRIOR AUTHORIZATION. THE MONTHLY (CALENDAR MONTH) LIMITATION FOR THIS PROCEDURE CODE HAS BEEN EXCEEDED.
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE, MEMBER ID, DATES OF SERVICE AND PRIOR AUTHORIZATION NUMBER WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.
	REVIEW CLAIM ATTACHMENTS FOR A DMS LETTER APPROVING QUANTITY. IF THE DATE(S) OF SERVICE ON THE DETAIL IS WITHIN 12 MONTHS OF THE DATE OF THE LETTER AND THE APPOVED QUANTITY FOR THE PROCEDURE CODE HAS NOT BEEN EXCEEDED, FORCE THE ESC. IF THE APPROVED QUANTITY ON THE LETTER HAS BEEN EXCEEDED, DENY THE DETAIL WITH EOB 0795.
	IF DATA IS KEYED CORRECTLY AND NO LETTER IS ATTACHED, DENY THE DETAIL WITH EOB 0795.

2.359 6296 (FORMER LEGACY AUDIT 795)

DMS APPROVED 4/21/2005		
ESC 6296 (FORMER LEGACY AUDIT 795 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE MONTHLY LIMITATION EXCEEDED	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 90)
FAILS ESC 6296 IF THE MONTHLY (CALENDAR MONTH) LIMITATIONS LISTED BELOW ARE EXCEEDED UNLESS A PRIOR AUTHORIZATON IS ON FILE. IF A MATCHING PRIOR AUTHORIZATION IS ON FILE FOR ONE OF THESE PROCEDURES, THE APPROVED UNITS ON THE PRIOR AUTHORIZATION IS CONSIDERED THE MONTHLY LIMIT.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME CALENDAR MONTH	

PROCEDURES MONITORED: **(FOR DOS AFTER 12/31/2000)**	**PROCEDURE CODE**	**MONTHLY LIMITATION**	**PROCEDURE CODE**	**MONTHLY LIMITATION**
	* A4206	125	**A4432	60
	* A4207	10	**A4433	60
	* A4208	10	**A4434	60
	* A4209	10	A4615	4
	A4250	1	A4621	1
	A4253	2	A4623	31
	A4259	1	A4624	91
	A4310	1	A4625	1
	A4311	1	A4626	2
	**A4320	9	A5051	60
	**A4322	9	A5052	60
	A4338	1	A5053	60
	A4344	1	A5054	60
	A4347	35	A5055	31
	**A4348	2	A5061	20
	A4357	4	A5062	20

	A4354	1	A5063	20
	A4357	1	A5071	20
	A4359	1	A5072	20
	A4362	20	A5073	20
	A4363	23	A5081	31
	A4364	4	A5082	1
	A4367	1	A5091	10
	**A4388	1	A5093	10
	A4397	4	A5114	1
	A4400	1	A5121	20
	A4402	4	A5122	20
	A4404	10	A5123	20
	**A4416	60	A5126	10
	**A4417	60	A5131	1
	**A4418	60	A6216	60
	**A4419	60	A6265	40
	**A4420	60	**A7046	2
	**A4423	60	**A7522	2
	**A4424	60	**A7525	1
	**A4425	60	**A7526	31
	**A4426	60	**B4220	1
	**A4427	60	**B4222	1
	**A4428	60	**B4224	1
	**A4429	60	E0605	1
	**A4430	60	K0169	2
	**A4431	60		
	THE CODES BELOW WERE ADDED 11/15/2006 RELEASE PER CO1020 AND CO1021			
	A4366	1	A7032	2
	A7037	2	A7038	2

	* THESE CODES ADDED 05/06/2004 PER DCR 01078 ** THESE CODES ADDED 08/31/2004 PER DCR 01192 **NOTE:** PROCEDURE CODE A7526 LIMITATION CHANGED FROM 1 TO 31 ON 10/1/2004 PER DCR 01192 ADDENDUM. **NOTE:** PROCEDURE CODE A4388 REMOVED FROM ESC PER CO415 IMPLEMENTED 4/21/06. **NOTE:** THE FOLLOWING PRCEDURE CODES WERE REMOVED PER CO1020 CO1021 ON 11/15/06 A4621 A4347 A4363 A4364 A4388 A4455 A5091 A5123 E6605 K0169			
PROCEDURES MONITORED: **(FOR DOS PRIOR TO 1/1/2001)**	**PROCEDURE CODE**	**MONTHLY LIMITATION**	**PROCEDURE CODE**	**MONTHLY LIMITATIO N**
	A4250	100	A4623	31
	A4253	100	A4624	91
	A4310	1	A4625	1
	A4311	1	A5051	30
	A4388	1	A5052	30
	A4344	1	A5054	30
	A4347	35	A5055	30
	A4351	4	A5061	10
	A4354	1	A5062	10
	A4359	1	A5063	10
	A4362	10	A5071	10
	A4363	23	A5072	10
	A4364	4	A5073	10
	A4397	1	A5114	1
	A4400	30	A5123	25
	A4402	4	E0605	1
	A4615	4	K0169	2
	A4621	1	A4626	2

ESC EOB:	0795 - CLAIM/DETAIL REQUIRES PRIOR AUTHORIZATION. THE MONTHLY (CALENDAR MONTH) LIMITATION FOR THIS PROCEDURE CODE HAS BEEN EXCEEDED.
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE, MEMBER ID, DATES OF SERVICE AND PRIOR AUTHORIZATION NUMBER WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.
	REVIEW CLAIM ATTACHMENTS FOR A DMS LETTER APPROVING QUANTITY. IF THE DATE(S) OF SERVICE ON THE DETAIL IS WITHIN 12 MONTHS OF THE DATE OF THE LETTER AND THE APPOVED QUANTITY FOR THE PROCEDURE CODE HAS NOT BEEN EXCEEDED, FORCE THE ESC. IF THE APPROVED QUANTITY ON THE LETTER HAS BEEN EXCEEDED, DENY THE DETAIL WITH EOB 795.
	IF DATA IS KEYED CORRECTLY AND NO LETTER IS ATTACHED, DENY THE DETAIL WITH EOB 795.

2.360 6297 (FORMER LEGACY AUDIT 795)

DMS APPROVED 4/21/2005		
ESC 6297 (FORMER LEGACY AUDIT 795 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE MONTHLY LIMITATION EXCEEDED	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 90)
FAILS ESC 6297 IF THE MONTHLY (CALENDAR MONTH) LIMITATIONS LISTED BELOW ARE EXCEEDED UNLESS A PRIOR AUTHORIZATON IS ON FILE. IF A MATCHING PRIOR AUTHORIZATION IS ON FILE FOR ONE OF THESE PROCEDURES, THE APPROVED UNITS ON THE PRIOR AUTHORIZATION IS CONSIDERED THE MONTHLY LIMIT.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME CALENDAR MONTH	

PROCEDURES MONITORED: **(FOR DOS AFTER 12/31/2000)**	**PROCEDURE CODE**	**MONTHLY LIMITATION**	**PROCEDURE CODE**	**MONTHLY LIMITATION**
	* A4206	125	**A4432	60
	* A4207	10	**A4433	60
	* A4208	10	**A4434	60
	* A4209	10	A4615	4
	A4250	1	A4621	1
	A4253	2	A4623	31
	A4259	1	A4624	91
	A4310	1	A4625	1
	A4311	1	A4626	2
	**A4320	9	A5051	60
	**A4322	9	A5052	60
	A4338	1	A5053	60
	A4344	1	A5054	60
	A4347	35	A5055	31
	**A4348	2	A5061	20
	A4357	4	A5062	20

	A4354	1	A5063	20
	A4357	1	A5071	20
	A4359	1	A5072	20
	A4362	20	A5073	20
	A4363	23	A5081	31
	A4364	4	A5082	1
	A4367	1	A5091	10
	**A4388	1	A5093	10
	A4397	4	A5114	1
	A4400	1	A5121	20
	A4402	4	A5122	20
	A4404	10	A5123	20
	**A4416	60	A5126	10
	**A4417	60	A5131	1
	**A4418	60	A6216	60
	**A4419	60	A6265	40
	**A4420	60	**A7046	2
	**A4423	60	**A7522	2
	**A4424	60	**A7525	1
	**A4425	60	**A7526	31
	**A4426	60	**B4220	1
	**A4427	60	**B4222	1
	**A4428	60	**B4224	1
	**A4429	60	E0605	1
	**A4430	60	K0169	2
	**A4431	60		
	THE CODES BELOW WERE ADDED 11/15/2006 RELEASE PER CO1020 AND CO1021			
	A4366	1	A7032	2
	A7037	2	A7038	2

	* THESE CODES ADDED 05/06/2004 PER DCR 01078 ** THESE CODES ADDED 08/31/2004 PER DCR 01192 **NOTE:** PROCEDURE CODE A7526 LIMITATION CHANGED FROM 1 TO 31 ON 10/1/2004 PER DCR 01192 ADDENDUM. **NOTE:** PROCEDURE CODE A4388 REMOVED FROM ESC PER CO415 IMPLEMENTED 4/21/06. **NOTE:** THE FOLLOWING PRCEDURE CODES WERE REMOVED PER CO1020 CO1021 ON 11/15/06 A4621 A4347 A4363 A4364 A4388 A4455 A5091 A5123 E6605 K0169			
PROCEDURES MONITORED: **(FOR DOS PRIOR TO 1/1/2001)**	**PROCEDURE CODE**	**MONTHLY LIMITATION**	**PROCEDURE CODE**	**MONTHLY LIMITATIO N**
	A4250	100	A4623	31
	A4253	100	A4624	91
	A4310	1	A4625	1
	A4311	1	A5051	30
	A4388	1	A5052	30
	A4344	1	A5054	30
	A4347	35	A5055	30
	A4351	4	A5061	10
	A4354	1	A5062	10
	A4359	1	A5063	10
	A4362	10	A5071	10
	A4363	23	A5072	10
	A4364	4	A5073	10
	A4397	1	A5114	1
	A4400	30	A5123	25
	A4402	4	E0605	1
	A4615	4	K0169	2
	A4621	1	A4626	2

ESC EOB:	0795 - CLAIM/DETAIL REQUIRES PRIOR AUTHORIZATION. THE MONTHLY (CALENDAR MONTH) LIMITATION FOR THIS PROCEDURE CODE HAS BEEN EXCEEDED.
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE, MEMBER ID, DATES OF SERVICE AND PRIOR AUTHORIZATION NUMBER WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.
	REVIEW CLAIM ATTACHMENTS FOR A DMS LETTER APPROVING QUANTITY. IF THE DATE(S) OF SERVICE ON THE DETAIL IS WITHIN 12 MONTHS OF THE DATE OF THE LETTER AND THE APPOVED QUANTITY FOR THE PROCEDURE CODE HAS NOT BEEN EXCEEDED, FORCE THE ESC. IF THE APPROVED QUANTITY ON THE LETTER HAS BEEN EXCEEDED, DENY THE DETAIL WITH EOB 0795.
	IF DATA IS KEYED CORRECTLY AND NO LETTER IS ATTACHED, DENY THE DETAIL WITH EOB 0795.

2.361 6298 (FORMER LEGACY AUDIT 469)

DMS LAST APPROVED: 07/19/2011		
ESC 6298 (FORMER LEGACY AUDIT 469 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
COMPANION CARE ARE LIMITED TO 200 UNITS PER WEEK	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 17)
FAILS ESC 6298 IF A PROVIDER BILLS MORE THAN TWO HUNDRED UNITS OF PROCEDURE CODE X0096 OR S5135 DURING ONE WEEK.		
ESC CRITERIA:	SAME MEMBER SAME WEEK NOTE – MFP MEMBERS ARE EXCLUDED FROM THIS AUDIT (CO 15099)	
PROCEDURES MONITORED:	X0096	S5135
ESC EOB:	0469 – COMPANION CARE UNITS ARE LIMITED TO 200 PER WEEK.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, DATES OF SERVICE, UNITS, AND PROCEDURE CODE ARE KEYED CORRECTLY. IF NOT, CORRECT THE FIELD IN ERROR.	

2.362 6299 (FORMER LEGACY AUDIT 723)

DMS LAST APPROVED: 05/08/98		
ESC 6299 (FORMER LEGACY AUDIT 723 MISCELLANEOUS)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
4 SURFACES ALLOWED PER TOOTH # PER DATE OF SERVICE PER MEMBER PER PROVIDER	**CLAIM FIELD LABEL:**	MEMBER ID, DOS, TOOTH #, TOOTH SURFACE
ESC TYPE: LIMIT	**C/T:**	D PT (60, 61)
IF A PROVIDER BILLS MORE THAN FOUR SURFACES PER TOOTH PER DATE OF SERVICE PER MEMBER, THE DETAIL EXCEEDING THE LIMIT WILL FAIL ESC 6299.		
ESC CRITERIA:	SAME MEMBER SAME TOOTH NUMBER SAME PROVIDER SAME DATE OF SERVICE SAME PROVIDER	
ESC EOB:	0723 - ONLY FOUR TOOTH SURFACES ALLOWED PER MEMBER, PER PROVIDER, PER DATE OF SERVICE, PER TOOTH NUMBER.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROVIDER NUMBER, DATES OF SERVICE, TOOTH NUMBER, AND SURFACES WERE KEYED CORRECTLY. IF NOT, CORRECT THE FIELD IN ERROR.	
	THIS ESC IS SET TO AUTO-DENY.	

2.363 6300 (FORMER LEGACY AUDIT 794)

DMS LAST APPROVED: 04/01/96		
ESC 6300 (FORMER LEGACY AUDIT 794 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENTS
LIMITATION **ESC TYPE: LIMIT**	**CLAIM FIELD LABEL:**	DOS, PROCEDURES
	C/T:	M (PT 13, 20, 22, 31, 35, 50, 52, 64, 65, 70, 74, 77, 78, 85)
FAILS IF MORE THAN THREE EPIDURAL INJECTIONS FOR PAIN ARE BILLED DURING A 182 DAY PERIOD FOR THE SAME MEMBER.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER DATES OF SERVICE WITHIN 182 DAYS	
PROCEDURES MONITORED:	62310 62311 62318 62319 62273 62280 62281 62282 64400 THROUGH 64530 **NOTE:** PROCEDURE CODES 62310, 62311, 62318, 62319, 64470, 64472, 64475, 64476, 64479, 64480, 64483, AND 64484 REVOVED FROM AUDIT PER CO 1328	
PROCEDURES MONITORED: (DOS PRIOR TO 08/01/06)	62310 62311 62318 62319 **NOTE:** PROCEDURE CODES 62310, 62311, 62318, AND 62319 REMOVED FROM AUDIT PER CO 1328	
ESC EOB:	0794 – CLAIM/DETAIL DENIED. EPIDURAL INJECTIONS FOR CONTROL OF PAIN SHALL BE LIMITED TO 3 INJECTIONS PER 6 MONTHS PER MEMBER.	

DMS LAST APPROVED: 04/01/96	
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE, PROVIDER NUMBER, MAID, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.
	IF DATA IS KEYED CORRECTLY, DENY THE DETAIL WITH EOB 0794.

2.364 6301 (FORMER LEGACY AUDIT 624)

DMS LAST APPROVED: 04/01/96		
ESC 6301 (FORMER LEGACY AUDIT 624 DUPLICATE)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
LIMITATION	**CLAIM FIELD LABEL:**	PROCEDURE, UNITS, DOS, TOOTH NUMBER
ESC TYPE: LIMIT	**C/T:**	CT D, M (PT 22, 31, 35, 60, 61)
IF A PROVIDER BILLS FOR MORE THAN ONE OF THE MONITORED PROCEDURES FOR THE SAME OF SERVICE, THE CLAIM EXCEEDING THE LIMIT WILL FAIL AUDIT 624.		
AUDIT CRITERIA:	Same Date of Service Same Member Same Tooth Number Same Provider	
PROCEDURES MONITORED:	02335/d2335 0-99 02930/d2930 – Member under age 21 02931/d2931 – Member under age 21 02932/d2932 – Member under age 21 d2394 – Member under age 21	
AUDIT EOB:	0624 – CLAIM DENIED. THIS PROCEDURE ALLOWED ONE PER DATE OF SERVICE PER TOOTH PER PROVIDER.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6031, VERIFY THE MAID, PROVIDER NUMBER, TOOTH NUMBER, AND DATE OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	THIS AUDIT IS SET TO AUTO-DENY.	

2.365 6302 (FORMER LEGACY AUDIT 624)

DMS LAST APPROVED: 04/01/2008		
ESC 6302 (FORMER LEGACY AUDIT 624 DUPLICATE)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
LIMITATION	**CLAIM FIELD LABEL:**	PROCEDURE, UNITS, DOS, TOOTH NUMBER
ESC TYPE: LIMIT	**C/T:**	CT D, M (PT 22, 31, 35, 60, 61)
IF A PROVIDER BILLS FOR MORE THAN ONE OF THE MONITORED PROCEDURES FOR THE SAME DATE OF SERVICE, THE CLAIM EXCEEDING THE LIMIT WILL FAIL ESC 6302. FORMER LEGACY AUDIT 624 ALSO INCLUDED PROCEDURE CODES D2930/02930, D2931/02931, D2932/02932, AND D2394 FOR MEMBERS UNDER THE AGE OF 21. FOR MEMBERS UNDER THE AGE OF 21, PLEASE REFER TO AUDIT 5232.		
AUDIT CRITERIA:	Same Date of Service Same Member Same Tooth Number Same Provider	
PROCEDURES MONITORED:	02335/d2335 - Members 21-99	
AUDIT EOB:	0624 – CLAIM DENIED. THIS PROCEDURE ALLOWED ONE PER DATE OF SERVICE PER TOOTH PER PROVIDER.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6032, VERIFY THE MAID, PROVIDER NUMBER, TOOTH NUMBER, AND DATE OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	THIS AUDIT IS SET TO AUTO-DENY.	

2.366 6303 (FORMER LEGACY AUDIT 587)

DMS LAST APPROVED: 12/19/03		
ESC 6303 (FORMER LEGACY AUDIT 588) LIMITATION	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
DAY REHABILITATION PROCEDURES LIMITED TO 45 UNITS PER CALENDAR WEEK	**FIELD NAME:**	MEMBER ID, PROC CODE, DOS
	C/T:	M (PROV TYPE 30 ONLY)
FAILS CMH DAY REHABILITATION PROCEDURE CODES IF A COMBINED TOTAL (FOR ALL MONITORED PROCEDURE CODES) OF MORE THAN 45 UNITS ARE BILLED FOR THE SAME MEMBER DURING THE SAME CALENDAR WEEK (SUNDAY THRU SATURDAY).		
AUDIT CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER	
PROCEDURES MONITORED: **(DOS PRIOR TO 10/15/03)**	WB511 WB525 WB609	
AUDIT EOB:	0588 - CLAIM/DETAIL DENIED. DAY REHABILITATION PROCEDURE CODES ARE LIMITED TO A COMBINED TOTAL OF 45 UNITS PER MEMBER, PER CALENDAR WEEK (SUNDAY THRU SATURDAY).	
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE AND UNITS WERE KEYED CORRECTLY. IF NOT, CORRECT EACH FIELD IN ERROR.	
	IF THE DATA IS KEYED CORRECTLY, DENY THE CLAIM WITH EOB 0588.	

2.367 6304

DMS LAST APPROVED: 09/03/2008		
ESC 6304	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
RESPITE SERVICES LIMITED TO $4000.00 PER CALENDAR YEAR **ESC TYPE:** LIMIT	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, DOS
	C/T:	H (PROVIDER TYPE 42), M (PROVIDER TYPE 33, 43)
IF A MICHELLE P WAIVER MEMBER RECEIVES RESPITE SERVICES IN EXCESS OF $4,000.00 DURING A CALENDAR YEAR THE CLAIM BILLING THE EXCESS WILL FAIL AUDIT 6304.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER MEMBER IN MICHELLE P ASSIGNMENT (MEMBER) PLAN SAME CALENDAR YEAR	
PROCEDURES MONITORED:	T1005 660	
ESC EOB:	6304 – RESPITE SERVICES ARE LIMITED TO $4000.00 PER CALENDAR YEAR FOR MEMBERS IN THE MICHELLE P WAIVER PROGRAM.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6304 VERIFY THE MEMBER ID, PROCEDURE CODE, BILLED AMOUNT, AND DATE OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF THE CLAIM WAS KEYED CORRECTLY DENY THE CLAIM DETAIL WITH EOB CODE 6304.	

2.368 6305

DMS LAST APPROVED: 09/03/08		
ESC 6305	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
ENVIRONMENT AND MINOR HOME ADAPTATION LIMITED TO $500.00 PER CALENDAR YEAR	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: LIMIT	**C/T:**	H (PROVIDER TYPE 42), M (PROVIDER TYPE 33, 43)
IF A MICHELLE P WAIVER MEMBER RECEIVES ENVIRONMENT AND MINOR HOME ADAPTATION SERVICES IN EXCESS OF $500.00 DURING A CALENDAR YEAR THE CLAIM BILLING THE EXCESS WILL FAIL AUDIT 6305.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER MEMBER IN MICHELLE P ASSIGNMENT (MEMBER) PLAN SAME CALENDAR YEAR	
PROCEDURES MONITORED:	E1399 290	
ESC EOB:	6305 – ENVIRONMENT AND MINOR HOME ADAPTATION ARE LIMITED TO $500.00 PER CALENDAR YEAR FOR MEMBERS IN THE MICHELLE P WAIVER PROGRAM	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6305 VERIFY THE MEMBER ID, PROCEDURE CODE, BILLED AMOUNT, AND DATE OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF THE CLAIM WAS KEYED CORRECTLY DENY THE CLAIM DETAIL WITH EOB CODE 6305.	

2.369 6306

DMS LAST APPROVED: 09/03/08		
ESC 6306	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
FINANCIAL MANAGEMENT LIMITED TO 8 UNITS PER CALENDAR MONTH	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, DOS
ESC TYPE: LIMIT	**C/T:**	M (PROVIDER TYPES 17, 33, 43)
IF A MEMBER RECEIVES IN EXCESS OF 8 UNITS OF PROCEDURE CODE T2040 DURING A CALENDAR MONTH, PER PROVIDER, THE CLAIM BILLING THE EXCESS WILL FAIL AUDIT 6306.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME CALENDAR MONTH	
PROCEDURES MONITORED:	T2040	
ESC EOB:	6306 – FINANCIAL MANAGEMENT IS LIMITED TO 8 UNITS PER MEMBER, PER PROVIDER, PER CALENDAR MONTH.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6306 VERIFY THE MEMBER ID, PROCEDURE CODE, UNITS OF SERVICE, AND DATE OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF THE CLAIM WAS KEYED CORRECTLY, DENY THE CLAIM DETAIL WITH EOB CODE 6306.	

2.370 6308

DMS LAST APPROVED: 11/10/2008		
ESC 6308	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
COMMUNITY LIVING SUPPORTS IS LIMITED TO 160 UNITS PER CALENDAR WEEK FOR ABI LTC MEMBERS	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS,
ESC TYPE: LIMIT	**C/T:**	H (PT 42) M (PT 17, 33, 43)
IF PROCEDURE CODE 97535 AND/OR REVENUE CODE 589 IS BILLED IN EXCESS OF 160 UNITS (40 HOURS) DURING ANY CALENDAR WEEK FOR AN ABI LTC MEMBER, THE CLAIM WILL FAIL ESC 6308.		
ESC CRITERIA:	SAME MEMBER SAME CALENDAR WEEK MEMBER IN ABI LTC ASSIGNMENT (MEMBER) PLAN **NOTE:** FOR PROCEDURE CODE 97535 AND REVENUE CODE 589 ONE UNIT EQUALS ¼ HOUR.	
PROCEDURES MONITORED:	PROCEDURE CODE 97535	REVENUE CODE 589
ESC EOB:	6308 – COMMUNITY LIVING SUPPORTS IS LIMITED TO 160 UNITS PER CALENDAR WEEK FOR ABI LTC MEMBERS	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROCEDURE/REVENUE CODE, UNITS, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF THE CLAIM WAS KEYED CORRECTLY, DENY WITH EOB 6308.	

2.371 6309

DMS LAST APPROVED: 11/10/2008

DMS LAST APPROVED: 11/10/2008		
ESC 6309	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
ADULT DAY TRAINING AND SUPPORTED EMPLOYMENT ARE LIMITED TO 160 UNITS PER CALENDAR WEEK FOR ABI LTC MEMBERS	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS,
ESC TYPE: LIMIT	**C/T:**	M (PT 17, 33)
IF PROCEDURE CODE T2021 AND H0039 ARE BILLED IN EXCESS OF 160 UNITS (40 HOURS) CUMULATIVELY DURING ANY CALENDAR WEEK FOR AN ABI LTC MEMBER, THE CLAIM WILL FAIL ESC 6309.		
ESC CRITERIA:	SAME MEMBER MEMBER IN ABI LTC ASSIGNMENT (MEMBER) PLAN SAME CALENDAR WEEK **NOTE:** FOR PROCEDURE CODES T2021 AND H0039 ONE UNIT EQUALS ¼ HOUR.	
PROCEDURES MONITORED:	T2021 H0039	
ESC EOB:	6309 – ADULT DAY TRAINING AND SUPPORTED EMPLOYMENT ARE LIMITED TO 160 UNITS PER CALENDAR WEEK FOR ABI LTC MEMBERS	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROCEDURE CODE, UNITS, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF THE CLAIM WAS KEYED CORRECTLY, DENY WITH EOB 6309.	

2.372 6310

DMS LAST APPROVED: 11/10/2008		
ESC 6310	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
NURSING SUPPORTS LIMITED TO 28 UNITS PER CALENDAR WEEK FOR LTC ABI MEMBERS	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS,
ESC TYPE: LIMIT	**C/T:**	H (PT 42) M (PT 17)
IF PROCEDURE CODE T1004 AND REVENUE CODE 550 ARE BILLED IN EXCESS OF 28 UNITS (7 HOURS) CUMULATIVELY DURING ANY CALENDAR WEEK FOR AN ABI LTC MEMBER, THE CLAIM WILL FAIL ESC 6310.		
ESC CRITERIA:	SAME MEMBER MEMBER IN ABI LTC ASSIGNMENT (MEMBER) PLAN SAME CALENDAR WEEK **NOTE:** FOR PROCEDURE CODE T1004 AND REVENUE CODE 550 ONE UNIT EQUALS ¼ HOUR.	
PROCEDURES MONITORED:	PROCEDURE CODE T1004	REVENUE CODE 550
ESC EOB:	6310 – NURSING SUPPORTS SERVICES ARE LIMITED TO 28 UNITS PER CALENDAR WEEK FOR LTC ABI MEMBERS	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROCEDURE/REVENUE CODE, UNITS, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF THE CLAIM WAS KEYED CORRECTLY, DENY WITH EOB 6310.	

2.373 6318

DMS LAST APPROVED: 11/10/2008		
ESC 6318	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
ENVIRONMENT AND MINOR HOME ADAPTATION LIMITED TO $2000.00 PER CALENDAR YEAR FOR ABI LTC MEMBERS	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, DOS
ESC TYPE: LIMIT	**C/T:**	M (PROVIDER TYPE 17)
IF AN ABI LTC WAIVER MEMBER RECEIVES ENVIRONMENT AND MINOR HOME ADAPTATION SERVICES IN EXCESS OF $2000.00 DURING A CALENDAR YEAR THE CLAIM BILLING THE EXCESS WILL FAIL AUDIT 6318.		
ESC CRITERIA:	SAME MEMBER MEMBER IN ABI LTC ASSIGNMENT (MEMBER) PLAN SAME CALENDAR YEAR	
PROCEDURES MONITORED:	T2029	
ESC EOB:	6318 – ENVIRONMENT AND MINOR HOME ADAPTATION ARE LIMITED TO $2000.00 PER CALENDAR YEAR FOR MEMBERS IN THE ABI LTC WAIVER PROGRAM	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6318 VERIFY THE MEMBER ID, PROCEDURE/REVENUE CODE, BILLED AMOUNT, AND DATE OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF THE CLAIM WAS KEYED CORRECTLY DENY THE CLAIM DETAIL WITH EOB CODE 6318.	

2.374 6319

DMS LAST APPROVED: 11/10/2008		
ESC 6319	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
FAMILY TRAINING LIMITED TO 8 UNITS PER CALENDAR WEEK FOR LTC ABI MEMBERS	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS,
ESC TYPE: LIMIT	**C/T:**	H (PT 42) M (PT 17, 33, 43)
IF PROCEDURE CODE 97537 AND/OR REVENUE CODE 916 ARE BILLED IN EXCESS OF EIGHT UNITS (2 HOURS) CUMULATIVELY DURING ANY CALENDAR WEEK FOR AN ABI LTC MEMBER, THE CLAIM WILL FAIL ESC 6319.		
ESC CRITERIA:	SAME MEMBER MEMBER IN ABI LTC ASSIGNMENT (MEMBER) PLAN SAME CALENDAR WEEK **NOTE:** FOR PROCEDURE CODE 97537 AND REVENUE CODE 916 ONE UNIT EQUALS ¼ HOUR.	
PROCEDURES MONITORED:	PROCEDURE CODE 97537	REVENUE CODE 916
ESC EOB:	6319 – FAMILY TRAINING IS LIMITED TO 8 UNITS PER CALENDAR WEEK FOR LTC ABI MEMBERS	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROCEDURE/REVENUE CODE, UNITS, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF THE CLAIM WAS KEYED CORRECTLY, DENY WITH EOB 6319.	

2.375 6320

DMS LAST APPROVED: 11/10/2008		
ESC 6320	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
COUNSELING AND BEHAVIORAL SERVICES LIMITED TO 16 UNITS PER DAY FOR ABI LTC MEMBERS	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, DOS, UNITS OF SERVICE
ESC TYPE: LIMIT	**C/T:**	H (PT 42) M (PT 17, 33, 43)
IF PROCEDURE CODES H2017 AND H0004 OR REVENUE CODE 900 ARE BILLED IN EXCESS OF 16 UNITS (4 HOURS) DURING A DAY FOR AN ABI LTC MEMBER, THE CLAIM WILL FAIL ESC 6320.		
ESC CRITERIA:	SAME MEMBER MEMBER IN ABI LTC ASSIGNMENT (MEMBER) PLAN SAME DAY SAME PROCEDURE/REVENUE CODE	
PROCEDURES MONITORED:	PROCEDURE CODES H2017 H0004	REVENUE CODE 900
ESC EOB:	6320 – THIS PROCEDURE IS LIMITED TO 16 UNITS PER DAY.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, DATES OF SERVICE, UNITS, AND PROCEDURE CODE ARE KEYED CORRECTLY. IF NOT, CORRECT THE FIELD IN ERROR.	
	IF THE CLAIM WAS KEYED CORRECTLY, DENY WITH EOB 6320.	

2.376 6321

DMS LAST APPROVED: 11/10/2008		
ESC 6321	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE CODES T2033 AND S5136 ARE LIMITED TO ONE UNIT PER DAY FOR ABI LTC MEMBERS	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, DOS, UNITS OF SERVICE
ESC TYPE: LIMIT	**C/T:**	M (PT 17)
IF EITHER PROCEDURE CODE T2033 OR S5136 IS BILLED IN EXCESS OF ONE UNIT DURING A DAY FOR AN ABI LTC MEMBER, THE CLAIM WILL FAIL ESC 6321.		
ESC CRITERIA:	SAME MEMBER MEMBER IN ABI LTC ASSIGNMENT (MEMBER) PLAN SAME DAY SAME PROCEDURE CODE	
PROCEDURES MONITORED:	T2033 S5136	
ESC EOB:	6321 – PROCEDURE CODES T2033 AND S5136 ARE LIMITED TO ONE UNIT PER DAY FOR ABI LTC MEMBERS.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, DATES OF SERVICE, UNITS, AND PROCEDURE CODE ARE KEYED CORRECTLY. IF NOT, CORRECT THE FIELD IN ERROR.	
	IF THE CLAIM WAS KEYED CORRECTLY, DENY WITH EOB 6321.	

2.377 6323

DMS LAST APPROVED: 11/10/2008		
ESC 6323	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
OCCUPATIONAL THERAPY LIMITED TO 52 UNITS PER CALENDAR MONTH FOR ABI LTC MEMBERS	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, DOS, UNITS OF SERVICE
ESC TYPE: LIMIT	**C/T:**	H (PT 42) M (PT 17, 33, 43)
IF PROCEDURE CODE 97530 AND REVENUE CODE 430 ARE BILLED IN EXCESS OF 52 UNITS CUMULATIVELY DURING A CALENDAR MONTH FOR AN ABI LTC MEMBER, THE CLAIM WILL FAIL ESC 6323.		
ESC CRITERIA:	SAME MEMBER MEMBER IN ABI LTC ASSIGNMENT (MEMBER) PLAN SAME CALENDAR MONTH	
PROCEDURES MONITORED:	PROCEDURE CODE 97530	REVENUE CODE 430
ESC EOB:	6323 – OCCUPATIONAL THERAPY IS LIMITED TO 52 UNITS PER CALENDAR MONTH FOR ABI LTC MEMBERS.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, DATES OF SERVICE, UNITS, AND PROCEDURE/REVENUE CODE ARE KEYED CORRECTLY. IF NOT, CORRECT THE FIELD IN ERROR.	
	IF THE CLAIM WAS KEYED CORRECTLY, DENY WITH EOB 6323.	

2.378 6324

DMS LAST APPROVED: 11/10/2008		
ESC 6324	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
SPEECH THERAPY LIMITED TO 52 UNITS PER CALENDAR MONTH FOR ABI LTC MEMBERS	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, DOS, UNITS OF SERVICE
ESC TYPE: LIMIT	**C/T:**	H (PT 42) M (PT 17, 33, 43)
IF PROCEDURE CODE 92507 AND REVENUE CODE 440 ARE BILLED IN EXCESS OF 52 UNITS CUMULATIVELY DURING A CALENDAR MONTH FOR AN ABI LTC MEMBER, THE CLAIM WILL FAIL ESC 6324.		
ESC CRITERIA:	SAME MEMBER MEMBER IN ABI LTC ASSIGNMENT (MEMBER) PLAN SAME CALENDAR MONTH	
PROCEDURES MONITORED:	PROCEDURE CODE 92507	REVENUE CODE 440
ESC EOB:	6324 – SPEECH THERAPY IS LIMITED TO 52 UNITS PER CALENDAR MONTH FOR ABI LTC MEMBERS.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, DATES OF SERVICE, UNITS, AND PROCEDURE/REVENUE CODE ARE KEYED CORRECTLY. IF NOT, CORRECT THE FIELD IN ERROR.	
	IF THE CLAIM WAS KEYED CORRECTLY, DENY WITH EOB 6324.	

2.379 6325

DMS LAST APPROVED: 11/10/2008		
ESC 6325	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PHYSICAL THERAPY LIMITED TO 52 UNITS PER CALENDAR MONTH FOR ABI LTC MEMBERS	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, DOS, UNITS OF SERVICE
ESC TYPE: LIMIT	**C/T:**	H (PT 42) M (PT 17, 33, 43)
IF PROCEDURE CODE 97001 IS BILLED IN EXCESS OF 52 UNITS DURING A CALENDAR MONTH FOR AN ABI LTC MEMBER, THE CLAIM WILL FAIL ESC 6325.		
ESC CRITERIA:	SAME MEMBER MEMBER IN ABI LTC ASSIGNMENT (MEMBER) PLAN SAME CALENDAR MONTH	
PROCEDURES MONITORED:	PROCEDURE CODE 97001	REVENUE CODE 420
ESC EOB:	6325 – PHYSICAL THERAPY IS LIMITED TO 52 UNITS PER CALENDAR MONTH FOR ABI LTC MEMBERS.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, DATES OF SERVICE, UNITS, AND PROCEDURE/REVENUE CODE ARE KEYED CORRECTLY. IF NOT, CORRECT THE FIELD IN ERROR.	
	IF THE CLAIM WAS KEYED CORRECTLY, DENY WITH EOB 6325.	

2.380 6326

DMS LAST APPROVED: 11/10/2008		
ESC 6326	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
RESPITE IS LIMITED TO 1,440 UNITS PER CALENDAR YEAR FOR ABI LTC MEMBERS **ESC TYPE:** LIMIT	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS,
	C/T:	H (PT 42) M (PT 17, 33, 43)
IF PROCEDURE CODE T1005 AND/OR REVENUE CODE 660 IS BILLED IN EXCESS OF 5,760 UNITS (1,440 HOURS) CUMULATIVELY DURING ANY CALENDAR YEAR FOR AN ABI LTC MEMBER, THE CLAIM WILL FAIL ESC 6326.		
ESC CRITERIA:	SAME MEMBER SAME CALENDAR YEAR MEMBER IN ABI LTC ASSIGNMENT (MEMBER) PLAN **NOTE:** FOR PROCEDURE CODE T1005 AND REVENUE CODE 660 ONE UNIT EQUALS ¼ HOUR.	
PROCEDURES MONITORED:	PROCEDURE CODE T1005	REVENUE CODE 660
ESC EOB:	6326 – RESPITE SERVICES ARE LIMITED TO 1,440 HOURS PER MEMBER, PER CALENDAR YEAR FOR ABI LTC MEMBERS.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROCEDURE/REVENUE CODE, UNITS, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF THE CLAIM WAS KEYED CORRECTLY, DENY WITH EOB 6326.	

2.381 6327

DMS LAST APPROVED: 11/10/2008		
ESC 6327	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
ADULT DAY HEALTH CARE IS LIMITED TO 160 UNITS PER CALENDAR WEEK FOR ABI LTC MEMBERS	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS,
ESC TYPE: LIMIT	**C/T:**	M (PT 17, 43)
IF PROCEDURE CODE S5100 IS BILLED IN EXCESS OF 160 UNITS (40 HOURS) DURING ANY CALENDAR WEEK FOR AN ABI LTC MEMBER, THE CLAIM WILL FAIL ESC 6327.		
ESC CRITERIA:	SAME MEMBER SAME CALENDAR WEEK MEMBER IN ABI LTC ASSIGNMENT (MEMBER) PLAN **NOTE:** FOR PROCEDURE CODE S5100 ONE UNIT EQUALS ¼ HOUR.	
PROCEDURES MONITORED:	S5100	
ESC EOB:	6327 – ADULT DAY HEALTH CARE IS LIMITED TO 160 UNITS PER CALENDAR WEEK FOR ABI LTC MEMBERS	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROCEDURE/REVENUE CODE, UNITS, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF THE CLAIM WAS KEYED CORRECTLY, DENY WITH EOB 6327.	

2.382 6328 (NO FORMER LEGACY AUDIT)

DMS LAST APPROVED: 05/12/2009		
ESC 6328 (NO FORMER LEGACY AUDIT) LIMITATION AUDIT	**CLAIM TYPE**	M
96040, 99366, AND 99367 LIMITED TO 4 UNITS EACH PER DATE OF SERVICE	**PROVIDER TYPE**	65
	TYPE OF DOCUMENT:	PAPER, NON-PAPER, ADJUSTMENTS
	FIELD NAME	PROCEDURE
FAILS IF A PROVIDER BILLS MORE THAN 4 UNITS FOR PROCEDURE CODES 96040, 99366, OR 99367 PER DATE OF SERVICE PER MEMBER		
AUDIT CRITERIA:	SAME MEMBER	
PROCEDURES MONITORED:	96040 99366 99367	
AUDIT EOB:	6328 – CLAIM/DETAIL DENIED. PROCEDURE CODES 96040, 99366, AND 99367 ARE LIMITED TO 4 UNITS EACH PER DATE OF SERVICE.	
PROCESSING INSTRUCTIONS:	VERIFY THE MAID, DATES OF SERVICE, UNITS, AND PROCEDURE CODE ARE KEYED CORRECTLY. IF NOT, CORRECT THE FIELD IN ERROR.	
	IF ALL DATA IS KEYED CORRECTLY, DENY WITH EOB 6328.	

2.383 6330

DMS APPROVED 06/22/2009		
ESC 6330	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENTS
D7472 IS LIMITED TO ONE PER LIFETIME, PER MEMBER	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, TOOTH NUMBER
ESC TYPE: LIMIT	**C/T:**	D, M (PT 31, 35, 36, 60, 61)
IF A PROVIDER BILLS D7472 MORE THAN ONCE PER LIFETIME, PER MEMBER, THE DETAIL EXCEEDING THE LIMIT WILL FAIL ESC 6330.		
ESC CRITERIA:	SAME MEMBER SAME PROCEDURE CODE SAME OR DIFFERENT PROVIDER	
PROCEDURES MONITORED:	D7472	
ESC EOB:	6330 - THIS PROCEDURE IS LIMITED TO ONE PER LIFETIME, PER MEMBER.	
PROCESSING INSTRUCTIONS:	VERIFY THAT THE MEMBER ID, DATE OF SERVICE, AND PROCEDURE CODE WERE KEYED CORRECTLY. IF NOT, CORRECT THE FIELDS IN ERROR.	
	IF KEYED CORRECTLY, DENY THE DETAIL WITH EOB 6330.	

2.384 6331

DMS APPROVED 06/22/2009		
ESC 6331	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENTS
D7473 IS LIMITED TO ONE PER LIFETIME, PER MEMBER, PER QUADRANT CODE	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, TOOTH NUMBER
ESC TYPE: LIMIT	**C/T:**	D, M (PT 31, 35, 36, 60, 61)
IF A PROVIDER BILLS D7473 MORE THAN ONCE PER LIFETIME, PER MEMBER, PER QUADRANT CODE, THE DETAIL EXCEEDING THE LIMIT WILL FAIL ESC 6331.		
ESC CRITERIA:	SAME MEMBER SAME PROCEDURE CODE SAME QUADRANT CODE SAME OR DIFFERENT PROVIDER	
PROCEDURES MONITORED:	D7473	
ESC EOB:	6331 - THIS PROCEDURE IS LIMITED TO ONE PER LIFETIME, PER MEMBER, PER LOWER QUADRANT.	
PROCESSING INSTRUCTIONS:	VERIFY THAT THE MEMBER ID, DATE OF SERVICE, PROCEDURE CODE, AND QUADRANT CODE WERE KEYED CORRECTLY. IF NOT, CORRECT THE FIELDS IN ERROR.	
	IF KEYED CORRECTLY, DENY THE DETAIL WITH EOB 6331.	

2.385 ESC 6333

DMS APPROVED: 02/08/2010		
ESC 6333	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
64492, 64495 LIMITED TO ONE UNIT PER DAY EACH	**CLAIM FIELD LABEL:**	MAID, DOS, PROCEDURE
ESC TYPE: LIMIT	**C/T:**	M (PT 36), O (PT 01)
IF EITHER PROCEDURE CODE 64492 OR 64495 IS BILLED FOR MORE THAN ONE UNIT PER DATE OF SERVICE, POST THE ESC.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE SAME PROCEDURE NOTE – THIS AUDIT WAS CREATED BY CO 13200	
PROCEDURES MONITORED:	64492 64495	
ESC EOB:	6333 – CLAIM DENIED. PROCEDURE CODES 64492 AND 64495 ARE EACH LIMITED TO ONE UNIT PER DAY.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6333, VERIFY THE PROCEDURE CODE AND UNITS WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF ALL DATA IS KEYED CORRECTLY DENY THE DETAIL WITH EOB 6333.	

2.386 6334

DMS LAST APPROVED: 7/15/2010		
ESC 6334	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
RESPITE CARE IS LIMITED TO 336 HOURS PER 12 MONTHS **ESC TYPE:** LIMIT	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS,
	C/T:	M (PT 17)
IF PROCEDURE CODE T1005 IS BILLED IN EXCESS OF 336 HOURS (1,344 UNITS) DURING ANY TWELVE MONTH PERIOD, THE DETAIL EXCEEDING THE LIMIT WILL FAIL ESC 6334.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER DATES OF SERVICE WITHIN 12 MONTHS **NOTE:** FOR PROCEDURE CODE T1005 ONE UNIT EQUALS ¼ HOUR. THE AUDIT CONVERTS THE UNITS TO HOURS BY MULTIPLYING THE UNITS BY .25. <u>EXCLUSIONS:</u> ABI LTC MEMBERS ARE EXCLUDED FROM THIS AUDIT	
PROCEDURES MONITORED:	T1005	
ESC EOB:	6334 – CLAIM/DETAIL DENIED. RESPITE SERVICES ARE LIMITED TO 336 HOURS PER MEMBER, PER PROVIDER, PER 12 MONTHS.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROCEDURE CODE, UNITS, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF THE CLAIM WAS KEYED CORRECTLY, DENY WITH EOB 6334.	

2.387 6335

DMS LAST APPROVED: 7/15/2010		
ESC 6335	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
HOME MODIFICATIONS LIMITED TO $2,000.00 PER 12 MONTHS	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 17)
IF $2000.00 IN PAYMENTS FOR PROCEDURE CODE S5165 IS EXCEEDED DURING A TWELVE MONTH PERIOD, THE DETAIL EXCEEDING THE LIMIT WILL FAIL ESC 6335.		
ESC CRITERIA:	SAME MEMBER NUMBER SAME PROVIDER DATE OF SERVICE WITHIN 12 MONTHS	
PROCEDURES MONITORED:	S5165	
ESC EOB:	6335 – CLAIM/DETAIL DENIED. HOME MODIFICATIONS ARE LIMITED TO $2000.00 PER MEMBER, PER PROVIDER, PER 12 MONTHS.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROCEDURE CODE, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF THE CLAIM WAS KEYED CORRECTLY, DENY WITH EOB 6335.	

2.388 6336

DMS LAST APPROVED: 7/15/2010		
ESC 6336	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
T2016, T2033, AND S5136 LIMITED TO ONE UNIT PER DAY CUMULATIVELY	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 17)
IF A PROVIDER BILLS MORE THAN ONE UNIT, CUMULATIVELY, OF PROCEDURE CODE T2016, T2033, AND S5136 ON THE SAME DATE OF SERVICE, THE DETAIL EXCEEDING THE LIMIT WILL FAIL ESC 6336.		
ESC CRITERIA:	SAME MEMBER NUMBER SAME PROVIDER SAME DATE OF SERVICE <u>EXCLUSIONS:</u> ABI LTC MEMBERS ARE EXCLUDED FROM THIS AUDIT	
PROCEDURES MONITORED:	T2016 T2033 S5136	
ESC EOB:	6336 – CLAIM/DETAIL DENIED. ONLY ONE UNIT OF SUPERVISED RESIDENTIAL CARE IS PAYABLE PER DAY, PER MEMBER, PER PROVIDER.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROCEDURE CODE, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF THE CLAIM WAS KEYED CORRECTLY, DENY WITH EOB 6336.	

2.390 6337

DMS LAST APPROVED: 10/01/2011		
ESC 6337	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
RESPITE PAYMENTS FOR MFP MEMBERS IS LIMITED TO $4,000.00 PER CALENDAR YEAR	**CLAIM FIELD LABEL:**	MEMBER ID, REVENUE CODE, DOS
AUDIT TYPE: LIMIT	**C/T:**	M (PT 42)
IF A MEMBER RECEIVES RESPITE SERVICES IN EXCESS OF $4,000.00 PER CALENDAR YEAR, THE CLAIM BILLING THE EXCESS WILL FAIL ESC 6337 OR BE REDUCED TO THE REMAINING BALANCE IF LESS THAN THE ALLOWED AMOUNT.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER ACCUMULATIVE TOTAL OF $4,000 PER 6 MONTHS MFP MEMBERS ONLY NOTE - THIS AUDIT WAS CREATED PER CO 15836	
PROCEDURES MONITORED:	660 –RESPITE CARE	
ESC EOB:	6337 – CLAIM DETAIL DENIED OR PAYMENT REDUCED. RESPITE IS LIMITED TO $4000.00 PER 365 DAYS FOR THIS MEMBER.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, DOS, AND REVENUE CODE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR. IF THE DATA WAS KEYED CORRECTLY, DENY WITH EOB 6337.	
	NOTE: THIS AUDIT IS SET UP TO CUT BACK THE ALLOWED AMOUNT IF LESS THAN $4000.00 HAS BEEN PAID BUT THE ALLOWED AMOUNT IS GREATER THAN THE REMAINING BALANCE	

2.391 6705 (FORMER LEGACY AUDIT 632)

DMS LAST APPROVED: 10/31/06		
ESC 6705 (FORMER LEGACY AUDIT 632 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
FULL MOUTH DEBRIDEMENT LIMITED TO ONCE PER PREGNANCY	**CLAIM FIELD LABEL:**	PROVIDER, PROCEDURE
ESC TYPE: LIMIT	**C/T:**	D, M (PT 31, 35, 60, 61)
FAILS ESC 6705 IF MORE THAN ONE FULL MOUTH DEBRIDEMENT IS BILLED PER MEMBER PER PREGNANCY.		

DMS LAST APPROVED: 10/31/06	
ESC CRITERIA:	SAME MEMBER SAME PROVIDER
PROCEDURES MONITORED:	D4355
ESC EOB:	0632 – FULL MOUTH DEBRIDEMENT IS ALLOWED ONCE PER MEMBER PER PREGNANCY.
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER ID, PROCEDURE CODE, AND DATE OF SERVICE WERE KEYED CORRECTLY. IF NOT CORRECT THE FIELD IN ERROR.
	IF RELATED HISTORY INDICATES A FULL MOUTH DEBRIDEMENT HAS BEEN PAID WITHIN 9 MONTHS, DENY THE ESC.

2.392 6706 (FORMER LEGACY AUDIT 781)

LAST APPROVED BY DMS PRIOR TO 12/01/2005		
ESC 6706 (FORMER LEGACY AUDIT 781 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT, CAPITIATION, AND ENCOUNTER
ANNUAL SPEECH THERAPY VISIT LIMITATION	**CLAIM FIELD LABEL:**	PROCEDURE CODE, MEMBER ID
ESC TYPE: LIMIT	**C/T:**	M (PT 13, 64, 65, 31, 30, 32, 35, 36, 37, 74, 78, 86, 90) O (PT 01, 39, 41)
FAILS IF THE SPEECH THERAPY VISIT LIMITATIONS ARE EXCEEDED DURING A CALENDAR YEAR AND A MATCHING PRIOR AUTHORIZATION IS NOT ON FILE. NOTE – OTHER THAN THOSE LISTED AS EXCLUSIONS BELOW, CLAIMS SUBMITTED BY ALL PROVIDER TYPES ARE COUNTED TOWARD A MEMBER'S ANNUAL VISIT LIMIT EVEN THOUGH THE AUDIT IS NOT SET UP TO FAIL CLAIMS SUBMITTED BY SOME OF THESE PROVIDER TYPES.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME OR DIFFERENT SPEECH THERAY PROCEDURE CODE GLOBAL CHOICE MEMBER PLANS GCMNC, GCMWC, GCENC, GCECP, GCEBC CALENDAR YEAR VISIT LIMIT – 10 ***NOTE – THESE ARE 'PER VISIT' LIMITS. PROCEDURE CODES WITH MULTIPLE UNITS ARE COUNTED AS 1. ALSO, IF TWO (OR MORE) DIFFERENT SPEECH THERAPY SERVICES ARE PROVIDED ON THE SAME DATE OF SERVICE, THEY ARE COUNTED AS 1 VISIT.**	

LAST APPROVED BY DMS PRIOR TO 12/01/2005	
ESC CRITERIA:	**EXCLUSIONS:** • CLAIMS FOR MEMBERS UNDER THE AGE OF 21 DO NOT FAIL THIS AUDIT. HOWEVER, THEY DO COUNT TOWARD THE MEMBER'S ANNUAL LIMIT. • MONITORED SPEECH THERAPY PROCEDURE CODES WITH A VALID PRIOR AUTHORIZATION ON FILE ARE EXCLUDED FROM THIS AUDIT. • CLAIMS WITH DATES OF SERVICE PRIOR TO 09/15/06 DO NOT FAIL AUDIT 6706 NOR ARE THEY COUNTED TOWARD A MEMBER'S ANNUAL VISIT LIMITS. • CLAIMS SUBMITTED BY PROVIDER TYPES 21, 22, 24, AND 85, DO NOT FAIL AUDIT 781 NOR ARE THEY COUNTED TOWARD A MEMBER'S ANNUAL VISIT LIMIT. CROSSOVER CLAIMS DO NOT FAIL AUDIT 6706 NOR ARE THEY COUNTED TOWARD A MEMBER'S ANNUAL VISIT LIMIT. CLAIMS SUBMITTED BY ALL OTHER PROVIDER TYPES ARE COUNTED TOWARD A MEMBER'S ANNUAL VISIT LIMIT EVEN THOUGH THE AUDIT IS NOT SET UP TO FAIL CLAIMS SUBMITTED BY SOME OF THESE PROVIDER TYPES. • CLAIMS WITH A PLACE OF SERVICE OF 23 OR A REVENUE CODE OF 450 THROUGH 456 BYPASS THIS AUDIT.
PROCEDURES MONITORED:	PROCEDURE CODES: 92506 92607 V5362 92507 92608 V5363 92508 92609 V5364 92526 G0153
ESC EOB:	0781 – CLAIM/DETAIL DENIED. THE MEMBER'S ANNUAL SPEECH THERAPY VISIT LIMIT HAS BEEN MET. ADDITIONAL SPEECH THERAPY SERVICES REQUIRE PRIOR AUTHORIZATION AND NO MATCHING PRIOR AUTHORIZATION RECORD IS ON FILE.
PROCESSING INSTRUCTIONS:	1. VERIFY THE MEMBER NUMBER, PROCEDURE CODE, AND DATES OF SERVICE ARE KEYED CORRECTLY. IF KEYED INCORRECTLY DATA CORRECT EACH FIELD IN ERROR. 2. IF THE CLAIM IS KEYED CORRECTLY DENY THE DETAIL WITH EOB CODE 781.

2.393 6707 (FORMER LEGACY AUDIT 781)

LAST APPROVED BY DMS PRIOR TO 12/01/2005		
ESC 6707 (FORMER LEGACY AUDIT 781 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT, CAPITIATION, AND ENCOUNTER
ANNUAL SPEECH THERAPY VISIT LIMITATION	**CLAIM FIELD LABEL:**	PROCEDURE CODE, MEMBER ID
ESC TYPE: LIMIT	**C/T:**	M (PT 13, 64, 65, 31, 30, 32, 35, 36, 37, 74, 78, 86, 90) O (PT 01, 39, 41)
FAILS IF THE SPEECH THERAPY VISIT LIMITATIONS ARE EXCEEDED DURING A CALENDAR YEAR AND A MATCHING PRIOR AUTHORIZATION IS NOT ON FILE. NOTE – OTHER THAN THOSE LISTED AS EXCLUSIONS BELOW, CLAIMS SUBMITTED BY ALL PROVIDER TYPES ARE COUNTED TOWARD A MEMBER'S ANNUAL VISIT LIMIT EVEN THOUGH THE AUDIT IS NOT SET UP TO FAIL CLAIMS SUBMITTED BY SOME OF THESE PROVIDER TYPES.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME OR DIFFERENT SPEECH THERAY PROCEDURE CODE COMPREHENSIVE CHOICES MEMBER PLANS CCMNC, CCMWC, CCMBA, CCMVN, CCMVW, CCENC, CCEBW, CCEBA, CCEVN, CCEVW, CCHNH, CCHHH OPTIMUM CHOICES MEMBER PLANS OCMBN, OCMBW, OCMTN, OCMTW, OCEBN, OCEBW, OCETN, OCETW, OCHHH CALENDAR YEAR VISIT LIMIT – 30 ***NOTE – THESE ARE 'PER VISIT' LIMITS. PROCEDURE CODES WITH MULTIPLE UNITS ARE COUNTED AS 1. ALSO, IF TWO (OR MORE) DIFFERENT SPEECH THERAPY SERVICES ARE PROVIDED ON THE SAME DATE OF SERVICE, THEY ARE COUNTED AS 1 VISIT.**	

LAST APPROVED BY DMS PRIOR TO 12/01/2005	
ESC CRITERIA:	**EXCLUSIONS:** • CLAIMS FOR MEMBERS UNDER THE AGE OF 21 DO NOT FAIL THIS AUDIT. HOWEVER, THEY DO COUNT TOWARD THE MEMBER'S ANNUAL LIMIT. • MONITORED SPEECH THERAPY PROCEDURE CODES WITH A VALID PRIOR AUTHORIZATION ON FILE ARE EXCLUDED FROM THIS AUDIT. • CLAIMS WITH DATES OF SERVICE PRIOR TO 09/15/06 DO NOT FAIL AUDIT 6707 NOR ARE THEY COUNTED TOWARD A MEMBER'S ANNUAL VISIT LIMITS. • CLAIMS SUBMITTED BY PROVIDER TYPES 21, 22, 24, AND 85, DO NOT FAIL AUDIT 781 NOR ARE THEY COUNTED TOWARD A MEMBER'S ANNUAL VISIT LIMIT. CROSSOVER CLAIMS DO NOT FAIL AUDIT 6707 NOR ARE THEY COUNTED TOWARD A MEMBER'S ANNUAL VISIT LIMIT. CLAIMS SUBMITTED BY ALL OTHER PROVIDER TYPES ARE COUNTED TOWARD A MEMBER'S ANNUAL VISIT LIMIT EVEN THOUGH THE AUDIT IS NOT SET UP TO FAIL CLAIMS SUBMITTED BY SOME OF THESE PROVIDER TYPES. • CLAIMS WITH A PLACE OF SERVICE OF 23 OR A REVENUE CODE OF 450 THROUGH 456 BYPASS THIS AUDIT.
PROCEDURES MONITORED:	PROCEDURE CODES: 92506 92607 V5362 92507 92608 V5363 92508 92609 V5364 92526 G0153
ESC EOB:	0781 – CLAIM/DETAIL DENIED. THE MEMBER'S ANNUAL SPEECH THERAPY VISIT LIMIT HAS BEEN MET. ADDITIONAL SPEECH THERAPY SERVICES REQUIRE PRIOR AUTHORIZATION AND NO MATCHING PRIOR AUTHORIZATION RECORD IS ON FILE.
PROCESSING INSTRUCTIONS:	1. VERIFY THE MEMBER NUMBER, PROCEDURE CODE, AND DATES OF SERVICE ARE KEYED CORRECTLY. IF KEYED INCORRECTLY DATA CORRECT EACH FIELD IN ERROR. 2. IF THE CLAIM IS KEYED CORRECTLY DENY THE DETAIL WITH EOB CODE 781.

2.394 6708 (FORMER LEGACY AUDIT 781)

LAST APPROVED BY DMS PRIOR TO 12/01/2005		
ESC 6708 (FORMER LEGACY AUDIT 781 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT, CAPITIATION, AND ENCOUNTER
ANNUAL SPEECH THERAPY VISIT LIMITATION	**CLAIM FIELD LABEL:**	PROCEDURE CODE, MEMBER ID
ESC TYPE: LIMIT	**C/T:**	M (PT 13, 64, 65, 31, 30, 32, 35, 36, 37, 74, 78, 86, 90) O (PT 01, 39, 41)
FAILS IF THE SPEECH THERAPY VISIT LIMITATIONS ARE EXCEEDED DURING A CALENDAR YEAR AND A MATCHING PRIOR AUTHORIZATION IS NOT ON FILE. NOTE – OTHER THAN THOSE LISTED AS EXCLUSIONS BELOW, CLAIMS SUBMITTED BY ALL PROVIDER TYPES ARE COUNTED TOWARD A MEMBER'S ANNUAL VISIT LIMIT EVEN THOUGH THE AUDIT IS NOT SET UP TO FAIL CLAIMS SUBMITTED BY SOME OF THESE PROVIDER TYPES.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME OR DIFFERENT SPEECH THERAY PROCEDURE CODE FAMILY CHOICES MEMBER PLANS FCMMK, FCEMK, FCEK2, FCEK3 CALENDAR YEAR VISIT LIMIT – 15 ***NOTE – THESE ARE 'PER VISIT' LIMITS. PROCEDURE CODES WITH MULTIPLE UNITS ARE COUNTED AS 1. ALSO, IF TWO (OR MORE) DIFFERENT SPEECH THERAPY SERVICES ARE PROVIDED ON THE SAME DATE OF SERVICE, THEY ARE COUNTED AS 1 VISIT.**	

LAST APPROVED BY DMS PRIOR TO 12/01/2005	
ESC CRITERIA:	**EXCLUSIONS:** • CLAIMS FOR MEMBERS UNDER THE AGE OF 21 DO NOT FAIL THIS AUDIT. HOWEVER, THEY DO COUNT TOWARD THE MEMBER'S ANNUAL LIMIT. • MONITORED SPEECH THERAPY PROCEDURE CODES WITH A VALID PRIOR AUTHORIZATION ON FILE ARE EXCLUDED FROM THIS AUDIT. • CLAIMS WITH DATES OF SERVICE PRIOR TO 09/15/06 DO NOT FAIL AUDIT 6708 NOR ARE THEY COUNTED TOWARD A MEMBER'S ANNUAL VISIT LIMITS. • CLAIMS SUBMITTED BY PROVIDER TYPES 21, 22, 24, AND 85, DO NOT FAIL AUDIT 781 NOR ARE THEY COUNTED TOWARD A MEMBER'S ANNUAL VISIT LIMIT. CROSSOVER CLAIMS DO NOT FAIL AUDIT 6708 NOR ARE THEY COUNTED TOWARD A MEMBER'S ANNUAL VISIT LIMIT. CLAIMS SUBMITTED BY ALL OTHER PROVIDER TYPES ARE COUNTED TOWARD A MEMBER'S ANNUAL VISIT LIMIT EVEN THOUGH THE AUDIT IS NOT SET UP TO FAIL CLAIMS SUBMITTED BY SOME OF THESE PROVIDER TYPES. • CLAIMS WITH A PLACE OF SERVICE OF 23 OR A REVENUE CODE OF 450 THROUGH 456 BYPASS THIS AUDIT.
PROCEDURES MONITORED:	PROCEDURE CODES: 92506 92607 V5362 92507 92608 V5363 92508 92609 V5364 92526 G0153
ESC EOB:	0781 – CLAIM/DETAIL DENIED. THE MEMBER'S ANNUAL SPEECH THERAPY VISIT LIMIT HAS BEEN MET. ADDITIONAL SPEECH THERAPY SERVICES REQUIRE PRIOR AUTHORIZATION AND NO MATCHING PRIOR AUTHORIZATION RECORD IS ON FILE.
PROCESSING INSTRUCTIONS:	1. VERIFY THE MEMBER NUMBER, PROCEDURE CODE, AND DATES OF SERVICE ARE KEYED CORRECTLY. IF KEYED INCORRECTLY DATA CORRECT EACH FIELD IN ERROR. 2. IF THE CLAIM IS KEYED CORRECTLY DENY THE DETAIL WITH EOB CODE 781.

2.395 6709 (FORMER LEGACY AUDIT 781)

LAST APPROVED BY DMS PRIOR TO 12/01/2005		
ESC 6709 (FORMER LEGACY AUDIT 781 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT, CAPITIATION, AND ENCOUNTER
ANNUAL SPEECH THERAPY VISIT LIMITATION	**CLAIM FIELD LABEL:**	REVENUE CODE, MEMBER ID
ESC TYPE: LIMIT	**C/T:**	O (PT 01)
FAILS IF THE SPEECH THERAPY VISIT LIMITATIONS ARE EXCEEDED DURING A CALENDAR YEAR AND A MATCHING PRIOR AUTHORIZATION IS NOT ON FILE. NOTE – OTHER THAN THOSE LISTED AS EXCLUSIONS BELOW, CLAIMS SUBMITTED BY ALL PROVIDER TYPES ARE COUNTED TOWARD A MEMBER'S ANNUAL VISIT LIMIT EVEN THOUGH THE AUDIT IS NOT SET UP TO FAIL CLAIMS SUBMITTED BY SOME OF THESE PROVIDER TYPES.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME OR DIFFERENT SPEECH THERAY REVENUE CODE GLOBAL CHOICE MEMBER PLANS GCMNC, GCMWC, GCENC, GCECP, GCEBC CALENDAR YEAR VISIT LIMIT – 10 ***NOTE – THESE ARE 'PER VISIT' LIMITS. PROCEDURE CODES WITH MULTIPLE UNITS ARE COUNTED AS 1. ALSO, IF TWO (OR MORE) DIFFERENT SPEECH THERAPY SERVICES ARE PROVIDED ON THE SAME DATE OF SERVICE, THEY ARE COUNTED AS 1 VISIT.**	
ESC CRITERIA:	**<u>EXCLUSIONS:</u>** • CLAIMS FOR MEMBERS UNDER THE AGE OF 21 DO NOT FAIL THIS AUDIT. HOWEVER, THEY DO COUNT TOWARD THE MEMBER'S ANNUAL LIMIT. • MONITORED SPEECH THERAPY REVENUE CODES WITH A VALID PRIOR AUTHORIZATION ON FILE ARE EXCLUDED FROM THIS AUDIT. • CLAIMS WITH DATES OF SERVICE PRIOR TO 09/15/06 DO NOT FAIL AUDIT 6709 NOR ARE THEY COUNTED TOWARD A MEMBER'S ANNUAL VISIT LIMITS. • CLAIMS WITH A PLACE OF SERVICE OF 23 OR A REVENUE CODE OF 450 THROUGH 456 BYPASS THIS AUDIT.	
REVENUE CODES MONITORED:	REVENUE CODES: 440 – 444, 449, 979	

LAST APPROVED BY DMS PRIOR TO 12/01/2005	
ESC EOB:	0781 – CLAIM/DETAIL DENIED. THE MEMBER'S ANNUAL SPEECH THERAPY VISIT LIMIT HAS BEEN MET. ADDITIONAL SPEECH THERAPY SERVICES REQUIRE PRIOR AUTHORIZATION AND NO MATCHING PRIOR AUTHORIZATION RECORD IS ON FILE.
PROCESSING INSTRUCTIONS:	1. VERIFY THE MEMBER NUMBER, REVENUE CODE, AND DATES OF SERVICE ARE KEYED CORRECTLY. IF KEYED INCORRECTLY DATA CORRECT EACH FIELD IN ERROR. 2. IF THE CLAIM IS KEYED CORRECTLY DENY THE DETAIL WITH EOB CODE 781. AUDIT 6709 INACTIVATED ON 03/25/2009 PER CO 11898; SEE AUDIT 6706.

2.396 6710 (FORMER LEGACY AUDIT 781)

LAST APPROVED BY DMS PRIOR TO 12/01/2005		
ESC 6710 (FORMER LEGACY AUDIT 781 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT, CAPITIATION, AND ENCOUNTER
ANNUAL SPEECH THERAPY VISIT LIMITATION	**CLAIM FIELD LABEL:**	REVENUE CODE, MEMBER ID
ESC TYPE: LIMIT	**C/T:**	O (PT 01)
FAILS IF THE SPEECH THERAPY VISIT LIMITATIONS ARE EXCEEDED DURING A CALENDAR YEAR AND A MATCHING PRIOR AUTHORIZATION IS NOT ON FILE. NOTE – OTHER THAN THOSE LISTED AS EXCLUSIONS BELOW, CLAIMS SUBMITTED BY ALL PROVIDER TYPES ARE COUNTED TOWARD A MEMBER'S ANNUAL VISIT LIMIT EVEN THOUGH THE AUDIT IS NOT SET UP TO FAIL CLAIMS SUBMITTED BY SOME OF THESE PROVIDER TYPES.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME OR DIFFERENT SPEECH THERAY REVENUE CODE COMPREHENSIVE CHOICES MEMBER PLANS CCMNC, CCMWC, CCMBA, CCMVN, CCMVW, CCENC, CCEBW, CCEBA, CCEVN, CCEVW, CCHNH, CCHHH OPTIMUM CHOICES MEMBER PLANS OCMBN, OCMBW, OCMTN, OCMTW, OCEBN, OCEBW, OCETN, OCETW, OCHHH CALENDAR YEAR VISIT LIMIT – 30 ***NOTE – THESE ARE 'PER VISIT' LIMITS. PROCEDURE CODES WITH MULTIPLE UNITS ARE COUNTED AS 1. ALSO, IF TWO (OR MORE) DIFFERENT SPEECH THERAPY SERVICES ARE PROVIDED ON THE SAME DATE OF SERVICE, THEY ARE COUNTED AS 1 VISIT.**	
ESC CRITERIA:	**EXCLUSIONS:** • CLAIMS FOR MEMBERS UNDER THE AGE OF 21 DO NOT FAIL THIS AUDIT. HOWEVER, THEY DO COUNT TOWARD THE MEMBER'S ANNUAL LIMIT. • MONITORED SPEECH THERAPY REVENUE CODES WITH A VALID PRIOR AUTHORIZATION ON FILE ARE EXCLUDED FROM THIS AUDIT. • CLAIMS WITH DATES OF SERVICE PRIOR TO 09/15/06 DO NOT FAIL AUDIT 6710 NOR ARE THEY COUNTED TOWARD A MEMBER'S ANNUAL VISIT LIMITS. • CLAIMS WITH A PLACE OF SERVICE OF 23 OR A REVENUE CODE OF 450 THROUGH 456 BYPASS THIS AUDIT.	

LAST APPROVED BY DMS PRIOR TO 12/01/2005	
REVENUE CODES MONITORED:	REVENUE CODES: 440 – 444, 449, 979
ESC EOB:	0781 – CLAIM/DETAIL DENIED. THE MEMBER'S ANNUAL SPEECH THERAPY VISIT LIMIT HAS BEEN MET. ADDITIONAL SPEECH THERAPY SERVICES REQUIRE PRIOR AUTHORIZATION AND NO MATCHING PRIOR AUTHORIZATION RECORD IS ON FILE.
PROCESSING INSTRUCTIONS:	1. VERIFY THE MEMBER NUMBER, REVENUE CODE, AND DATES OF SERVICE ARE KEYED CORRECTLY. IF KEYED INCORRECTLY DATA CORRECT EACH FIELD IN ERROR. 2. IF THE CLAIM IS KEYED CORRECTLY DENY THE DETAIL WITH EOB CODE 781. AUDIT 6710 INACTIVATED ON 03/25/2009 PER CO 11898; SEE AUDIT 6707.

2.397 6711 (FORMER LEGACY AUDIT 781)

LAST APPROVED BY DMS PRIOR TO 12/01/2005		
ESC 6711 (FORMER LEGACY AUDIT 781 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT, CAPITIATION, AND ENCOUNTER
ANNUAL SPEECH THERAPY VISIT LIMITATION	**CLAIM FIELD LABEL:**	REVENUE CODE, MEMBER ID
ESC TYPE: LIMIT	**C/T:**	O (PT 01)
FAILS IF THE SPEECH THERAPY VISIT LIMITATIONS ARE EXCEEDED DURING A CALENDAR YEAR AND A MATCHING PRIOR AUTHORIZATION IS NOT ON FILE. NOTE – OTHER THAN THOSE LISTED AS EXCLUSIONS BELOW, CLAIMS SUBMITTED BY ALL PROVIDER TYPES ARE COUNTED TOWARD A MEMBER'S ANNUAL VISIT LIMIT EVEN THOUGH THE AUDIT IS NOT SET UP TO FAIL CLAIMS SUBMITTED BY SOME OF THESE PROVIDER TYPES.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT SPEECH THERAY SAME OR DIFFERENT PROVIDER REVENUE CODE FAMILY CHOICES MEMBER PLANS FCMMK, FCEMK, FCEK2, FCEK3 CALENDAR YEAR VISIT LIMIT – 15 ***NOTE – THESE ARE 'PER VISIT' LIMITS. PROCEDURE CODES WITH MULTIPLE UNITS ARE COUNTED AS 1. ALSO, IF TWO (OR MORE) DIFFERENT SPEECH THERAPY SERVICES ARE PROVIDED ON THE SAME DATE OF SERVICE, THEY ARE COUNTED AS 1 VISIT.**	
ESC CRITERIA:	**EXCLUSIONS:** • CLAIMS FOR MEMBERS UNDER THE AGE OF 21 DO NOT FAIL THIS AUDIT. HOWEVER, THEY DO COUNT TOWARD THE MEMBER'S ANNUAL LIMIT. • MONITORED SPEECH THERAPY REVENUE CODES WITH A VALID PRIOR AUTHORIZATION ON FILE ARE EXCLUDED FROM THIS AUDIT. • CLAIMS WITH DATES OF SERVICE PRIOR TO 09/15/06 DO NOT FAIL AUDIT 6711 NOR ARE THEY COUNTED TOWARD A MEMBER'S ANNUAL VISIT LIMITS. • CLAIMS WITH A PLACE OF SERVICE OF 23 OR A REVENUE CODE OF 450 THROUGH 456 BYPASS THIS AUDIT.	

LAST APPROVED BY DMS PRIOR TO 12/01/2005	
REVENUE CODES MONITORED:	REVENUE CODES: 440 – 444, 449, 979
ESC EOB:	0781 – CLAIM/DETAIL DENIED. THE MEMBER'S ANNUAL SPEECH THERAPY VISIT LIMIT HAS BEEN MET. ADDITIONAL SPEECH THERAPY SERVICES REQUIRE PRIOR AUTHORIZATION AND NO MATCHING PRIOR AUTHORIZATION RECORD IS ON FILE.
PROCESSING INSTRUCTIONS:	1. VERIFY THE MEMBER NUMBER, REVENUE CODE, AND DATES OF SERVICE ARE KEYED CORRECTLY. IF KEYED INCORRECTLY DATA CORRECT EACH FIELD IN ERROR. 2. IF THE CLAIM IS KEYED CORRECTLY DENY THE DETAIL WITH EOB CODE 781. AUDIT 6711 INACTIVATED ON 03/25/2009 PER CO 11898; SEE AUDIT 6708

2.398 6712 (FORMER LEGACY AUDIT 782)

LAST APPROVED BY DMS PRIOR TO 12/01/2005		
ESC 6712(FORMER LEGACY AUDIT 782 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT, CAPITATION, AND ENCOUNTER
ANNUAL PHYSICAL THERAY VISIT LIMITATION	**CLAIM FIELD LABEL:**	PROCEDURE CODE, MEMBER ID
ESC TYPE: LIMIT	**C/T:**	M (PT13, 64, 65, 36, 50, 52, 70, 77, 31, 35, 30, 32, 33, 37, 74, 78, 80, 86, 90), O (PT 01, 41), H (PT 42)
FAILS IF THE PHYSICAL THERAPY LIMITATIONS ARE EXCEEDED DURING A CALENDAR YEAR AND A MATCHING PRIOR AUTHORIZATION IS NOT ON FILE. NOTE – OTHER THAN THOSE LISTED AS EXCLUSIONS BELOW CLAIMS SUBMITTED BY ALL PROVIDER TYPES ARE COUNTED TOWARD A MEMBER'S ANNUAL VISIT LIMIT EVEN THOUGH THE AUDIT IS NOT SET UP TO FAIL CLAIMS SUBMITTED BY SOME OF THESE PROVIDER TYPES.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME OR DIFFERENT PHYSICAL THERAY PROCEDURE CODE FAMILY CHOICES MEMBER PLANS FCMMK, FCEMK, FCEK2, FCEK3 GLOBAL CHOICES MEMBER PLANS GCMNC, GCMWC, GCENC, GCECP, GCEBC CALENDAR YEAR VISIT LIMIT – 15 ***NOTE – THESE ARE 'PER VISIT' LIMITS. PROCEDURE CODES WITH MULTIPLE UNITS ARE COUNTED AS 1. ALSO, IF TWO (OR MORE) DIFFERENT PHYSICAL THERAPY SERVICES ARE PROVIDED ON THE SAME DATE OF SERVICE, THEY ARE COUNTED AS 1 VISIT.**	

LAST APPROVED BY DMS PRIOR TO 12/01/2005	
	EXCLUSIONS: • CLAIMS FOR MEMBERS UNDER THE AGE OF 21 DO NOT FAIL THIS AUDIT. HOWEVER, THEY DO COUNT TOWARD A MEMBER'S ANNUAL LIMIT. • MONITORED PHYSICAL THERAPY PROCEDURE CODES WITH A VALID PRIOR AUTHORIZATION ON FILE ARE EXCLUDED FROM THIS AUDIT. • CLAIMS WITH DATES OF SERVICE PRIOR TO 09/15/06 DO NOT FAIL AUDIT 6712 NOR ARE THEY COUNTED TOWARD A MEMBER'S ANNUAL VISIT LIMITS. • CLAIMS SUBMITTED BY PROVIDER TYPES 21, 22, 24, AND 85, DO NOT FAIL AUDIT 782 NOR ARE THEY COUNTED TOWARD A MEMBER'S ANNUAL VISIT LIMIT. CROSSOVER CLAIMS DO NOT FAIL AUDIT 6712 NOR ARE THEY COUNTED TOWARD A MEMBER'S ANNUAL VISIT LIMIT. CLAIMS SUBMITTED BY ALL OTHER PROVIDER TYPES ARE COUNTED TOWARD A MEMBER'S ANNUAL VISIT LIMIT EVEN THOUGH THE AUDIT IS NOT SET UP TO FAIL CLAIMS SUBMITTED BY SOME OF THESE PROVIDER TYPES. • CLAIMS WITH A PLACE OF SERVICE OF 23 OR A REVENUE CODE OF 450 THROUGH 456 BYPASS THIS AUDIT.
PROCEDURES MONITORED:	PROCEDURE CODES: 97001 97024 97112 97602 G0295 97002 97026 97113 97605 S8948 97005 97028 97116 97606 S8950 97006 97032 97124 97750 S9092 97010 97033 97139 97755 S9131 97012 97034 97140 97799 S9476 97014 97035 97150 G0151 97016 97036 97530 G0281 97018 97039 97597 G0282 97022 97110 97598 G0283 REVENUE CODES: 420, 421, 422, 423, 424, 429, 941

LAST APPROVED BY DMS PRIOR TO 12/01/2005	
ESC EOB:	0782 – CLAIM/DETAIL DENIED. THE MEMBER'S ANNUAL PHYSICAL THERAPY VISIT LIMIT HAS BEEN MET. ADDITIONAL PHYSICAL THERAPY SERVICES REQUIRE PRIOR AUTHORIZATION AND NO MATCHING PRIOR AUTHORIZATION RECORD IS ON FILE.
PROCESSING INSTRUCTIONS:	1. VERIFY THE MEMBER NUMBER, PROCEDURE CODE, DATES OF SERVICE, AND PRIOR AUTHORIZATION NUMBER ARE KEYED CORRECTLY. IF KEYED INCORRECTLY DATA CORRECT EACH FIELD IN ERROR. 2. IF THE CLAIM IS KEYED CORRECTLY DENY THE DETAIL WITH EOB CODE 782.

2.399 6713(FORMER LEGACY AUDIT 782)

LAST APPROVED BY DMS PRIOR TO 12/01/2005		
ESC 6713(FORMER LEGACY AUDIT 782 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT, CAPITATION, AND ENCOUNTER
ANNUAL PHYSICAL THERAPY VISIT LIMITATION	**CLAIM FIELD LABEL:**	REVENUE CODE, MEMBER ID
ESC TYPE: LIMIT	**C/T:**	O (PT 01)
FAILS IF THE PHYSICAL THERAPY LIMITATIONS ARE EXCEEDED DURING A CALENDAR YEAR AND A MATCHING PRIOR AUTHORIZATION IS NOT ON FILE. NOTE – OTHER THAN THOSE LISTED AS EXCLUSIONS BELOW CLAIMS SUBMITTED BY ALL PROVIDER TYPES ARE COUNTED TOWARD A MEMBER'S ANNUAL VISIT LIMIT EVEN THOUGH THE AUDIT IS NOT SET UP TO FAIL CLAIMS SUBMITTED BY SOME OF THESE PROVIDER TYPES.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME OR DIFFERENT PHYSICAL THERAY REVENUE CODE FAMILY CHOICES MEMBER PLANS FCMMK, FCEMK, FCEK2, FCEK3 GLOBAL CHOICES MEMBER PLANS GCMNC, GCMWC, GCENC, GCECP, GCEBC CALENDAR YEAR VISIT LIMIT – 15 ***NOTE – THESE ARE 'PER VISIT' LIMITS. PROCEDURE CODES WITH MULTIPLE UNITS ARE COUNTED AS 1. ALSO, IF TWO (OR MORE) DIFFERENT PHYSICAL THERAPY SERVICES ARE PROVIDED ON THE SAME DATE OF SERVICE, THEY ARE COUNTED AS 1 VISIT.**	
	<u>EXCLUSIONS:</u> • CLAIMS FOR MEMBERS UNDER THE AGE OF 21 DO NOT FAIL THIS AUDIT. HOWEVER, THEY DO COUNT TOWARD A MEMBER'S ANNUAL LIMIT. • MONITORED PHYSICAL THERAPY REVENUE CODES WITH A VALID PRIOR AUTHORIZATION ON FILE ARE EXCLUDED FROM THIS AUDIT. • CLAIMS WITH DATES OF SERVICE PRIOR TO 09/15/06 DO NOT FAIL AUDIT 6713 NOR ARE THEY COUNTED TOWARD A MEMBER'S ANNUAL VISIT LIMITS. • CLAIMS WITH A PLACE OF SERVICE OF 23 OR A REVENUE CODE OF 450 THROUGH 456 BYPASS THIS AUDIT.	

LAST APPROVED BY DMS PRIOR TO 12/01/2005	
REVENUE CODES MONITORED:	REVENUE CODES: 420, 421, 422, 423, 424, 429, 941
ESC EOB:	0782 – CLAIM/DETAIL DENIED. THE MEMBER'S ANNUAL PHYSICAL THERAPY VISIT LIMIT HAS BEEN MET. ADDITIONAL PHYSICAL THERAPY SERVICES REQUIRE PRIOR AUTHORIZATION AND NO MATCHING PRIOR AUTHORIZATION RECORD IS ON FILE.
PROCESSING INSTRUCTIONS:	1. VERIFY THE MEMBER NUMBER, REVENUE CODE, DATES OF SERVICE, AND PRIOR AUTHORIZATION NUMBER ARE KEYED CORRECTLY. IF KEYED INCORRECTLY DATACORRECT EACH FIELD IN ERROR. 2. IF THE CLAIM IS KEYED CORRECTLY DENY THE DETAIL WITH EOB CODE 782. AUDIT 6713 INACTIVATED ON 03/25/2009 PER CO 11898; SEE AUDIT 6712

2.400 6714(FORMER LEGACY AUDIT 782)

LAST APPROVED BY DMS PRIOR TO 12/01/2005		
ESC 6714(FORMER LEGACY AUDIT 782 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT, CAPITATION, AND ENCOUNTER
ANNUAL PHYSICAL THERAPY VISIT LIMITATION	**CLAIM FIELD LABEL:**	PROCEDURE CODE, MEMBER ID
ESC TYPE: LIMIT	**C/T:**	M (PT13, 64, 65, 36, 50, 52, 70, 77, 31, 35, 30, 32, 33, 37, 74, 78, 80, 86, 90), O (PT 01, 41), H (PT 42)
FAILS IF THE PHYSICAL THERAPY LIMITATIONS ARE EXCEEDED DURING A CALENDAR YEAR AND A MATCHING PRIOR AUTHORIZATION IS NOT ON FILE. NOTE – OTHER THAN THOSE LISTED AS EXCLUSIONS BELOW CLAIMS SUBMITTED BY ALL PROVIDER TYPES ARE COUNTED TOWARD A MEMBER'S ANNUAL VISIT LIMIT EVEN THOUGH THE AUDIT IS NOT SET UP TO FAIL CLAIMS SUBMITTED BY SOME OF THESE PROVIDER TYPES.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME OR DIFFERENT PHYSICAL THERAY PROCEDURE CODE COMPREHENSIVE CHOICES MEMBER PLANS CCMNC, CCMWC, CCMBA, CCMVN, CCMVW, CCENC, CCEBW, CCEBA, CCEVN, CCEVW, CCHNH, CCHHH OPTIMUM CHOICES MEMBER PLANS OCMBN, OCMBW, OCMTN, OCMTW, OCEBN, OCEBW, OCETN, OCETW, OCHHH CALENDAR YEAR VISIT LIMIT – 30 ***NOTE – THESE ARE 'PER VISIT' LIMITS. PROCEDURE CODES WITH MULTIPLE UNITS ARE COUNTED AS 1. ALSO, IF TWO (OR MORE) DIFFERENT SPEECH THERAPY SERVICES ARE PROVIDED ON THE SAME DATE OF SERVICE, THEY ARE COUNTED AS 1 VISIT.**	

LAST APPROVED BY DMS PRIOR TO 12/01/2005	
	EXCLUSIONS: • CLAIMS FOR MEMBERS UNDER THE AGE OF 21 DO NOT FAIL THIS AUDIT. HOWEVER, THEY DO COUNT TOWARD A MEMBER'S ANNUAL LIMIT. • MONITORED PHYSICAL THERAPY PROCEDURE CODES WITH A VALID PRIOR AUTHORIZATION ON FILE ARE EXCLUDED FROM THIS AUDIT. • CLAIMS WITH DATES OF SERVICE PRIOR TO 09/15/06 DO NOT FAIL AUDIT 6713 NOR ARE THEY COUNTED TOWARD A MEMBER'S ANNUAL VISIT LIMITS. • CLAIMS SUBMITTED BY PROVIDER TYPES 21, 22, 24, AND 85, DO NOT FAIL AUDIT 782 NOR ARE THEY COUNTED TOWARD A MEMBER'S ANNUAL VISIT LIMIT. CROSSOVER CLAIMS DO NOT FAIL AUDIT 6713 NOR ARE THEY COUNTED TOWARD A MEMBER'S ANNUAL VISIT LIMIT. CLAIMS SUBMITTED BY ALL OTHER PROVIDER TYPES ARE COUNTED TOWARD A MEMBER'S ANNUAL VISIT LIMIT EVEN THOUGH THE AUDIT IS NOT SET UP TO FAIL CLAIMS SUBMITTED BY SOME OF THESE PROVIDER TYPES. • CLAIMS WITH A PLACE OF SERVICE OF 23 OR A REVENUE CODE OF 450 THROUGH 456 BYPASS THIS AUDIT.
PROCEDURES MONITORED:	PROCEDURE CODES: 97001 97024 97112 97602 G0295 97002 97026 97113 97605 S8948 97005 97028 97116 97606 S8950 97006 97032 97124 97750 S9092 97010 97033 97139 97755 S9131 97012 97034 97140 97799 S9476 97014 97035 97150 G0151 97016 97036 97530 G0281 97018 97039 97597 G0282 97022 97110 97598 G0283 REVENUE CODES: 420, 421, 422, 423, 424, 429, 941

LAST APPROVED BY DMS PRIOR TO 12/01/2005	
ESC EOB:	0782 – CLAIM/DETAIL DENIED. THE MEMBER'S ANNUAL PHYSICAL THERAPY VISIT LIMIT HAS BEEN MET. ADDITIONAL PHYSICAL THERAPY SERVICES REQUIRE PRIOR AUTHORIZATION AND NO MATCHING PRIOR AUTHORIZATION RECORD IS ON FILE.
PROCESSING INSTRUCTIONS:	1. VERIFY THE MEMBER NUMBER, PROCEDURE CODE, DATES OF SERVICE, AND PRIOR AUTHORIZATION NUMBER ARE KEYED CORRECTLY. IF KEYED INCORRECTLY DATA CORRECT EACH FIELD IN ERROR. 2. IF THE CLAIM IS KEYED CORRECTLY DENY THE DETAIL WITH EOB CODE 782.

2.401 6715 (FORMER LEGACY AUDIT 782)

LAST APPROVED BY DMS PRIOR TO 12/01/2005		
ESC 6715(FORMER LEGACY AUDIT 782 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT, CAPITATION, AND ENCOUNTER
ANNUAL PHYSICAL THERAPY VISIT LIMITATION	**CLAIM FIELD LABEL:**	REVENUE CODE, MEMBER ID
ESC TYPE: LIMIT	**C/T:**	O (PT 01)
FAILS IF THE PHYSICAL THERAPY LIMITATIONS ARE EXCEEDED DURING A CALENDAR YEAR AND A MATCHING PRIOR AUTHORIZATION IS NOT ON FILE. NOTE – OTHER THAN THOSE LISTED AS EXCLUSIONS BELOW CLAIMS SUBMITTED BY ALL PROVIDER TYPES ARE COUNTED TOWARD A MEMBER'S ANNUAL VISIT LIMIT EVEN THOUGH THE AUDIT IS NOT SET UP TO FAIL CLAIMS SUBMITTED BY SOME OF THESE PROVIDER TYPES.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME OR DIFFERENT PHYSICAL THERAY REVENUE CODE COMPREHENSIVE CHOICES MEMBER PLANS CCMNC, CCMWC, CCMBA, CCMVN, CCMVW, CCENC, CCEBW, CCEBA, CCEVN, CCEVW, CCHNH, CCHHH OPTIMUM CHOICES MEMBER PLANS OCMBN, OCMBW, OCMTN, OCMTW, OCEBN, OCEBW, OCETN, OCETW, OCHHH CALENDAR YEAR VISIT LIMIT – 30 ***NOTE – THESE ARE 'PER VISIT' LIMITS. PROCEDURE CODES WITH MULTIPLE UNITS ARE COUNTED AS 1. ALSO, IF TWO (OR MORE) DIFFERENT SPEECH THERAPY SERVICES ARE PROVIDED ON THE SAME DATE OF SERVICE, THEY ARE COUNTED AS 1 VISIT.**	
	EXCLUSIONS: • CLAIMS FOR MEMBERS UNDER THE AGE OF 21 DO NOT FAIL THIS AUDIT. HOWEVER, THEY DO COUNT TOWARD A MEMBER'S ANNUAL LIMIT. • MONITORED PHYSICAL THERAPY REVENUE CODES WITH A VALID PRIOR AUTHORIZATION ON FILE ARE EXCLUDED FROM THIS AUDIT. • CLAIMS WITH DATES OF SERVICE PRIOR TO 09/15/06 DO NOT FAIL AUDIT 6715 NOR ARE THEY COUNTED TOWARD A MEMBER'S ANNUAL VISIT LIMITS. • CLAIMS WITH A PLACE OF SERVICE OF 23 OR A REVENUE CODE OF 450 THROUGH 456 BYPASS THIS AUDIT.	

LAST APPROVED BY DMS PRIOR TO 12/01/2005	
REVENUE CODES MONITORED:	REVENUE CODES: 420, 421, 422, 423, 424, 429, 941
ESC EOB:	0782 – CLAIM/DETAIL DENIED. THE MEMBER'S ANNUAL PHYSICAL THERAPY VISIT LIMIT HAS BEEN MET. ADDITIONAL PHYSICAL THERAPY SERVICES REQUIRE PRIOR AUTHORIZATION AND NO MATCHING PRIOR AUTHORIZATION RECORD IS ON FILE.
PROCESSING INSTRUCTIONS:	1. VERIFY THE MEMBER NUMBER, REVENUE CODE, DATES OF SERVICE, AND PRIOR AUTHORIZATION NUMBER ARE KEYED CORRECTLY. IF KEYED INCORRECTLY DATACORRECT EACH FIELD IN ERROR. 2. IF THE CLAIM IS KEYED CORRECTLY DENY THE DETAIL WITH EOB CODE 782. AUDIT 6715 INACTIVATED ON 03/25/2009 PER CO 11898; SEE AUDIT 6714

2.402 6716 (FORMER LEGACY AUDIT 785)

DMS LAST APPROVED: 10/31/06		
ESC 6716(FORMER LEGACY AUDIT 785 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
LIMITATION	**CLAIM FIELD LABEL:**	PROCEDURE
ESC TYPE: LIMIT	**C/T:**	CT D (PT 60, 61, 31, 35)
FAILS IF MORE THAN ONE DENTAL VISIT IS BILLED PER MONTH PER MEMBER AGE 21 AND OLDER.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME CALENDAR MONTH	
	<u>EXCEPTIONS</u> CLAIMS BILLING PROCEDURE CODES D9110 OR D0140 ARE EXCLUDED PROVIDER SPECIALITIES 56 AND 89 ARE EXCLUDED	
PROCEDURES MONITORED:		
ESC EOB:	0785 – ONLY ONE DENTAL VISIT ALLOWED PER MEMBER PER CALENDAR MONTH.	
PROCESSING INSTRUCTIONS:	VERIFY THE MAID, PROVIDER NUMBER, PROCEDURE CODE, AND DATE OF SERVICE WERE KEYED CORRECTLY. IF NOT CORRECT THE FIELD IN ERROR.	
	IF RELATED HISTORY INDICATES A DENTAL VISIT HAS BEEN PAID FOR THE CALENDAR MONTH, DENY THE AUDIT.	

2.403 6717 (FORMER LEGACY AUDIT 788)

LAST APPROVED BY DMS PRIOR TO 07/19/2011		
ESC 6717(FORMER LEGACY AUDIT 788 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT,CAPITATION, AND ENCOUNTER
LIMITATION	**CLAIM FIELD LABEL:**	
ESC TYPE: LIMIT	**C/T:**	CT M (PT 33)
FAILS IF PROCEDURE CODES T2021 AND H2021 (CUMULATIVELY) ARE BILLED FOR MORE THAN FIVE DAYS IN A CALENDAR WEEK.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER LIMITED TO 5 DAYS PER CALENDAR WEEK NOTE – MFP MEMBERS ARE EXCLUDED FROM THIS AUDIT (CO 15099)	
PROCEDURES MONITORED:	H2021 T2021	
ESC EOB:	0788 – CLAIM/DETAIL DENIED. ADULT DAY TRAINING IS LIMITED TO FIVE (5) DAYS PER CALENDAR WEEK PER MEMBER.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER NUMBER, PROCEDURE CODE, AND DATES OF SERVICE ARE KEYED CORRECTLY. IF KEYED INCORRECTLY DATACORRECT EACH FIELD IN ERROR.	
	IF THE CLAIM IS KEYED CORRECTLY DENY THE DETAIL WITH EOB CODE 0788.	

2.404 6718 (FORMER LEGACY AUDIT 789)

DMS LAST APPROVED: 07/19/2011		
ESC 6718 (FORMER LEGACY AUDIT 789 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT,CAPITATION, AND ENCOUNTER
LIMITATION	**CLAIM FIELD LABEL:**	
ESC TYPE: LIMIT	**C/T:**	CT M (PT 33)
FAILS IF MORE THAN 8 HOURS (32 UNITS) OF PROCEDURE CODE T2021 OR H2021 IS BILLED FOR A MEMBER FOR ONE DAY.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER LIMITED TO 32 UNITS PER DATE OF SERVICE NOTE - MICHELLE P WAIVER AND MFP MEMBERS ARE EXCLUDED FROM THIS AUDIT (CO 9418, 15099)	
PROCEDURES MONITORED:	H2021 T2021	
ESC EOB:	0789 – CLAIM/DETAIL DENIED. CHILDREN'S DAY HABILITATION AND ADULT DAY TRAINING ARE LIMITED TO 8 HOURS PER DAY PER MEMBER.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER NUMBER, PROCEDURE CODE, AND DATES OF SERVICE, AND UNITS OF SERVICE ARE KEYED CORRECTLY. IF KEYED INCORRECTLY DATACORRECT EACH FIELD IN ERROR.	
	IF THE CLAIM IS KEYED CORRECTLY DENY THE DETAIL WITH EOB CODE 0789.	

2.405 6719 (FORMER LEGACY AUDIT 790)

LAST APPROVED BY DMS PRIOR TO 07/19/2011		
ESC 6719(FORMER LEGACY AUDIT 790 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT,CAPITATION, AND ENCOUNTER
LIMITATION	**CLAIM FIELD LABEL:**	
ESC TYPE: LIMIT	**C/T:**	CT M (PT 33)
FAILS IF MORE THAN 255 DAYS OF ADULT DAY TRAINING IS BILLED FOR A MEMBER DURING ONE CALENDAR YEAR.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER LIMITED TO 255 DAYS PER CALENDAR YEAR NOTE – MFP MEMBERS ARE EXCLUDED FROM THIS AUDIT (CO 15099)	
PROCEDURES MONITORED:	H2021 T2021 WITH MODIFIED HB	
ESC EOB:	0790 – CLAIM/DETAIL DENIED. ADULT DAY TRAINING IS LIMITED TO 255 DAYS PER CALENDAR YEAR PER MEMBER.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER NUMBER, PROCEDURE CODE, AND DATES OF SERVICE ARE KEYED CORRECTLY. IF KEYED INCORRECTLY DATACORRECT EACH FIELD IN ERROR.	
	IF THE CLAIM IS KEYED CORRECTLY DENY THE DETAIL WITH EOB CODE 0790.	

2.406 6720 (FORMER LEGACY AUDIT 838)

LAST APPROVED BY DMS PRIOR TO 12/01/2005		
ESC 6720(FORMER LEGACY AUDIT 838 RELATIONSHIP)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT,CAPITATION, AND ENCOUNTER
CONTRA	**CLAIM FIELD LABEL:**	
ESC TYPE: CONTRA	**C/T:**	CT M (PT 33)
FAILS IF MORE THAN ONE UNIT OF PROCEDURE CODE T2033 IS BILLED FOR A MEMBER PER DAY.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER LIMITED TO ONE PER DATE OF SERVICE	
PROCEDURES MONITORED:	T2033	
ESC EOB:	0838 – CLAIM/DETAIL DENIED. PROCEDURE CODE T2033 IS LIMITED TO NE UNIT OF SERVICE PER DATE OF SERVICE PER MEMBER.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER NUMBER, PROCEDURE CODE, DATES OF SERVICE, AND UNITS OF SERVICE ARE KEYED CORRECTLY. IF KEYED INCORRECTLY DATACORRECT EACH FIELD IN ERROR.	
	IF THE CLAIM IS KEYED CORRECTLY DENY THE DETAIL WITH EOB CODE 0838.	

2.407 6721 (FORMER LEGACY AUDIT 868)

LAST APPROVED BY DMS PRIOR TO 12/01/2005		
ESC 6721(FORMER LEGACY AUDIT 868 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
LIMITATION	**CLAIM FIELD LABEL:**	
ESC TYPE: LIMIT	**C/T:**	CT M (PT 90)
E0607 AND E2100 LIMITED TO ONE (1) UNIT PER FOUR (4) YEARS UNLESS THERE IS A PRIOR AUTHORIZATION ON FILE.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER WITHIN FOUR(4) YEARS Note: If there is a valid prior authorization on file audit 6721 is bypassed.	
PROCEDURES MONITORED:	E0607 AND E2100	
ESC EOB:	868 – CLAIM/DETAIL DENIED. PURCHASE OF PROCEDURE CODES E0607 AND E2100 IS LIMITED TO ONE PER FOUR YEARS.	
PROCESSING INSTRUCTIONS:	VERIFY THE MAID, DATES OF SERVICE, UNITS, AND PROCEDURE CODE ARE KEYED CORRECTLY. IF NOT, CORRECT THE FIELD IN ERROR.	
	PER CO1019.	

2.408 6722 (FORMER LEGACY AUDIT 873)

LAST APPROVED BY DMS PRIOR TO 12/01/2005		
ESC 6722(FORMER LEGACY AUDIT 873 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT, CAPITATION, AND ENCOUNTER
LIMITATION	**CLAIM FIELD LABEL:**	
ESC TYPE: LIMIT	**C/T:**	CT M (PT 20, 64, 65, 52, 77, 78, 31, 35)
FAILS IF TOTAL REIMBURSEMENT FOR EYEWARE EXCEEDS $400.00 PER CALENDAR YEAR PER RECIPIENT. APPLIES TO COMPREHENSIVE CHOICES, OPTIMUM CHOICES, AND FAMILY CHOICES MEMBERS ONLY.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME CALENDAR YEAR MEMBERS WITH PACKAGE CODES F, G, H, I, J, K, L, M, O, P, Q, R, S, T, U, V, W, X, Z, 0, 1, 2, 3, 4, 5 EFFECTIVE FOR DATES OF SERVICE 07/01/06 AND AFTER	
PROCEDURES MONITORED:	V2020 THROUGH V2599	
ESC EOB:	0873 – CLAIM/DETAIL DENIED. EYEWARE LIMITATION OF $400.00 PER CALENDAR YEAR HAS BEEN MET FOR THIS YEAR. 0797 – THE ANNUAL MAXIMUM FOR THIS SERVICE HAS BEEN EXCEEDED. THE ALLOWED AMOUNT HAS BEEN ADJUSTED TO THE MAXIMUM ALLOWED.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER NUMBER, PROCEDURE CODE, DATES OF SERVICE, AND BILLED AMOUNT ARE KEYED CORRECTLY. IF KEYED INCORRECTLY DATACORRECT EACH FIELD IN ERROR.	
	ADD THE DETAIL PAID AMOUNTS OF EACH OF THE HISTORY CLAIM DETAILS. • IF THE TOTAL PAID AMOUNT OF THE DETAILS OF THE HISTORY CLAIMS IS EQUAL TO OR GREATER THAN $400.00 DENY THE CURRENT DETAIL WITH EOB CODE 0873. • IF THE TOTAL PAID AMOUNT OF THE DETAILS OF THE HISTORY CLAIMS IS LESS THAT $400.00, MANUALLY PRICE THE CURRENT DETAIL BY ENTERING AN ALLOWED CHARGE SOURCE OF “1” ON THE DETAIL, THE MANUAL PRICE, AND A DETAIL EOB CODE 0797. THE MANUAL PRICE AMOUNT WILL BE THE DIFFERENCE BETWEEN $400.00 AND THE TOTAL AMOUNT PAID OF THE HISTORY CLAIM DETAILS.	

2.409 6723 (FORMER LEGACY AUDIT 874)

DMS LAST APPROVED: 12/04/06		
ESC 6723 (FORMER LEGACY AUDIT 874) LIMITATION	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT, CAPITATION, AND ENCOUNTER
EYEWARE LIMITED TO $200.00 PER CALENDAR YEAR FOR GLOBAL CHOICES MEMBERS	**FIELD NAME:**	PROC, MEMBER ID, # UNITS, DOS
	CT/PT:	M (13, 22, 31, 35, 52, 64, 65, 77, 78, 85)
FAILS IF TOTAL REIMBURSEMENT FOR EYEWARE EXCEEDS $200.00 PER CALENDAR YEAR PER RECIPIENT. APPLIES TO GLOBAL CHOICES MEMBERS ONLY.		
AUDIT CRITERIA:	SAME MEMBER SAME CALENDAR YEAR SAME OR DIFFERENT PROVIDER MEMBERS WITH PACKAGE CODES A, B, C, D, E ONLY EFFECTIVE FOR DATES OF SERVICE 07/01/06 AND AFTER	
PROCEDURES MONITORED:	V2020 THROUGH V2599	
AUDIT EOB:	0874 – CLAIM/DETAIL DENIED. EYEWARE LIMITATION OF $200.00 PER CALENDAR YEAR HAS BEEN MET FOR THIS YEAR. 797 – THE ANNUAL MAXIMUM FOR THIS SERVICE HAS BEEN EXCEEDED. THE ALLOWED AMOUNT HAS BEEN ADJUSTED TO THE MAXIMUM ALLOWED.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER NUMBER, PROCEDURE CODE, DATES OF SERVICE, AND BILLED AMOUNT ARE KEYED CORRECTLY. IF KEYED INCORRECTLY DATACORRECT EACH FIELD IN ERROR.	

DMS LAST APPROVED: 12/04/06	
	ADD THE DETAIL PAID AMOUNTS OF EACH OF THE HISTORY CLAIM DETAILS. • IF THE TOTAL PAID AMOUNT OF THE DETAILS OF THE HISTORY CLAIMS IS EQUAL TO OR GREATER THAN $200.00 DENY THE CURRENT DETAIL WITH EOB CODE 0874. • IF THE TOTAL PAID AMOUNT OF THE DETAILS OF THE HISTORY CLAIMS IS LESS THAT $200.00, MANUALLY PRICE THE CURRENT DETAIL BY ENTERING AN ALLOWED CHARGE SOURCE OF “1” ON THE DETAIL, THE MANUAL PRICE, AND A DETAIL EOB CODE 0797. THE MANUAL PRICE AMOUNT WILL BE THE DIFFERENCE BETWEEN $200.00 AND THE TOTAL AMOUNT PAID OF THE HISTORY CLAIM DETAILS.

2.410 6724 (FORMER LEGACY AUDIT 875)

DMS LAST APPROVED: 11/13/2008		
ESC 6724(FORMER LEGACY AUDIT 875 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT, CAPITATION, AND ENCOUNTER
LIMITATION	**CLAIM FIELD LABEL:**	
ESC TYPE: LIMIT	**C/T:**	M (PROVIDER TYPE 01, 36, 90)
FAILS IF TOTAL REIMBURSEMENT FOR PROSTHETICS EXCEEDS $1500.00 PER CALENDAR YEAR PER MEMBER. APPLIES TO FAMILY CHOICES MEMBERS ONLY.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME CALENDAR YEAR MEMBERS WITH PACKAGE CODES 2, 3, 4, 5 EFFECTIVE FOR DATES OF SERVICE 07/01/06 AND AFTER NOTE – PROSTHETIC PROCEDURE CODES WITH A VALID PRIOR AUTHORIZATION ARE EXCLUDED FROM THIS AUDIT	
PROCEDURES MONITORED:	L5000 THROUGH L8613 L8615 THROUGH L9900	
ESC EOB:	0875 – CLAIM/DETAIL DENIED. PROSTHETIC DEVICE LIMITATION OF $1500.00 PER CALENDAR YEAR HAS BEEN MET FOR THIS YEAR. 0797 – THE ANNUAL MAXIMUM FOR THIS SERVICE HAS BEEN EXCEEDED. THE ALLOWED AMOUNT HAS BEEN ADJUSTED TO THE MAXIMUM ALLOWED.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER NUMBER, PROCEDURE CODE AND DATES OF SERVICE ARE KEYED CORRECTLY. IF KEYED INCORRECTLY DATACORRECT EACH FIELD IN ERROR.	

DMS LAST APPROVED: 11/13/2008	
	ADD THE DETAIL PAID AMOUNTS OF EACH OF THE HISTORY CLAIM DETAILS. • IF THE TOTAL PAID AMOUNT OF THE DETAILS OF THE HISTORY CLAIMS IS EQUAL TO OR GREATER THAN $1500.00 DENY THE CURRENT DETAIL WITH EOB CODE 0875. • IF THE TOTAL PAID AMOUNT OF THE DETAILS OF THE HISTORY CLAIMS IS LESS THAT $1500.00, MANUALLY PRICE THE CURRENT DETAIL BY ENTERING AN ALLOWED CHARGE SOURCE OF “1” ON THE DETAIL, THE MANUAL PRICE, AND A DETAIL EOB CODE 0797. THE MANUAL PRICE AMOUNT WILL BE THE DIFFERENCE BETWEEN $1500.00 AND THE TOTAL AMOUNT PAID OF THE HISTORY CLAIM DETAILS.

2.411 6725 (FORMER LEGACY AUDIT 877)

LAST APPROVED BY DMS PRIOR TO 12/01/2005		
ESC 6725 (FORMER LEGACY AUDIT 877 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT, CAPITATION, AND ENCOUNTER
LIMITATION	**CLAIM FIELD LABEL:**	
ESC TYPE: LIMIT	**C/T:**	CT D (PT 60, 61, 31, 35)
FAILS IF MORE THAN 2 UNITS OF PROCEDURE CODE D1201 ARE PAID/BILLED FOR A MEMBER DURING A 351 DAY PERIOD.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER LIMITED TO 2 UNITS PER 351 DAY PERIOD EFFECTIVE FOR DATES OF SERVICE 07/01/06 AND AFTER	
PROCEDURES MONITORED:	D1201	
ESC EOB:	0877 – CLAIM/DETAIL DENIED. CHILDREN'S DENTAL PROPHYLAXIS AND FLOURIDE TREATMENT LIMITED TO 2 PER YEAR	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER NUMBER, PROCEDURE CODE, DATES OF SERVICE, AND UNITS OF SERVICE ARE KEYED CORRECTLY. IF KEYED INCORRECTLY DATACORRECT EACH FIELD IN ERROR.	
	IF THE CLAIM IS KEYED CORRECTLY DENY THE DETAIL WITH EOB CODE 0877.	

2.412 6726 (FORMER LEGACY AUDIT 878)

LAST APPROVED BY DMS PRIOR TO 12/01/2005		
ESC 6726 (FORMER LEGACY AUDIT 878 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT, CAPITATION, AND ENCOUNTER
LIMITATION	**CLAIM FIELD LABEL:**	
ESC TYPE: LIMIT	**C/T:**	CT D (PT 60, 61, 31, 35)
FAILS IF MORE THAN 2 UNITS OF PROCEDURE CODE D1110 ARE PAID/BILLED FOR A MEMBER WHO IS AGE 14 THROUGH 20 DURING A 351 DAY PERIOD.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER LIMITED TO 2 UNITS PER 351 DAY PERIOD FOR MEMBERS AGE 14 THRU 20 EFFECTIVE FOR DATES OF SERVICE 07/01/06 AND AFTER	
PROCEDURES MONITORED:	D1110	
ESC EOB:	0878 – CLAIM/DETAIL DENIED. THE 12-MONTH LIMIT FOR DENTAL PROPHYLAXIS PROCEDURE CODE D1110 HAS BEEN EXCEEDED.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER NUMBER, PROCEDURE CODE, DATES OF SERVICE, AND UNITS OF SERVICE ARE KEYED CORRECTLY. IF KEYED INCORRECTLY DATACORRECT EACH FIELD IN ERROR.	
	IF THE CLAIM IS KEYED CORRECTLY DENY THE DETAIL WITH EOB CODE 0878.	

2.413 6727 (FORMER LEGACY AUDIT 878)

LAST APPROVED BY DMS PRIOR TO 12/01/2005		
ESC 6727 (FORMER LEGACY AUDIT 878 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT, CAPITATION, AND ENCOUNTER
LIMITATION	**CLAIM FIELD LABEL:**	
ESC TYPE: LIMIT	**C/T:**	CT D (PT 60, 61, 31, 35)
FAILS IF MORE THAN 1 UNIT OF D1110 IS PAID/BILLED FOR A MEMBER WHO IS AGE 21 OR OVER DURING A 351 DAY PERIOD.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER LIMITED TO 1 UNIT PER 351 DAY PERIOD FOR MEMBERS AGE 21 AND OVER EFFECTIVE FOR DATES OF SERVICE 07/01/06 AND AFTER	
PROCEDURES MONITORED:	D1110	
ESC EOB:	0878 – CLAIM/DETAIL DENIED. THE 12-MONTH LIMIT FOR DENTAL PROPHYLAXIS PROCEDURE CODE D1110 HAS BEEN EXCEEDED.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER NUMBER, PROCEDURE CODE, DATES OF SERVICE, AND UNITS OF SERVICE ARE KEYED CORRECTLY. IF KEYED INCORRECTLY DATACORRECT EACH FIELD IN ERROR.	
	IF THE CLAIM IS KEYED CORRECTLY DENY THE DETAIL WITH EOB CODE 0878.	

2.414 6728 (FORMER LEGACY AUDIT 932)

DMS LAST APPROVED: 05/04/06		
ESC 6728 (FORMER LEGACY AUDIT 932 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT,
LIMITATION	**CLAIM FIELD LABEL:**	MAID, PROV, PROC, DOS
ESC TYPE: LIMIT	**C/T:**	CT M (PT 13, 64, 65, 85)
IF A PROVIDER BILLS FOR MORE THAN ONE DIALYSIS SERVICE FOR THE SAME MEMBER, SAME PROVIDER WITHIN A CALENDAR MONTH, THE CLAIM WILL FAIL AUDIT 932.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME CALENDAR MONTH	
PROCEDURES MONITORED:	90918 90920 90919 90921	
ESC EOB:	0932 – CLAIM/DETAIL DENIED. ONE DIALYSIS SERVICE ALLOWED PER MEMBER, PER PROVIDER, PER CALENDAR YEAR.	
PROCESSING INSTRUCTIONS:	VERIFY THE MAID, PROVIDER NUMBER, PROCEDURE CODE, DATES OF SERVICE AND UNITS WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY INDICATES THAT A DIALYSIS SERVICE HAS BEEN PAID WITHIN THE SAME CALENDAR MONTH FOR THE SAME MEMBER, SAME PROVIDER, DENY THE DETAIL WITH EOB 0932.	
	NOTE: THIS AUDIT IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT – ELECTRONIC CLAIMS.	

2.415 6729 (FORMER LEGACY AUDIT 938)

DMS LAST APPROVED: 04/02/2009		
ESC 6729(FORMER LEGACY AUDIT 938LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT,
LIMITATION	**CLAIM FIELD LABEL:**	REVENUE CODE, DOS
ESC TYPE: LIMIT	**C/T:**	CT L (12)
Effective with date of service July 1, 2005, audit 938 will suspend a NURSING FACILITY claim when the maximum of 10 non-hospital reserve days (REVENUE CODE 180) HAS BEEN exceeded.		
ESC CRITERIA:	SAME MEMBER REVENUE CODE 180 Effective Date of Service 7/1/2005	
PROCEDURES MONITORED:		
ESC EOB:	0938 – CLAIM/DETAIL DENIED. Maximum of 10 NON-HOSPITAL reserve days allowed per Member PER CALENDAR YEAR.	
PROCESSING INSTRUCTIONS:	When a claim fails audit 938, verify the dates of service, revenue code, and number of days were keyed correctly. If data was keyed incorrectly, data correct each field in error.	
	Check related history to determine if 10 non-hospital reserve days have been paid for calendar year:	
	If the maximum in the history plus current claim has not been exceeded, override the audit.	
	If history indicates the limit of 10 non-hospital reserve days has not been exceeded, but limit would be exceeded if all days billed on current claim were paid, then DENY THE CURRENT CLAIM WITH EOB 0938.	
	If history indicates 10 non-hospital reserve days previously paid for calendar year, DENY WITH EOB 0938.	
	PER CO 11861 THIS ESC EXCLUDES PROVIDER WITH SPECIALTY 017, 031, 032 AND 179.	
	NOTE: THIS AUDIT IS SET TO AUTO-DENY	

2.416 6730 (FORMER LEGACY AUDIT 939)

DMS LAST APPROVED: 04/02/2009		
ESC 6730 (FORMER LEGACY AUDIT 939) LIMITATION	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
MAXIMUM OF 14 TOTAL HOSPITAL RESERVE DAYS PER MEMBER, PER CALENDAR YEAR	FIELD NAME:	REVENUE CODE, DOS
	C/T:	L(12)
Effective with dates of service JULY 1, 2005, ESC 6730 will suspend a NURSING FACILITY claim when the maximum of 14 hospital reserve days (REVENUE CODE 185) has been exceeded for calendar year.		
AUDIT CRITERIA:	Same Member REVENUE Code: 185 Effective Date of Service 7/1/2005	
PROCEDURES MONITORED:		
AUDIT EOB:	0939 – CLAIM/DETAIL DENIED. Maximum of 14 hospital reserve days allowed per Member, per calendar year.	
PROCESSING INSTRUCTIONS:	When a claim fails ESC 6730, verify the dates of service, revenue code, and number of days were keyed correctly. If data was keyed incorrectly, data correct each field in error.	
	Check related history to determine if 14 hospital reserve days have been paid for calendar year:	
	If the maximum in the history plus current claim has not been exceeded, override the audit.	
	If history indicates the limit of 14 hospital reserve days has not been exceeded, but limit would be exceeded if all days billed on current claim were paid, then deny with EOB 0939	
	If history indicates 14 hospital reserve days previously paid for calendar year, DENY WITH EOB 0939.	
	PER CO 11861 THIS ESC EXCLUDES PROVIDER WITH SPECIALTY 017, 031, 032 AND 179.	
	NOTE: THIS AUDIT IS SET TO AUTO-DENY.	

2.417 6731 (FORMER LEGACY AUDIT 741)

DMS LAST APPROVED: 1/26/2009		
ESC 6731 (EFFECTIVE 5/6/2002) (FORMER LEGACY AUDIT 741 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
DIAGNOSTIC ULTRASOUND PROCEDURES LIMITATION	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, DIAGNOSIS
ESC TYPE: LIMIT	**C/T:**	M (PT 13, 15, 20, 21, 22, 23, 24, 29, 64, 65, 78, 85)
IF A PROVIDER BILLS FOR MORE THAN TWO COMBINATIONS OF DIAGNOSTIC ULTRASOUNDS WITHIN A NINE MONTH PERIOD, THE CLAIM WILL FAIL FOR ESC 6731.		

ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER DATE OF SERVICE WITHIN 9 MONTHS			
PROCEDURES MONITORED:	76805	76816	76826	76830
	76810	76818	76827	76819
	76815	76825	76828	76941
	PROCEDURES WITH A TC OR 26 MODIFIER COUNT AS ONLY ONE HALF OF A FULL PROCEDURE. PROCEDURE CODES 76825, 76826, 76827, 76828, 76830 AND 76941 WERE REMOVED FROM THE MONITORED LIST ON 10/29/04 PER DCR 01251. SEE NEW AUDIT 6129 FOR DOS ON, OR AFTER, 10/30/2004.			
EXCLUSION:	IF MONITORED PROCEDURE CODE IS REFERENCED TO ONE OF THE FOLLOWING DIAGNOSIS CODES, BYPASS THE ESC.			
	130 - 13090	648 - 64889	661 - 66149	772 - 77269
	260 - 26999	6489	662 - 66399	773 - 77359
	390 - 45999	6510 - 6519	745 - 74799	775 - 77599
	490 - 51999	652 - 65289	74819	776
	580 - 59999	653 - 65379	7600 - 76099	800 - 99609
	632	654 - 65489	761 - 76179	V231 - V235
	640 - 64199	655 - 65589	76199	V237
	642 - 64299	656 - 65699	762 - 76279	V2389
	643 - 64679	657 - 65799	76389	V239
	64683 - 64684	658 - 65889	764 - 76499	V283

DMS LAST APPROVED: 1/26/2009	
	6469 659 - 65969 77189 V284 647 - 64769 660 - 66079
ESC EOB:	0741 - MEMBER LIMITED TO 2 DIAGNOSTIC ULTRASOUNDS PER 9 MONTHS. MED ICAL NECESSITY MUST SUPPORT UNUSUAL CIRCUMSTANCES. DIAGNOSIS CODE MUST INDICATE MEDICAL NECESSITY.
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6731, VERIFY THE DIAGNOSIS CODES, PROCEDURE CODE, MEMBER ID, PROVIDER NUMBER, AND DATE OF SERVICE HAVE BEEN KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.
	THIS ESC IS SET TO AUTO-DENY. AUDIT 6731 END DATED 10/29/2004.

2.418 ESC 6732 (FORMER LEGACY AUDIT 796)

DMS LAST APPROVED: 01/16/07		
ESC 6732 (FORMER LEGACY AUDIT 796 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE ANNUAL LIMITATION EXCEEDED	**CLAIM FIELD LABEL:**	MAID, PROVIDER, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 90)
FAILS ESC 6732 IF THE ANNUAL (CALENDAR YEAR) LIMITATIONS LISTED BELOW ARE EXCEEDED UNLESS A PRIOR AUTHORIZATION IS ON FILE. IF A MATCHING PRIOR AUTHORIZATION IS ON FILE FOR ONE OF THESE PROCEDURES, THE APPROVED UNITS ON THE PRIOR AUTHORIZATION IS IN ADDITION TO THE ANNUAL LIMIT.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME CALENDAR YEAR	
PROCEDURES MONITORED: (FOR DOS AFTER 12/31/2000)	PROCEDURE CODE	ANNUAL LIMITATION
	ADDED PER CO1020	**UNITS**
	A7033	12
ESC EOB:	0796 – CLAIM/DETAIL DENIED. THE ANNUAL (CALENDAR YEAR) LIMITATION FOR THIS PROCEDURE CODE HAS BEEN EXCEEDED.	
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE, MAID, DATES OF SERVICE AND PRIOR AUTHORIZATION NUMBER WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF DATA IS KEYED CORRECTLY, DENY THE DETAIL WITH EOB 0796.	

2.419 6733 (FORMER LEGACY AUDIT 609)

DMS LAST APPROVED: 12/04/06		
ESC 6733 (FORMER LEGACY AUDIT 609 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
DENTAL PROPHYLAXIS AND FLUORIDE TREATMENT LIMITED TO ONE PER 12 MONTHS PER MEMBER PER PROVIDER	**CLAIM FIELD LABEL:**	PROCEDURE, DOS, MEMBER ID, PROV
ESC TYPE: LIMIT	**C/T:**	ALL
IF A PROVIDER BILLS FOR MORE THAN ONE DENTAL PROPHYLACTIC AND FLUORIDE TREATMENT PER 12 MONTHS PER MEMBER, (SAME OR DIFFERENT PROVIDER), THE CLAIM WILL FAIL ESC 6733.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER NOTE-FOR CLAIMS SUBMITTED PRIOR TO FEBRUARY 21, 2000 THIS ESC WAS LIMITED TO PER MEMBER, PER PROVIDER (CHANGED PER DCR00029) ESC 6733 WAS END-DATED AS OF 06/30/06 AND REPLACED BY ESCS 877 AND 878 (CHANGE ORDER 392)	
PROCEDURES MONITORED:	D1110 01110 D1201 01201	
ESC EOB:	0609 – CLAIM DENIED. ONE DENTAL PROPHYLAXIS/FLUORIDE TREATMENT PER MEMBER PER 12 MONTH PERIOD.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 609, VERIFY THE PROCEDURE CODE, DATE OF SERVICE, AND MEMBER ID WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF BOTH PROCEDURES ARE BILLED ON SAME CLAIM, OVERRIDE LINE 1 AND DENY LINE 2.	
	IF RELATED HISTORY INDICATES THE MONITORED PROCEDURE HAS BEEN PAID WITHIN 12 MONTHS OF THE CURRENT CLAIM/DETAIL DATE OF SERVICE, DENY THE CURRENT CLAIM/DETAIL.	
	IF RELATED HISTORY INDICATES MONITORED PROCEDURES HAVE NOT BEEN PAID WITHIN 12 MONTHS OF THE CURRENT CLAIM/DETAIL DATE OF SERVICE, OVERRIDE THE ESC.	
	IF DATE OF SERVICE FOR THE CURRENT CLAIM IS EXACTLY ONE YEAR FROM THE HISTORY CLAIM DATE OF SERVICE (05/01/84 AND 05/01/85), OVERRIDE THE ESC.	

2.420 6735 (FORMER LEGACY AUDIT 741)

DMS LAST APPROVED: 01/14/2010		
ESC 6735 (EFFECTIVE 8/1/2006) (FORMER LEGACY AUDIT 741 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
DIAGNOSTIC ULTRASOUND PROCEDURES LIMITATION	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, DIAGNOSIS
ESC TYPE: LIMIT	**C/T:**	O (PT 01, 39), M (PT 20, 21, 22, 23, 24, 29, 36, 39, 64, 65, 72, 78, 85, 86)
IF A PROVIDER BILLS FOR MORE THAN TWO (2) COMBINATIONS OF DIAGNOSTIC ULTRASOUNDS WITHIN A NINE (9) MONTH PERIOD, THE CLAIM WILL FAIL FOR ESC 6735.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER DATE OF SERVICE WITHIN 9 MONTHS NOTE – PER CO 13089 THIS AUDIT WAS END-DATED 12/31/2008 AND REPLACED BY AUDIT 6745	
	FOR DATES OF SERVICE OF 08/01/06 AND AFTER, IF A MATCHING PRIOR AUTHORIZATION IS ON FILE ESC 6735 IS BYPASSED.	
	NOTE –EFFECTIVE WITH DATES OF SERVICE 08/01/2006 PROVIDER TYPES 01, 31, 35, 36, 39, 72 AND 86 WERE ADDED PER CO 392.	
PROCEDURES MONITORED:	76801 76810 76815 76802 76811 76816 76805 76812 76817	
	PROCEDURES WITH A MODIFIER OF TC COUNT AS A FULL UNIT.	
EXCLUSIONS:	PROCEDURES WITH A MODIFIER OF 26 ARE EXCLUDED FROM ESC 6735. FOR DATES OF SERVICE OF 08/01/06 AND AFTER, IF A MATCHING PRIOR AUTHORIZATION IS ON FILE ESC 6735 IS BYPASSED. IF MONITORED PROCEDURE CODE IS REFERENCED TO ONE OF THE FOLLOWING DIAGNOSIS CODES, THE ESC IS BYPASSED. 632 6489 659 – 65963 V231 – V235 640 – 64194 6510 – 6519 660 – 66074 V237 642 – 64294 652 – 65284 661 – 66144 V2381 – V2382	

DMS LAST APPROVED: 01/14/2010				
	643 – 64674	653 – 65374	662 – 66393	V2389
	64683	654 – 65484	67803	V239
	64684	655 – 65584	67813	V283
	6469	656 – 65694	67903	V284
	647 – 64764	657 – 65704	67913	
	648 – 64884	658 – 65883	V230	
	DIAGNOSIS CODES V230, V2341, V2349, V2381, AND V2382 ADDED PER CO 9079. PROVIDER TYPES 31 AND 35 REMOVED FROM AUDIT CRITERIA PER CO 11139. DIAGNOSIS CODES 67803, 67813, 67903 AND 67913 ADDED PER CO 11414.			
ESC EOB:	0741 - MEMBER LIMITED TO 2 DIAGNOSTIC ULTRASOUNDS PER 9 MONTHS MEDICAL NECESSITY MUST SUPPORT UNUSUAL CIRCUMSTANCES DIAGNOSIS CODE MUST INDICATE MEDICAL NECESSITY			
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6735, VERIFY THE DIAGNOSIS CODES, PROCEDURE CODE, MEMBER ID, PROVIDER NUMBER, AND DATE OF SERVICE HAVE BEEN KEYED CORRECTLY IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR			
	IF THE CLAIM IS KEYED CORRECTLY DENY THE LINE WITH EOB 0741.			

2.421 6737 (FORMER LEGACY AUDIT 876)

DMS APPROVED: 04/15/2008		
ESC 6737 (FORMER LEGACY AUDIT 876 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT, CAPITATION, AND ENCOUNTER
HEARING AIDS LIMITED TO $800.00 PER EAR PER 36 MONTHS	**CLAIM FIELD LABEL:**	PROC, MODIFIER, MEMBER ID, DOS
ESC TYPE: LIMIT	**C/T:**	CT M (31, 35, 50, 70)
FAILS IF TOTAL REIMBURSEMENT FOR HEARING AIDS EXCEEDS $800.00 PER MEMBER, PER RT EAR, PER 36 MONTHS.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME MODIFIER EFFECTIVE FOR DATES OF SERVICE 07/01/06 AND AFTER LIMITED TO $800.00 PER EAR (BASED ON RIGHT MODIFIER) PER 36 MONTHS NOTE: PROCEDURE CODES V5070, V5080, V5100, V5120, V5130, V5140, V5150, V5190, V5230, V5242 – V5263 ADDED FOR PTS 50 AND 70 PER CO9831.	

PROCEDURES MONITORED:				
	V5030	V5150	V5245	V5255
	V5040	V5170	V5246	V5256
	V5050	V5180	V5247	V5257
	V5060	V5190	V5248	V5258
	V5070	V5210	V5249	V5259
	V5080	V5220	V5250	V5260
	V5100	V5230	V5251	V5261
	V5120	V5242	V5252	V5262
	V5130	V5243	V5253	V5263
	V5140	V5244	V5254	

DMS APPROVED: 04/15/2008	
ESC EOB:	0876 – CLAIM/DETAIL DENIED. HEARING AIDS ARE LIMITED TO $1400.00 FOR DOS PRIOR TO 01/05/2007 OR $800.00 FOR DOS 01/05/2007 AND AFTER PER EAR, PER MEMBER, PER 36 MONTHS. 0426 – THE 36 MONTH MAXIMUM FOR THIS SERVICE HAS BEEN EXCEEDED. THE ALLOWED AMOUNT HAS BEEN ADJUSTED TO THE MAXIMUM ALLOWED
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER NUMBER, PROCEDURE CODE, MODIFIER, AND DATES OF SERVICE ARE KEYED CORRECTLY. IF KEYED INCORRECTLY DATA CORRECT EACH FIELD IN ERROR.
	ADD THE DETAIL PAID AMOUNTS OF EACH OF THE HISTORY CLAIM DETAILS. • IF THE TOTAL PAID AMOUNT OF THE DETAILS OF THE HISTORY CLAIMS IS EQUAL TO OR GREATER THAN $800.00 BASED ON THE MODIFIER (RT) DENY THE CURRENT DETAIL WITH EOB CODE 0876. • IF THE TOTAL PAID AMOUNT OF THE DETAILS OF THE HISTORY CLAIMS IS LESS THAT $800.00, MANUALLY PRICE THE CURRENT DETAIL BY ENTERING AN ALLOWED CHARGE SOURCE OF “1” ON THE DETAIL, THE MANUAL PRICE, AND A DETAIL EOB CODE 0426. THE MANUAL PRICE AMOUNT WILL BE THE DIFFERENCE BETWEEN $800.00 AND THE TOTAL AMOUNT PAID OF THE HISTORY CLAIM DETAILS BASED ON THE MODIFIER (RT).

2.422 6738 (FORMER LEGACY AUDIT 876)

DMS APPROVED: 04/15/2008		
ESC 6738 (FORMER LEGACY AUDIT 876 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT, CAPITATION, AND ENCOUNTER
HEARING AIDS LIMITED TO $800.00 PER EAR PER 36 MONTHS	**CLAIM FIELD LABEL:**	PROC, MODIFIER, MEMBER ID, DOS
ESC TYPE: LIMIT	**C/T:**	CT M (31, 35, 50, 70)
FAILS IF TOTAL REIMBURSEMENT FOR HEARING AIDS EXCEEDS $800.00 PER MEMBER, PER LT EAR, PER 36 MONTHS.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME MODIFIER EFFECTIVE FOR DATES OF SERVICE 07/01/06 AND AFTER LIMITED TO $800.00 PER EAR (BASED ON LEFT MODIFIER) PER 36 MONTHS NOTE: PROCEDURE CODES V5070, V5080, V5100, V5120, V5130, V5140, V5150, V5190, V5230, V5242 – V5263 ADDED FOR PTS 50 AND 70 PER CO9831.	

PROCEDURES MONITORED:				
	V5030	V5150	V5245	V5255
	V5040	V5170	V5246	V5256
	V5050	V5180	V5247	V5257
	V5060	V5190	V5248	V5258
	V5070	V5210	V5249	V5259
	V5080	V5220	V5250	V5260
	V5100	V5230	V5251	V5261
	V5120	V5242	V5252	V5262
	V5130	V5243	V5253	V5263
	V5140	V5244	V5254	

DMS APPROVED: 04/15/2008	
ESC EOB:	0876 – CLAIM/DETAIL DENIED. HEARING AIDS ARE LIMITED TO $1400.00 FOR DOS PRIOR TO 01/05/2007 OR $800.00 FOR DOS 01/05/2007 AND AFTER PER EAR, PER MEMBER, PER 36 MONTHS. 0426 – THE 36 MONTH MAXIMUM FOR THIS SERVICE HAS BEEN EXCEEDED. THE ALLOWED AMOUNT HAS BEEN ADJUSTED TO THE MAXIMUM ALLOWED
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER NUMBER, PROCEDURE CODE, MODIFIER, AND DATES OF SERVICE ARE KEYED CORRECTLY. IF KEYED INCORRECTLY DATA CORRECT EACH FIELD IN ERROR.
	ADD THE DETAIL PAID AMOUNTS OF EACH OF THE HISTORY CLAIM DETAILS. • IF THE TOTAL PAID AMOUNT OF THE DETAILS OF THE HISTORY CLAIMS IS EQUAL TO OR GREATER THAN $800.00 BASED ON THE MODIFIER (LT) DENY THE CURRENT DETAIL WITH EOB CODE 0876. • IF THE TOTAL PAID AMOUNT OF THE DETAILS OF THE HISTORY CLAIMS IS LESS THAT $800.00, MANUALLY PRICE THE CURRENT DETAIL BY ENTERING AN ALLOWED CHARGE SOURCE OF “1” ON THE DETAIL, THE MANUAL PRICE, AND A DETAIL EOB CODE 0426. THE MANUAL PRICE AMOUNT WILL BE THE DIFFERENCE BETWEEN $800.00 AND THE TOTAL AMOUNT PAID OF THE HISTORY CLAIM DETAILS BASED ON THE MODIFIER (LT).

2.423 6739 (FORMER LEGACY AUDIT 795)

DMS LAST APPROVED: 10/27/2009				
ESC 6739 (FORMER LEGACY AUDIT 795 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT		
PROCEDURE MONTHLY LIMITATION EXCEEDED	**CLAIM FIELD LABEL:**	MAID, PROVIDER, DOS		
ESC TYPE: LIMIT	**C/T:**	M (PT 90)		
FAILS ESC 6739 IF THE MONTHLY (CALENDAR MONTH) LIMITATIONS LISTED BELOW ARE EXCEEDED UNLESS A PRIOR AUTHORIZATON IS ON FILE. IF A MATCHING PRIOR AUTHORIZATION IS ON FILE FOR ONE OF THESE PROCEDURES, THE APPROVED UNITS ON THE PRIOR AUTHORIZATION IS CONSIDERED THE MONTHLY LIMIT.				
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME CALENDAR MONTH			
PROCEDURES MONITORED: **(FOR DOS AFTER 12/31/2000)**	PROCEDURE CODE	MONTHLY LIMITATION	PROCEDURE CODE	MONTHLY LIMITATION
	A4338	31	A4344	31
ESC EOB:	0795 - EXCEEDS ONCE PER MONTH LIMIT			
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE, MAID, DATES OF SERVICE AND PRIOR AUTHORIZATION NUMBER WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.			
	REVIEW CLAIM ATTACHMENTS FOR A DMS LETTER APPROVING QUANTITY. IF THE DATE(S) OF SERVICE ON THE DETAIL IS WITHIN 12 MONTHS OF THE DATE OF THE LETTER AND THE APPOVED QUANTITY FOR THE PROCEDURE CODE HAS NOT BEEN EXCEEDED, FORCE THE ESC. IF THE APPROVED QUANTITY ON THE LETTER HAS BEEN EXCEEDED, DENY THE DETAIL WITH EOB 0795.			
	IF DATA IS KEYED CORRECTLY AND NO LETTER IS ATTACHED, DENY THE DETAIL WITH EOB 0795.			

2.424 6740 (FORMER LEGACY AUDIT 795)

DMS LAST APPROVED: 01/16/07				
ESC 6740 (FORMER LEGACY AUDIT 795 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT		
PROCEDURE MONTHLY LIMITATION EXCEEDED	**CLAIM FIELD LABEL:**	MAID, PROVIDER, DOS		
ESC TYPE: LIMIT	**C/T:**	M (PT 90)		
FAILS ESC 6740 IF THE MONTHLY (CALENDAR MONTH) LIMITATIONS LISTED BELOW ARE EXCEEDED UNLESS A PRIOR AUTHORIZATON IS ON FILE. IF A MATCHING PRIOR AUTHORIZATION IS ON FILE FOR ONE OF THESE PROCEDURES, THE APPROVED UNITS ON THE PRIOR AUTHORIZATION IS CONSIDERED THE MONTHLY LIMIT.				
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME CALENDAR MONTH			
PROCEDURES MONITORED: **(FOR DOS AFTER 12/31/2000)**	PROCEDURE CODE	MONTHLY LIMITATION	PROCEDURE CODE	MONTHLY LIMITATION
	A4338	1		
ESC EOB:	0795 - EXCEEDS ONCE PER MONTH LIMIT			
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE, MAID, DATES OF SERVICE AND PRIOR AUTHORIZATION NUMBER WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.			
	REVIEW CLAIM ATTACHMENTS FOR A DMS LETTER APPROVING QUANTITY. IF THE DATE(S) OF SERVICE ON THE DETAIL IS WITHIN 12 MONTHS OF THE DATE OF THE LETTER AND THE APPOVED QUANTITY FOR THE PROCEDURE CODE HAS NOT BEEN EXCEEDED, FORCE THE ESC. IF THE APPROVED QUANTITY ON THE LETTER HAS BEEN EXCEEDED, DENY THE DETAIL WITH EOB 0795.			
	IF DATA IS KEYED CORRECTLY AND NO LETTER IS ATTACHED, DENY THE DETAIL WITH EOB 0795.			

2.425 6741 (FORMER LEGACY AUDIT 795)

DMS LAST APPROVED: 01/16/07				
ESC 6741 (FORMER LEGACY AUDIT 795 LIMITATION)	**TYPE OF DOCUMENT:**		ALL EXCEPT MASS ADJUSTMENT	
PROCEDURE MONTHLY LIMITATION EXCEEDED	**CLAIM FIELD LABEL:**		MAID, PROVIDER, DOS	
ESC TYPE: LIMIT	**C/T:**		M (PT 90)	
FAILS ESC 6741 IF THE MONTHLY (CALENDAR MONTH) LIMITATIONS LISTED BELOW ARE EXCEEDED UNLESS A PRIOR AUTHORIZATON IS ON FILE. IF A MATCHING PRIOR AUTHORIZATION IS ON FILE FOR ONE OF THESE PROCEDURES, THE APPROVED UNITS ON THE PRIOR AUTHORIZATION IS CONSIDERED THE MONTHLY LIMIT.				
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME CALENDAR MONTH			
PROCEDURES MONITORED: **(FOR DOS AFTER 12/31/2000)**	PROCEDURE CODE	MONTHLY LIMITATION	PROCEDURE CODE	MONTHLY LIMITATION
	A6216	60		
ESC EOB:	0795 - EXCEEDS ONCE PER MONTH LIMIT			
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE, MAID, DATES OF SERVICE AND PRIOR AUTHORIZATION NUMBER WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.			
	REVIEW CLAIM ATTACHMENTS FOR A DMS LETTER APPROVING QUANTITY. IF THE DATE(S) OF SERVICE ON THE DETAIL IS WITHIN 12 MONTHS OF THE DATE OF THE LETTER AND THE APPOVED QUANTITY FOR THE PROCEDURE CODE HAS NOT BEEN EXCEEDED, FORCE THE ESC. IF THE APPROVED QUANTITY ON THE LETTER HAS BEEN EXCEEDED, DENY THE DETAIL WITH EOB 0795.			
	IF DATA IS KEYED CORRECTLY AND NO LETTER IS ATTACHED, DENY THE DETAIL WITH EOB 0795.			

2.426 6742 (NO FORMER LEGACY AUDIT)

DMS APPROVED 06/2007		
ESC 6742 (NO FORMER LEGACY AUDIT) LIMITATION AUDIT	**CLAIM TYPE:**	M
D1206 LIMITED TO 1 UNIT PER 90 DAYS	**PROVIDER TYPE:**	64, 65
	TYPE OF DOCUMENT:	PAPER, NON-PAPER, ADJUSTMENTS
	FIELD NAME:	PROCEDURE
EFFECTIVE 7/1/107, FAILS IF A PROVIDER BILLS MORE THAN A UNIT OF D1206 IN 90 DAYS.		
AUDIT CRITERIA:	SAME MEMBER 90 DAYS	
PROCEDURES MONITORED:	D1206	
AUDIT EOB:	6742 – D1206 LIMITED TO 1 UNIT PER 90 DAYS	
PROCESSING INSTRUCTIONS:	VERIFY THE MAID, DATES OF SERVICE, UNITS, AND PROCEDURE CODE ARE KEYED CORRECTLY. IF NOT, CORRECT THE FIELD IN ERROR.	
	IF ALL DATA IS KEYED CORRECTLY, DENY WITH EOB 6742.	

2.427 6743 (NO FORMER LEGACY AUDIT)

DMS APPROVED 06/2007		
ESC 6743 (NO FORMER LEGACY AUDIT) LIMITATION AUDIT	**CLAIM TYPE:**	M
D1206 LIMITED TO 2 UNITS PER 12 MONTHS	**PROVIDER TYPE:**	64, 65
	TYPE OF DOCUMENT:	PAPER, NON-PAPER, ADJUSTMENTS
	FIELD NAME:	PROCEDURE
EFFECTIVE 7/1/107, FAILS IF A PROVIDER BILLS MORE THAN TWO UNITS OF D1206 IN 12 MONTHS.		
AUDIT CRITERIA:	SAME MEMBER 12 MONTHS	
PROCEDURES MONITORED:	D1206	
AUDIT EOB:	6743 – D1206 LIMITED TO 2 UNITS PER 12 MONTHS	
PROCESSING INSTRUCTIONS:	VERIFY THE MAID, DATES OF SERVICE, UNITS, AND PROCEDURE CODE ARE KEYED CORRECTLY. IF NOT, CORRECT THE FIELD IN ERROR.	
	IF ALL DATA IS KEYED CORRECTLY, DENY WITH EOB 6743.	

2.428 6744 (NO FORMER LEGACY AUDIT)

DMS APPROVED 07/19/2011		
ESC 6744 (NO FORMER LEGACY AUDIT) LIMITATION AUDIT	**CLAIM TYPE:**	M
DAILY LIMITATION EXCEEDED SCL SERVICES LIMITED TO 8 HOURS PER DAY	**PROVIDER TYPE:**	33
	TYPE OF DOCUMENT:	ALL EXCEPT MASS ADJUSTMENT
	FIELD NAME:	PROCEDURE
EFFECTIVE 1/1/107, FAILS IF AN SCL PROVIDER BILLS MORE THAN 64 UNITS (8 HOURS) OF THE FOLLOWING PROCEDURE CODES IN ONE DAY.		
AUDIT CRITERIA:	SAME MEMBER SAME DAY NOTE – MFP MEMBERS ARE EXCLUDED FROM THIS AUDIT (CO 15099)	
PROCEDURES MONITORED:	97535	97537
	H0039	H2021
	T2021-HA	T2021-HB
AUDIT EOB:	6744 – DAILY LIMITATION EXCEEDED	
PROCESSING INSTRUCTIONS:	VERIFY THE MAID, DATES OF SERVICE, UNITS, AND PROCEDURE CODE ARE KEYED CORRECTLY. IF NOT, CORRECT THE FIELD IN ERROR.	
	IF ALL DATA IS KEYED CORRECTLY, DENY WITH EOB 6744.	

2.429 6745

DMS LAST APPROVED: 01/14/2010		
ESC 6745 (EFFECTIVE 4/1/2008) DIAGNOSTIC ULTRASOUND PROCEDURES LIMITATION	**TYPE OF DOCUMENT:** **CLAIM FIELD LABEL:**	ALL EXCEPT MASS ADJUSTMENT MEMBER ID, PROCEDURE, DIAGNOSIS
ESC TYPE: LIMIT	**C/T:**	O (PT 01, 39), M (PT 20, 21, 22, 23, 24, 29, 36, 39, 64, 65, 72, 78, 85, 86)
IF A PROVIDER BILLS FOR MORE THAN TWO DIAGNOSTIC ULTRASOUND OCCURRENCES WITHIN A NINE (9) MONTH PERIOD, THE CLAIM WILL FAIL FOR ESC 6745.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER DATE OF SERVICE WITHIN 9 MONTHS SAME OR DIFFERENT PROCEDURE CODE (NOTE – TWO OR MORE ULTRASOUNDS ON THE SAME DAY COUNT AS ONE OCCURRENCE) NOTE – THIS AUDIT WAS CREATED BY CO #13089 TO REPLACE AUDIT 6735	
PROCEDURES MONITORED:	76801 76810 76815 76802 76811 76816 76805 76812 76817	
	NOTE - PROCEDURES WITH A MODIFIER OF TC COUNT AS A FULL UNIT.	
EXCLUSIONS:	PROCEDURES WITH A MODIFIER OF 26 ARE EXCLUDED FROM ESC 6745. IF A MATCHING PRIOR AUTHORIZATION IS ON FILE AUDIT 6745 IS BYPASSED. IF MONITORED PROCEDURE CODE IS REFERENCED TO ONE OF THE FOLLOWING DIAGNOSIS CODES, THE ESC IS BYPASSED.	
	632 6489 659 – 65963 V231 – V235 640 – 64194 6510 – 6519 660 – 66074 V237 642 – 64294 652 – 65284 661 – 66144 V2381 – V2382	
	643 – 64679 653 – 65374 662 – 66393 V2389 64683 654 – 65484 67803 V239 64684 655 – 65584 67813 V283 6469 656 – 65694 67903 V284	

DMS LAST APPROVED: 01/14/2010	
	647 – 64764 657 – 65704 67913 648 – 64884 658 – 65883 V230
ESC EOB:	6745 - MEMBER LIMITED TO 2 DIAGNOSTIC ULTRASOUNDS PER 9 MONTHS. MEDICAL NECESSITY MUST SUPPORT UNUSUAL CIRCUMSTANCES. DIAGNOSIS CODE MUST INDICATE MEDICAL NECESSITY
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6745, VERIFY THE DIAGNOSIS CODES, PROCEDURE CODE, MEMBER ID, PROVIDER NUMBER, AND DATE OF SERVICE HAVE BEEN KEYED CORRECTLY IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR
	IF THE CLAIM IS KEYED CORRECTLY DENY WITH EOB 6745.

2.430 ESC 6746

DMS LAST APPROVED: 12/19/03		
ESC 6746	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
CERTAIN PROCEDURE CODES LIMITED TO ONE PER FOUR YEARS	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE, DOS, UNITS OF SERVICE
ESC TYPE: LIMIT	**C/T:**	M (PT 90)
IF A DME PROVIDER BILLS MORE THAN ONE UNIT OF PROCEDURE CODE E0570, E0571, OR E0580 DURING A FOUR YEAR PERIOD WITHOUT A PRIOR AUTHORIZATION, THE CLAIM WILL FAIL ESC 6746.		
ESC CRITERIA:	SAME MEMBER MORE THAN ONE UNIT WITHIN A FOUR YEAR PERIOD SAME OR DIFFERENT PROVIDER	
PROCEDURES MONITORED:	E0570 E0571 E0580	
ESC EOB:	6746 – THIS PROCEDURE CODE LIMITED TO 1 PER MEMBER PER FOUR YEARS.	
	VERIFY THE MEMBER ID, DATES OF SERVICE, UNITS, AND PROCEDURE CODE ARE KEYED CORRECTLY. IF NOT, CORRECT THE FIELD IN ERROR.	
	IF THE DATA IS KEYED CORRECTLY DENY THE DETAIL WITH EOB 6746.	

2.431 ESC 6749

DMS LAST APPROVED: 07/19/2011		
ESC 6749	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
S5100 LIMITED TO 24 UNITS PER CALENDAR DAY	**CLAIM FIELD LABEL:**	MAID, DOS, PROCEDURE
ESC TYPE: LIMIT	**C/T:**	M (PT 43)
IF PROCEDURE CODE S5100 IS BILLED MORE THAN 24 UNITS PER CALENDAR DAY, POST THE ESC.		
ESC CRITERIA:	SAME MEMBER SAME DATE OF SERVICE SAME PROCEDURE NOTE – MICHELLE P, ABI/LTC WAIVER, AND MFP MEMBERS ARE EXCLUDED FROM THIS AUDIT (CO #11683, 15099)	
PROCEDURES MONITORED:	S5100	
ESC EOB:	6749 – S5100 LIMITED TO 24 UNITS PER CALENDAR DAY	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6749, VERIFY THE MAID NUMBER, DATE OF SERVICE, AND PROCEDURE CODE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY FOR THE CURRENT CLAIM INDICATES S5100 WAS BILLED FOR 24 UNITS, POST THE ESC.	
	IF S5100 IS BILLED FOR MORE THAN 24 UNITS ON THE CURRENT CLAIM, POST THE ESC.	
	IF A RELATED HISTORY CLAIM OR ANOTHER LINE OR SAME LINE ON THE SAME CLAIM DOES NOT INDICATE THAT S5100 WAS BILLED MORE THAN 24 UNITS, OVERRIDE THE ESC.	

2.432 ESC 6750

DMS LAST APPROVED: 07/19/2011		
ESC 6750	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
S5100 LIMITED TO 120 UNITS PER CALENDAR WEEK	**CLAIM FIELD LABEL:**	MAID, DOS, PROCEDURE
ESC TYPE: LIMIT	**C/T:**	M (PT 43)
IF PROCEDURE CODE S5100 IS BILLED MORE THAN 120 UNITS PER CALENDAR WEEK, POST THE ESC.		
ESC CRITERIA:	SAME MEMBER SAME DATE OF SERVICE SAME PROCEDURE NOTE – MICHELLE P, ABI/LTC WAIVER, AND MFP MEMBERS ARE EXCLUDED FROM THIS AUDIT (CO #11683, 15099)	
PROCEDURES MONITORED:	S5100	
ESC EOB:	6750 – S5100 LIMITED TO 120 UNITS PER CALENDAR WEEK	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6750, VERIFY THE MAID NUMBER, DATE OF SERVICE, AND PROCEDURE CODE WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF RELATED HISTORY FOR THE CURRENT CLAIM INDICATES S5100 WAS BILLED FOR 120 UNITS, POST THE ESC.	
	IF S5100 IS BILLED FOR MORE THAN 120 UNITS ON THE CURRENT CLAIM, POST THE ESC.	
	IF A RELATED HISTORY CLAIM OR ANOTHER LINE OR SAME LINE ON THE SAME CLAIM DOES NOT INDICATE THAT S5100 WAS BILLED MORE THAN 120 UNITS, OVERRIDE THE ESC.	

2.433 6751 (FORMER LEGACY AUDIT 786)

DMS LAST APPROVED: 09/08/06		
ESC 6751 (FORMER LEGACY AUDIT 786 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT AND ENCOUNTERS
CAST PROCEDURES ARE LIMITED TO TWO PER 90 DAYS PER MEMBER, PER PROVIDER	**FIELD NAME:**	PROCEDURE
	FIELD SIZE:	5
	C/T:	M (PT 13, 22, 64, 65, 78, 85)
IF A PROVIDER BILLS MORE THAN TWO CAST PROCEDURES FOR A MEMBER DURING A 90-DAY PERIOD, THE CLAIM WILL FAIL AUDIT 786.		
AUDIT CRITERIA:	SAME MEMBER SAME PROVIDER	
PROCEDURES MONITORED:	29000 THROUGH 29131	
	29305 THROUGH 29515	
AUDIT EOB:	0786 – CLIAM/DETAIL DENIED. CAST PROCEDURES ARE LIMITED TO TWO PER 90 DAYS PER MEMBER, PER PROVIDER.	
PROCESSING INSTRUCTIONS:	VERIFY THE MAID, PROVIDER NUMBER, PROCEDURE CODE, AND DATE OF SERVICE HAVE BEEN KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF KEYED CORRECTLY DENY THE LINE WITH EOB CODE 0786.	

2.434 6752 (FORMER LEGACY AUDIT 839)

DMS LAST APPROVED: 12/04/06		
ESC 6752 (FORMER LEGACY AUDIT 839 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT, CAPITATION, AND ENCOUNTER
AUDIOLOGIST VISITS ARE LIMITED TO 1 PER CALENDAR YEAR PER MEMBER	**FIELD NAME:**	
	FIELD SIZE:	
	C/T:	M (PROVIDER TYPE 70)
FAILS IF MORE THAN ONE UNIT OF PROCEDURE CODE 92557 IS BILLED FOR A MEMBER DURING A CALENDAR YEAR.		
AUDIT CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER LIMITED TO ONE PER CALENDAR YEAR EFFECTIVE FOR DATES OF SERVICE 7/01/06 AND AFTER NOTE – MONITORED AUDIOLOGIST VISIT PROCEDURE CODES WITH A VALID PRIOR AUTHORIZATION ARE EXCLUDED FROM THIS AUDIT	
PROCEDURES MONITORED:	92557	
AUDIT EOB:	0839 – CLAIM/DETAIL DENIED. AUDIOLOGIST VISITS ARE LIMITED TO 1 PER CALENDAR YEAR PER MEMBER.	
PROCESSING INSTRUCTIONS:	1. VERIFY THE MEMBER NUMBER, PROCEDURE CODE, DATES OF SERVICE, AND UNITS OF SERVICE ARE KEYED CORRECTLY. IF KEYED INCORRECTLY DATACORRECT EACH FIELD IN ERROR.	
	2. IF THE CLAIM IS KEYED CORRECTLY DENY THE DETAIL WITH EOB CODE 0839.	

2.435 6753

DMS LAST APPROVED: 06/09/2008		
ESC 6753	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE CODES 99214 AND 99215 ARE LIMITED TO TWO UNITS PER CALENDAR YEAR	**CLAIM FIELD LABEL:**	PROC, DOS, PROVIDER
ESC TYPE: LIMIT	**C/T:**	CT M (PT 64, 65, 77, 78, 85)
IF A PROVIDER BILLS FOR MORE THAN TWO UNITS (CUMULATIVELY) OF PROCEDURE CODES 99214 AND 99214 DURING A CALENDAR YEAR, REIMBURSEMENT FOR THE UNITS IN EXCESS WILL BE CUT BACK TO THE RATE FOR PROCEDURE CODE 99213.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME CALENDAR YEAR	
	Note – THIS AUDIT IS EFFECTIVE 01/01/2008 AND PARTIALLY REPLACED AUDITS 5101 AND 6080 (CO# 9744 AND 10200)	
PROCEDURES MONITORED:	99214 99215	
ESC EOB:	6753 – ESTABLISHED PATIENT MEDICAL SERVICES LIMITED TO TWO PER CALENDAR YEAR. REIMBURSEMENT CUT BACK TO RATE FOR PROCEDURE CODE 99213.	
PROCESSING INSTRUCTIONS:	NONE	

2.436 6757 (FORMER LEGACY 549)

DMS LAST APPROVED: 03/07/2008		
ESC 6757 (FORMER LEGACY AUDIT 549 MISCELLANEOUS)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
ALL THREE MONITORING COMPONENTS NOT PAYABLE ON SAME DATE OF SERVICE	**FIELD NAME:**	PROCEDURE, DOS, MAID
	FIELD SIZE:	5, 8, 10
	C/T:	E-(PT 22 ONLY), J, Q, U (PT 78 ONLY)
IF A PROVIDER BILLS ALL THREE PROCEDURE CODES OF ANY OF THE FOLLOWING SETS FOR THE SAME DATE OF SERVICE AND THE SAME MEMBER, THE AUDIT WILL FAIL EACH CURRENT CLAIM. THE PROVIDER IS ALLOWED ONLY TWO (2) OF THE THREE (3) PROCEDURES PER DATE OF SERVICE.		
AUDIT CRITERIA:	SAME MEMBER SAME BILLING PROVIDER SAME DATE OF SERVICE	
PROCEDURES MONITORED: **AUDIT EOB:**	93231, 93232, AND 93233 549 – CLAIM/DETAIL DENIED. THIS PROCEDURE SHALL NOT BE PAID SEPARATELY WHEN THE GLOBAL SERVICES HAS BEEN REPORTED. CONTACT THE DEPARTMENT FOR MEDICAID SERVICES FOR CLARIFICATION.	
PROCESSING INSTRUCTIONS:	VERIFY THAT THE MAID, PROVIDER NUMBER, DATES OF SERVICE, AND PROCEDURE CODE WERE KEYED CORRECTLY. IF NOT, CORRECT THE FIELDS IN ERROR.	
	IF ALL DATA WAS KEYED CORRECTLY, DENY THE CLAIM.	
	NOTE: FOR CURRENT TO CURRENT FAILURES, ALL DETAILS WHICH FAIL AUDIT 549 SHOULD BE DENIED.	
	NOTE: THIS AUDIT IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT-ELECTRONIC CLAIMS.	

2.437 6758 (FORMER LEGACY 549)

DMS LAST APPROVED: 03/07/2007		
ESC 6758 (FORMER LEGACY AUDIT 549 MISCELLANEOUS)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
ALL THREE MONITORING COMPONENTS NOT PAYABLE ON SAME DATE OF SERVICE	**FIELD NAME:**	PROCEDURE, DOS, MAID
	FIELD SIZE:	5, 8, 10
	C/T:	E-(PT 22 ONLY), J, Q, U (PT 78 ONLY)
IF A PROVIDER BILLS ALL THREE PROCEDURE CODES OF ANY OF THE FOLLOWING SETS FOR THE SAME DATE OF SERVICE AND THE SAME MEMBER, THE AUDIT WILL FAIL EACH CURRENT CLAIM. THE PROVIDER IS ALLOWED ONLY TWO (2) OF THE THREE (3) PROCEDURES PER DATE OF SERVICE.		
AUDIT CRITERIA:	SAME MEMBER SAME BILLING PROVIDER SAME DATE OF SERVICE	
PROCEDURES MONITORED: **AUDIT EOB:**	93786, 93788, AND 93790 549 – CLAIM/DETAIL DENIED. THIS PROCEDURE SHALL NOT BE PAID SEPARATELY WHEN THE GLOBAL SERVICES HAS BEEN REPORTED. CONTACT THE DEPARTMENT FOR MEDICAID SERVICES FOR CLARIFICATION.	
PROCESSING INSTRUCTIONS:	VERIFY THAT THE MAID, PROVIDER NUMBER, DATES OF SERVICE, AND PROCEDURE CODE WERE KEYED CORRECTLY. IF NOT, CORRECT THE FIELDS IN ERROR.	
	IF ALL DATA WAS KEYED CORRECTLY, DENY THE CLAIM.	
	NOTE: FOR CURRENT TO CURRENT FAILURES, ALL DETAILS WHICH FAIL AUDIT 549 SHOULD BE DENIED.	
	NOTE: THIS AUDIT IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT-ELECTRONIC CLAIMS.	

2.438 6759 (FORMER LEGACY AUDIT 736 LIMITATION)

DMS LAST APPROVED: 04/01/2008		
ESC 6759 (FORMER LEGACY AUDIT 736 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
VACCINE ADMINISTRATION LIMITED TO THREE (3) PER DAY.	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, MODIFIER, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 13, 64, 65, 78, 85)
IF A PROVIDER BILLS MORE THAN THREE VACCINE ADMINISTRATION PROCEDURES FOR A SINGLE DATE OF SERVICE, CLAIM FAILS ESC 6049. EFFECTIVE WITH DOS 01/02/2004 PROVIDER TYPES 64 AND 65 WERE REMOVED FROM FORMER LEGACY AUIDT 736 PER DCR 01090. PLEASE REFER TO AUDIT 6049 FOR AUDITING OF VACCINE ADMINSTRATIONS AFTER TO 01/01/2004.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE PROCEDURE CODE MODIFIER OF 26 NOTE: CLAIM TYPE M, PT 64/65 DO NOT FAIL ESC 6049 IF THE DATES OF SERVICE ARE ON OR AFTER 01/02/04. PER DCR 01090	
PROCEDURES MONITORED:	90476-90749	
ESC EOB:	0736 - VACCINE ADMINISTRATION LIMITED TO THREE PER MEMBER, PER PROVIDER, PER DAY.	
PROCESSING INSTRUCTIONS:	VERIFY THAT THE MEMBER NUMBER, PROVIDER NUMBER, DATES OF SERVICE, UNITS, PROCEDURE CODE AND PROCEDURE CODE MODIFIER ARE KEYED CORRECTLY. IF NOT, CORRECT THE FIELDS IN ERROR.	
	THIS ESC IS SET TO AUTO-DENY.	

2.439 6761 (FORMER LEGACY AUDIT N/A)

DMS APPROVED: 02/04/2012		
ESC 6761 (FORMER LEGACY AUDIT N/A)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
MAXIMUM OF 14 CONSECUTIVE HOSPITAL RESERVE DAYS PER MEMBER PER PROVIDER	**CLAIM FIELD LABEL:**	MEMBER ID, REVENUE CODE, DOS
ESC TYPE: LIMIT	**C/T:**	L (PT12)
EFFECTIVE WITH DATE OF SERVICE JULY 1, 2005, ESC 6761 WILL SUSPEND A NURSING FACILITY CLAIM WHEN THE MAXIMUM OF 14 CONSECUTIVE HOSPITAL RESERVE DAYS (REVENUE CODE 185) HAS BEEN EXCEEDED.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER THIS ESC ONLY APPLIES TO PROVIDERS WITH SPECIALTY 017, 032 OR 179.	
PROCEDURES MONITORED:	REVENUE CODE 185	
ESC EOB:	0655 – MAXIMUM OF 14 CONSECUTIVE HOSPITAL RESERVE DAYS ALLOWED PER MEMBER, PER PROVIDER	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6761, VERIFY THE MEMBER ID, DATES OF SERVICE, REVENUE CODE, AND NUMBER OF DAYS WERE KEYED CORRECTLY. IF THE ABOVE FIELDS WERE NOT KEYED CORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	NOTE: AN ABSENCE MAY SPAN TWO MONTHS. NOTE: THIS AUDIT CREATED UNDER CHANGE ORDER 11913 NOTE: THIS AUDIT WAS END DATED UNDER CO 16078. FOR DOS 07/01/2005 AND AFTER SEE AUDIT 6766.	

2.440 6762 (FORMER LEGACY AUDIT N/A)

DMS APPROVED: 02/04/2012		
ESC 6762 (FORMER LEGACY AUDIT N/A)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
MAXIMUM OF 15 NON-HOSPITAL RESERVE DAYS PER MEMBER, PER PROVIDER, PER CALENDAR YEAR	**CLAIM FIELD LABEL:**	MEMBER ID, REVENUE CODE, DOS
ESC TYPE: LIMIT	**C/T:**	L (PT 12)
EFFECTIVE WITH DATE OF SERVICE JULY 1, 2005, ESC 6023 WILL SUSPEND A NURSING FACILITY CLAIM WHEN THE MAXIMUM OF 15 NON-HOSPITAL RESERVE DAYS (REVENUE CODE 180) HAS BEEN EXCEEDED FOR CALENDAR YEAR.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER	
	THIS ESC ONLY APPLIES TO PROVIDERS WITH SPECIALTY 017, 032 OR 179.	
PROCEDURES MONITORED:	REVENUE CODE 180	
ESC EOB:	0656 – MAXIMUM OF 15 NON-HOSPITAL RESERVE DAYS ALLOWED PER MEMBER, PER PROVIDER, PER CALENDAR YEAR.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6762, VERIFY THE DATES OF SERVICE, REVENUE CODE, AND NUMBER OF DAYS WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	CHECK RELATED HISTORY TO DETERMINE IF 15 NON-HOSPITAL RESERVE DAYS HAVE BEEN PAID FOR CALENDAR YEAR:	
	IF THE MAXIMUM IN THE HISTORY PLUS CURRENT CLAIM HAS NOT BEEN EXCEEDED, OVERRIDE THE ESC.	
	IF HISTORY INDICATES THE LIMIT OF 15 NON-HOSPITAL RESERVE DAYS HAS NOT BEEN EXCEEDED, BUT LIMIT WOULD BE EXCEEDED IF ALL DAYS BILLED ON CURRENT CLAIM WERE PAID, THEN DENY THE CURRENT CLAIM WITH EOB 0656.	
	IF HISTORY INDICATES 15 NON-HOSPITAL RESERVE DAYS PREVIOUSLY PAID FOR CALENDAR YEAR, DENY WITH EOB 0656.	

	NOTE: AN ABSENCE MAY SPAN TWO MONTHS. NOTE: THIS AUDIT CREATED UNDER CHANGE ORDER 11913 NOTE: THIS AUDIT WAS INACTIVATED UNDER CO 16078.

2.441 6763 (FORMER LEGACY AUDIT N/A)

DMS APPROVED: 04/02/2009		
ESC 6763 (FORMER LEGACY AUDIT N/A)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
MAXIMUM OF 45 HOSPITAL RESERVE DAYS PER MEMBER PER PROVIDER, PER CALENDAR YEAR	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, REVENUE CODE, DOS, TYPE OF BILL,
ESC TYPE: LIMIT	**C/T:**	L (PT 12)
EFFECTIVE WITH DATES OF SERVICE JULY 1, 2005, ESC 6025 WILL SUSPEND A NURSING FACILITY CLAIM WHEN THE MAXIMUM OF 45 TOTAL HOSPITAL RESERVE DAYS (REVENUE CODE 185) HAS BEEN EXCEEDED FOR CALENDAR YEAR.		
ESC CRITERIA:	SAME PROVIDER SAME MEMBER	
	THIS ESC ONLY APPLIES TO PROVIDERS WITH SPECIALTY 017, 032 OR 179.	
PROCEDURES MONITORED:	REVENUE CODE 185	
ESC EOB:	0657 – MAXIMUM OF 45 HOSPITAL RESERVE DAYS ALLOWED PER MEMBER, PER PROVIDER, PER CALENDAR YEAR	
PROCESSING INSTRUCTIONS:	1. WHEN A CLAIM FAILS ESC 6763, VERIFY THE DATES OF SERVICE, REVENUE CODE, AND NUMBER OF DAYS WERE KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	2. CHECK RELATED HISTORY TO DETERMINE IF 45 TOTAL HOSPITAL RESERVE DAYS HAVE BEEN PAID FOR CALENDAR YEAR.	
	3. IF THE MAXIMUM IN THE HISTORY PLUS CURRENT CLAIM HAS NOT BEEN EXCEEDED, OVERRIDE THE ESC.	
	4. IF HISTORY INDICATES THE LIMIT OF 45 TOTAL HOSPITAL RESERVE DAYS HAS NOT BEEN EXCEEDED, BUT LIMIT WOULD BE EXCEEDED IF ALL DAYS BILLED ON CURRENT CLAIM WERE PAID, THEN DENY THE CURRENT CLAIM WITH EOB 0657.	
	5. IF HISTORY INDICATES 45 HOSPITAL RESERVE DAYS PREVIOUSLY **PAID** FOR CALENDAR YEAR, DENY THE ESC WITH EOB 0657.	

DMS APPROVED: 04/02/2009	
	NOTE: AN ABSENCE MAY SPAN TWO MONTHS. NOTE: THIS AUDIT CREATED UNDER CHANGE ORDER 11913

2.442 6764

DMS LAST APPROVED: 04/27/2012		
ESC 6764	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE CODE S0612 LIMITED TO ONE (1) PER 12 MONTHS	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE
ESC TYPE: LIMIT	**C/T:**	M (32)
EFFECTIVE 01/01/2009 IF A FAMILY PLANNING PROVIDER BILLS FOR MORE THAN ONE (1) ANNUAL GYNECOLOGICAL EXAMINATION (PROCEDURE CODE S0612) IN A TWELVE (12) MONTH TIME PERIOD FOR THE SAME MEMBER, AUDIT 6764 WILL FAIL PER DEFECT 11913.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER	
PROCEDURES MONITORED:	S0612	
ESC EOB:	6764 – PROCEDURE CODE LIMITED TO 1 PER 12 MONTHS PER MEMBER, PER PROVIDER.	
PROCESSING INSTRUCTIONS:	1. VERIFY DATE OF SERVICE, PROCEDURE CODE, MEMBER ID AND PROVIDER NUMBER WERE KEYED CORRECTLY. 2. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR. 3. IF DATA WAS KEYED CORRECTLY, DENY THE DETAIL WITH EOB 6764.	

2.443 6765

DMS LAST APPROVED: 04/27/2012		
ESC 6765	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
AN INITIAL VISIT CODE IS LIMITED TO ONE (1) PER 36 MONTHS	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE
ESC TYPE: LIMIT	**C/T:**	M (32)
EFFECTIVE 01/01/2009 IF A FAMILY PLANNING PROVIDER BILLS FOR MORE THAN ONE INITIAL OFFICE VISIT IN A THIRTY-SIX (36) MONTH TIME PERIOD FOR THE SAME MEMBER, AUDIT 6765 WILL FAIL PER DEFECT 11914.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER	
PROCEDURES MONITORED:	S0610, 99201, 99202	
ESC EOB:	6765 – INITIAL VISIT LIMITED TO ONE PER MEMBER, PER PROVIDER, PER 36 MONTHS.	
PROCESSING INSTRUCTIONS:	1. VERIFY DATE OF SERVICE, PROCEDURE CODE, MEMBER ID AND PROVIDER NUMBER WERE KEYED CORRECTLY. 2. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR. 3. IF DATA WAS KEYED CORRECTLY, DENY THE DETAIL WITH EOB 6765.	

2.444 6766 (FORMER LEGACY AUDIT N/A)

DMS APPROVED: 02/04/2012		
ESC 6766 (FORMER LEGACY AUDIT N/A)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
MAXIMUM OF 15 CONSECUTIVE HOSPITAL RESERVE DAYS PER MEMBER PER PROVIDER	**CLAIM FIELD LABEL:**	MEMBER ID, REVENUE CODE, DOS
ESC TYPE: LIMIT	**C/T:**	L (PT12)
EFFECTIVE WITH DATE OF SERVICE JULY 1, 2005, ESC 6766 WILL SUSPEND A NURSING FACILITY CLAIM WHEN THE MAXIMUM OF 15 CONSECUTIVE HOSPITAL RESERVE DAYS (REVENUE CODE 185) HAS BEEN EXCEEDED.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER THIS ESC ONLY APPLIES TO PROVIDERS WITH SPECIALTY 017, 031, 032 OR 179.	
PROCEDURES MONITORED:	REVENUE CODE 185	
ESC EOB:	6766 – MAXIMUM OF 15 CONSECUTIVE HOSPITAL RESERVE DAYS ALLOWED PER MEMBER.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6766 VERIFY THE MEMBER ID, DATES OF SERVICE, REVENUE CODE, AND NUMBER OF DAYS WERE KEYED CORRECTLY. IF THE ABOVE FIELDS WERE NOT KEYED CORRECTLY DATA CORRECT EACH FIELD IN ERROR. IF THE ABOVE FIELDS WERE KEYED CORRECTLY, DENY THE DETAIL WITH EOB 6766.	
	NOTE: THIS AUDIT CREATED UNDER CHANGE ORDER 16078	

2.445 6767

DMS Approved 8/5/2009		
ESC 6767	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PROCEDURE CODE LIMITED 2/TOOTH/LIFETIME	**FIELD NAME:**	PROCEDURE, DOS, MAID
	FIELD SIZE:	5, 8, 10
	C/T:	D (PT 31, 35, 60, 61), I (PT 01), M (PT 36), O (PT 01)
PROCEDURE CODE LIMITED 2/TOOTH/LIFETIME		
AUDIT CRITERIA:	SAME MEMBER SAME TOOTH SAME OR DIFFERENT PROVIDER	
PROCEDURES MONITORED:	D2934	
AUDIT EOB:	6767 – PROCEDURE CODE LIMITED 2/TOOTH/LIFETIME/MEMBER	
PROCESSING INSTRUCTIONS:	VERIFY THAT THE MAID, PROVIDER NUMBER, DATES OF SERVICE, AND PROCEDURE CODE AND TOOTH NUMBER WERE KEYED CORRECTLY. IF NOT, CORRECT THE FIELDS IN ERROR.	
	IF ALL DATA WAS KEYED CORRECTLY, DENY THE CLAIM WITH EOB 6767.	

2.446 6768

DMS LAST APPROVED: 04/27/2012		
ESC 6768 (AUDIT EFFECTIVE 5/1/2009)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
A4230 AND A4231 LIMITED TO 16 UNITS PER CALENDAR MONTH	**CLAIM FIELD LABEL:**	MAID, PROCEDURE, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 90)
FAILS ESC 6768 IF THE CALENDAR MONTH LIMITATION OF SIXTEEN (16) UNITS IS EXCEEDED UNLESS A PRIOR AUTHORIZATION IS ON FILE PER CO 12006. IF A MATCHING PRIOR AUTHORIZATION IS ON FILE FOR ONE OF THESE PROCEDURE CODES, THE APPROVED UNITS ON THE PRIOR AUTHORIZATION IS CONSIDERED THE CALENDAR MONTH LIMIT.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME CALENDAR MONTH	
PROCEDURES MONITORED:	A4230, A4231	
ESC EOB:	0795 – CLAIM/DETAIL REQUIRES PRIOR AUTHORIZATION. THE MONTHLY (CALENDAR MONTH) LIMITATION FOR THIS PROCEDURE CODE HAS BEEN EXCEEDED.	
PROCESSING INSTRUCTIONS:	1. VERIFY THE PROCEDURE CODE, MEMBER ID, DATES OF SERVICE AND PRIOR AUTHORIZATION NUMBER WERE KEYED CORRECTLY. 2. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR. 3. IF DATA IS KEYED CORRECTLY, DENY THE DETAIL WITH EOB 0795.	

2.447 6769 (FORMER LEGACY AUDIT 623)

DMS APPROVED: 5/21/2009		
ESC 6769 (FORMER LEGACY AUDIT 623 LIMITATION)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
EACH MEMBER IS ALLOWED FOURTEEN (14) SINGLE INTRAORAL PERIAPICAL RADIOGRAPHS PER 12 MONTHS PER PROVIDER	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER, PROCEDURE, UNITS, DOS
ESC TYPE:	**C/T:**	D, M (PT 13, 22, 31, 35, 64, 65)
IF A PROVIDER BILLS FOR MORE THAN 14 INTRAORAL PERIAPICAL RADIOGRAPHS PER 12 MONTHS FOR A MEMBER, THE CLAIM EXCEEDING THE LIMIT WILL FAIL ESC 6061.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER **<u>EXCEPTIONS</u>** EFFECTIVE DOS 9/30/06 AND AFTER, FOR P/T 31, 35, 60, AND 61 X-RAYS BILLED WITH THE FOLLOWING PROCEDURE CODES ON SAME DOS ARE EXCLUDED PER CO911: D0140, D3310, D3320, D3330, D3410, D3421, D3425, D3426, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7260, D7280, D7410, D7510, D7910, D9110	
PROCEDURES MONITORED:	D0220	70300
	D0230	
ESC EOB:	0623 – MEMBER ALLOWED 14 SINGLE INTRAORAL PERIAPICAL RADIOGRAPHS PER 12 MONTHS PER PROVIDER.	
PROCESSING INSTRUCTIONS:	WHEN A CLAIM FAILS ESC 6769, VERIFY THE MEMBER ID, PROVIDER NUMBER, DATE OF SERVICE, AND UNITS HAVE BEEN KEYED CORRECTLY. IF DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF THE CLAIM HAS A BILLING PROVIDER TYPE OF 64 OR 65 (PHYSICIAN/PHYSICIAN CLINIC) AND THE PROCEDURE CODE IS **NOT** 70300, FORCE THE AUDIT.	
	IF RELATED HISTORY INDICATES ONE OF THE MONITORED PROCEDURES HAS BEEN PAID ON THE SAME DATE OF SERVICE AS ONE OF THE EXCLUDED	

DMS APPROVED: 5/21/2009	
	PROCEDURE CODES DO NOT COUNT TOWARD ESC LIMIT.
	IF RELATED HISTORY INDICATES PAYMENT FOR THE MONITORED PROCEDURES 14 TIMES WITHIN THE LAST 12 MONTHS, DENY THE CURRENT CLAIM.
	IF RELATED HISTORY DOES NOT INDICATE PAYMENT FOR THE MONITORED PROCEDURES 14 TIMES IN THE LAST 12 MONTHS, OVERRIDE THE ESC.
	IF DATE OF SERVICE ON THE CURRENT CLAIM IS EXACTLY ONE YEAR FROM A RELATED HISTORY CLAIM (EXAMPLE: 05/01/84 AND 05/01/85), OVERRIDE THE ESC.
	THIS ESC REPLACES ESC 6061 PER CHANGE ORDER 11558, AND PAGE LAST UPDATED 06/12/2009.

2.448 6770

DMS Approved 8/6/2009		
ESC 6770 EXTRACTION PROCEDURES ARE LIMITED TO 3 PER TOOTH PER LIFETIME	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT,CAPITATION, AND ENCOUNTER
LIMITATION	**CLAIM FIELD LABEL:**	
ESC TYPE: LIMIT	**C/T:**	D (PT 31, 35, 60, 61)
EXTRACTIONS LIMIT EXCEEDS 3/TOOTH/LIFETIME.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER LIMITED TO 3 EXTRACTIONS PER TOOTH NUMBER SAME OR DIFFERENT PROCEDURE	
PROCEDURES MONITORED:	D7210	D7241
	D7220	D7280
	D7230	D7111
	D7240	D7140
ESC EOB:	6770 – EXTRACTIONS LIMITED TO 3 PER LIFETIME PER TOOTH.	
PROCESSING INSTRUCTIONS:	VERIFY THE MEMBER NUMBER, PROCEDURE CODE, AND TOOTH NUMBER ARE KEYED CORRECTLY. IF KEYED INCORRECTLY DATA CORRECT EACH FIELD IN ERROR.	
	IF THE CLAIM IS KEYED CORRECTLY DENY THE DETAIL WITH EOB CODE 6770.	

2.449 6771

DMS LAST APPROVED: 04/27/2012		
ESC 6771 (AUDIT EFFECTIVE 8/1/2009)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
L8501 LIMITED TO 6 PER CALENDAR YEAR	**CLAIM FIELD LABEL:**	MAID, PROCEDURE, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 90)
FAILS ESC 6771 IF THE CALENDAR YEAR LIMITATION OF SIX (6) UNITS IS EXCEEDED UNLESS A PRIOR AUTHORIZATION IS ON FILE PER CO 12271. IF A MATCHING PRIOR AUTHORIZATION IS ON FILE FOR PROCEDURE CODE L8501 ESC 6771 WILL NOT FAIL.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME CALENDAR YEAR	
PROCEDURES MONITORED:	L8501	
ESC EOB:	0796 – CLAIM/DETAIL REQUIRES PRIOR AUTHORIZATION. THE ANNUAL (CALENDAR YEAR) LIMITATION FOR THIS PROCEDURE CODE HAS BEEN EXCEEDED.	
PROCESSING INSTRUCTIONS:	1. VERIFY THE PROCEDURE CODE, MEMBER ID, DATES OF SERVICE AND PRIOR AUTHORIZATION NUMBER WERE KEYED CORRECTLY. 2. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR. 3. IF DATA IS KEYED CORRECTLY, DENY THE DETAIL WITH EOB 0795.	

2.450 6774

DMS LAST APPROVED: 04/27/2012		
ESC 6774 (AUDIT EFFECTIVE 8/1/2010)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
PURCHASE OF K0001 IS LIMITED TO 1 EVERY 5 YEARS	**CLAIM FIELD LABEL:**	MAID, PROCEDURE, DOS
ESC TYPE: LIMIT	**C/T:**	M (PT 90)
FAILS ESC 6774 IF THE LIMITATION OF ONE (1) PURCHASE OF PROCEDURE CODE K0001 EVERY FIVE (5) YEARS IS EXCEEDED, UNLESS A PRIOR AUTHORIZATION IS ON FILE PER CO 14322. IF A MATCHING PRIOR AUTHORIZATION IS ON FILE FOR PROCEDURE CODE K0001 ESC 6774 WILL NOT FAIL.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER 1 EVERY 5 YEARS (60 MONTHS)	
PROCEDURES MONITORED:	K0001	
ESC EOB:	0795 – CLAIM/DETAIL REQUIRES PRIOR AUTHORIZATION. THE MONTHLY (CALENDAR MONTH) LIMITATION FOR THIS PROCEDURE CODE HAS BEEN EXCEEDED.	
PROCESSING INSTRUCTIONS:	1. VERIFY THE PROCEDURE CODE, MEMBER ID, DATES OF SERVICE AND PRIOR AUTHORIZATION NUMBER WERE KEYED CORRECTLY. 2. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR. 3. IF DATA IS KEYED CORRECTLY, DENY THE DETAIL WITH EOB 0795.	

2.451 6775

DMS LAST APPROVED: 04/27/2012		
ESC 6775 (AUDIT EFFECTIVE 7/1/2010)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
SOME DME SERVICES LIMITED TO 10 MONTH RENTAL	**CLAIM FIELD LABEL:**	MAID, PROCEDURE, MODIFIER
ESC TYPE: LIMIT	**C/T:**	M (PT 90)
WHEN A DME HCPCS PROCEDURE CODE WITH MODIFIER RR IS BILLED FOR TEN (10) CONSECUTIVE MONTHS FAIL ESC 6775. THE SERVICE IS CONSIDERED TO BE PURCHASED AND IS NOT SUBJECT TO FURTHER REIMBURSEMENT PER CO 14316.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME DME PROCEDURE CODE MODIFIER RR NOTE: PROCEDURE CODES BILLED WITH MODIFER COMBINATION RR AND EJ WILL BYPASS THIS AUDIT. THIS MODIFIER COMBINATION DENOTES THAT THE ITEM CANNOT BE PURCHASE.	
PROCEDURES MONITORED:	B9002 – B9006, E0193 – E2231	
ESC EOB:	9998 – CLAIM WAS PRICED IN ACCORDANCE WITH CURRENT KENTUCKY HEALTH COVERAGE PROGRAM POLICIES.	
PROCESSING INSTRUCTIONS:	1. VERIFY THE PROCEDURE CODE, MEMBER ID, DATES OF SERVICE AND PRIOR AUTHORIZATION NUMBER WERE KEYED CORRECTLY. 2. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR. 3. IF DATA IS KEYED CORRECTLY, DENY THE DETAIL WITH EOB 9998.	
	ALL REGIONS ARE SET TO DENY.	

2.452 6776

DMS LAST APPROVED: 04/27/2012		
ESC 6776 (AUDIT EFFECTIVE 7/1/2010)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
DME SERVICES LIMITED TO 1 PER MONTH (RENTAL/PURCHASE)	**CLAIM FIELD LABEL:**	MAID, PROCEDURE, MODIFIER
ESC TYPE: LIMIT	**C/T:**	M (PT 90)
FAILS ESC 6776 IF THE SAME DME HCPCS PROCEDURE CODE IS BILLED AS RENTAL (MODIFIER RR) AND PURCHASE IN THE SAME MONTH, SAME MEMBER PER CO 14316.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME DME PROCEDURE CODE SAME MONTH	
PROCEDURES MONITORED:	B9002 – B9006, E0193 – E2231	
ESC EOB:	9998 – CLAIM WAS PRICED IN ACCORDANCE WITH CURRENT KENTUCKY HEALTH COVERAGE PROGRAM POLICIES.	
PROCESSING INSTRUCTIONS:	1. VERIFY THE PROCEDURE CODE, MEMBER ID, DATES OF SERVICE AND PRIOR AUTHORIZATION NUMBER WERE KEYED CORRECTLY. 2. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR. 3. IF DATA IS KEYED CORRECTLY, DENY THE DETAIL WITH EOB 9998.	
	ALL REGIONS WITH THE EXCEPTION OF 90 ARE SET TO DENY.	

2.453 6777

DMS LAST APPROVED: 04/27/2012		
ESC 6777 (AUDIT EFFECTIVE 8/1/2010)	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
DME PURCHASE REDUCED BY CONSECUTIVE RENTAL	**CLAIM FIELD LABEL:**	MAID, PROCEDURE, MODIFIER
ESC TYPE: LIMIT	**C/T:**	M (PT 90)
FAILS ESC 6777 IF THE SAME DME HCPCS PROCEDURE CODE IS BILLED AS PURCHASE PRIOR TO THE 10TH CONSECUTIVE MONTH OF RENTAL. THE RENTAL REIMBURSEMENT AMOUNT WILL BE DEDUCTED FROM THE PURCHASE ALLOWED AMOUNT PER CO 14327.		
ESC CRITERIA:	SAME MEMBER SAME OR DIFFERENT PROVIDER SAME DME PROCEDURE CODE NOTE: EXCLUDES RENTAL PROCEDURE CODES THAT REQUIRE PA AND PROCEDURE CODES BILLED WITH MODIFIER COMBINATION RR AND EJ.	
PROCEDURES MONITORED:	B9002 – B9006, E0193 – E2231	
ESC EOB:	9998 – CLAIM WAS PRICED IN ACCORDANCE WITH CURRENT KENTUCKY HEALTH COVERAGE PROGRAM POLICIES.	
PROCESSING INSTRUCTIONS:	NONE THIS IS A CUTBACK AUDIT.	

2.454 6778 (FORMER LEGACY AUDIT 598)

DMS LAST APPROVED: 03/26/2012		
ESC 6778 (FORMER LEGACY AUDIT 598 LIMITATION) EFFECTIVE 10/1/2010 PER CO 15862	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
ONLY ONE 'E AND M' CODE ALLOWED PER DATE OF SERVICE	**CLAIM FIELD LABEL:**	PROCEDURE, DOS, MEMBER ID, PROVIDER
ESC TYPE: LIMIT	**C/T:**	M (PT 13, 31, 35, 85)
IF A PROVIDER BILLS FOR MORE THAN ONE 'E AND M' PROCEDURE CODE FOR THE SAME MEMBER ON THE SAME DATE OF SERVICE, CLAIM WILL FAIL ESC 6778.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	99201 THRU 99291 99293 THRU 99353 99358 THRU 99364 99368 THRU 99456 NOTE: PROCEDURE CODES 99366 AND 99367 REMOVED FROM MONITORED PROCEDURE CODES DUE TO CO11210.	
ESC EOB:	0598 –ONLY ONE 'E AND M' CODE ALLOWED PER DATE OF SERVICE.	
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE, DATE OF SERVICE, MEMBER ID, AND PROVIDER NUMBER WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF DATA IS KEYED CORRECTLY, DENY THE DETAIL WITH EOB 0598.	

2.455 6779 (FORMER LEGACY AUDIT 598)

DMS LAST APPROVED: 03/26/2012		
ESC 6779 (FORMER LEGACY AUDIT 598 LIMITATION) EFFECTIVE 10/1/2010 PER CO 15862 END DATED 1/31/2011 PER CO 15546	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
ONLY ONE 'E AND M' CODE ALLOWED PER DATE OF SERVICE	**CLAIM FIELD LABEL:**	PROCEDURE, DOS, MEMBER ID, PROVIDER
ESC TYPE: LIMIT	**C/T:**	M (PT 20, 64, 65, 78)
IF A PROVIDER BILLS FOR MORE THAN ONE 'E AND M' PROCEDURE CODE FOR THE SAME MEMBER ON THE SAME DATE OF SERVICE, CLAIM WILL FAIL ESC 6779.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	99201 THRU 99291 99293 THRU 99353 99358 THRU 99364 99368 THRU 99406 99408 THRU 99456 NOTE: PROCEDURE CODES 99366 AND 99367 REMOVED FROM MONITORED PROCEDURE CODES DUE TO CO11210. NOTE: PROCEDURE CODE 99407 REMOVED FROM MONITORED PROCEDURE CODES PER CO 15862.	
ESC EOB:	0598 –ONLY ONE 'E AND M' CODE ALLOWED PER DATE OF SERVICE.	
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE, DATE OF SERVICE, MEMBER ID, AND PROVIDER NUMBER WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF DATA IS KEYED CORRECTLY, DENY THE DETAIL WITH EOB 0598.	

2.456 6780 (FORMER LEGACY AUDIT 598)

DMS LAST APPROVED: 03/26/2012		
ESC 6780 (FORMER LEGACY AUDIT 598 LIMITATION) EFFECTIVE 2/1/2011 PER CO 15546	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
ONLY ONE 'E AND M' CODE ALLOWED PER DATE OF SERVICE	**CLAIM FIELD LABEL:**	PROCEDURE, DOS, MEMBER ID, PROVIDER
ESC TYPE: LIMIT	**C/T:**	M (PT 64, 65, 78)
IF A PROVIDER BILLS FOR MORE THAN ONE 'E AND M' PROCEDURE CODE FOR THE SAME MEMBER ON THE SAME DATE OF SERVICE, CLAIM WILL FAIL ESC 6780.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	99201 THRU 99291 99293 THRU 99353 99358 THRU 99364 99368 THRU 99406 99408 THRU 99456 NOTE: PROCEDURE CODES 99366 AND 99367 REMOVED FROM MONITORED PROCEDURE CODES DUE TO CO11210. NOTE: PROCEDURE CODE 99407 REMOVED FROM MONITORED PROCEDURE CODES PER CO 15862. NOTE: EFFECTIVE 2/1/2011 PT 20 REMOVED FROM AUDIT PER CO 15546. SEE AUDIT 6781 FOR PT 20.	
ESC EOB:	0598 –ONLY ONE 'E AND M' CODE ALLOWED PER DATE OF SERVICE.	
PROCESSING INSTRUCTIONS:	VERIFY THE PROCEDURE CODE, DATE OF SERVICE, MEMBER ID, AND PROVIDER NUMBER WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR.	
	IF DATA IS KEYED CORRECTLY, DENY THE DETAIL WITH EOB 0598.	

2.457 6781 (FORMER LEGACY AUDIT 598)

DMS LAST APPROVED: 03/26/2012		
ESC 6781 (FORMER LEGACY AUDIT 598 LIMITATION) EFFECTIVE 2/1/2011 PER CO 15546	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
ONLY ONE 'E AND M' CODE ALLOWED PER DATE OF SERVICE	**CLAIM FIELD LABEL:**	PROCEDURE, DOS, MEMBER ID, PROVIDER
ESC TYPE: LIMIT	**C/T:**	M (PT 20)
IF A PROVIDER BILLS FOR MORE THAN ONE 'E AND M' PROCEDURE CODE FOR THE SAME MEMBER ON THE SAME DATE OF SERVICE, CLAIM WILL FAIL ESC 6781.		
ESC CRITERIA:	SAME MEMBER SAME PROVIDER SAME DATE OF SERVICE	
PROCEDURES MONITORED:	99201 THRU 99291 99293 THRU 99353 99358 THRU 99364 99368 THRU 99406 99408 THRU 99456 NOTE: PROCEDURE CODES 99366 AND 99367 REMOVED FROM MONITORED PROCEDURE CODES DUE TO CO11210. NOTE: PROCEDURE CODE 99407 REMOVED FROM MONITORED PROCEDURE CODES PER CO 15862. NOTE: PROCEDURE CODE 99201 – 99215 APPENDED WITH MODIFIER 25 AND PROCEDURE CODE IN RANGE 99381 – 99397 ARE ALLOWED ON THE SAME DATE OF SERVICE PER CO 15546. SEE PROCESSING INSTRUCTIONS.	
ESC EOB:	0598 –ONLY ONE 'E AND M' CODE ALLOWED PER DATE OF SERVICE.	

PROCESSING INSTRUCTIONS:	1. VERIFY THE PROCEDURE CODE, DATE OF SERVICE, MEMBER ID, AND PROVIDER NUMBER WERE KEYED CORRECTLY. IF THE DATA WAS KEYED INCORRECTLY, DATA CORRECT EACH FIELD IN ERROR. 2. IF CURRENT DETAIL PROCEDURE CODE IS IN RANGE 99201 THRU 99215, APPENDED WITH MODIFIER 25, AND RELATED HISTORY INDICATES PROCEDURE CODE IS IN RANGE 99381 THRU 99397, OVERRIDE THE AUDIT. IF RELATED HISTORY SHOWS A PROCEDURE CODE IN RANGE 99201 THRU 99215, APPENDED WITH MODIFIER 25, HAS BEEN PAID FOR THE DOS, DENY CURRENT DETAIL. ALLOW ONLY ONE PROCEDURE CODE IN RANGE 99201 THRU 99215 APPENDED WITH MODIFIER 25 PER DOS. 3. IF CURRENT DETAIL PROCEDURE CODE IS IN RANGE 99201 THRU 99215, AND MODIFIER 25 **IS NOT** PRESENT, AND RELATED HISTORY INDICATES ONE OF THE PROCEDURE CODES IN RANGE 99381 THRU 99397, DENY THE DETAIL WITH EOB 0598. 4. IF CURRENT DETAIL PROCEDURE CODE IS IN RANGE 99381 THRU 99397AND RELATED HISTORY INDICATES PROCEDURE CODE IS IN RANGE 99201 THRU 99215 AND MODIFIER 25 IS PRESENT, OVERRIDE THE AUDIT. IF RELATED HISTORY SHOWS A PROCEDURE CODE IN RANGE 99385 THRU 99397 HAS BEEN PAID FOR THE DOS, DENY CURRENT DETAIL. ALLOW ONLY ONE PROCEDURE CODE IN RANGE 99381 THRU 99397 PER DOS. 5. IF CURRENT DETAIL PROCEDURE CODE IS IN RANGE 99381 THRU 99397AND RELATED HISTORY INDICATES PROCEDURE CODE IS IN RANGE 99201 THRU 99215 AND MODIFIER 25 **IS NOT** PRESENT, DENY THE DETAIL WITH EOB 0598. 6. IF ‘E AND M’PROCEDURE CODE IS IN RANGE 99201 – 99215 AND 99381 – 99397 AND ARE BILLED ON THE SAME CLAIM OR SUSPEND CURRENT TO CURRENT, A. IF PROCEDURE CODE IN RANGE 99201 – 99215 IS APPENDED WITH MODIFIER 25, OVERRIDE BOTH DETAILS. B. IF PROCEDURE CODE IN RANGE 99201 – 99215 IS NOT APPENDED WITH MODIFIER 25, DENY THE DETAIL WITH EOB 0598 AND OVERRIDE DETAIL WITH PROCEDURE CODE IN RANGE 99381 – 99397. 7. IF MORE THAN ONE OF THE MONITORED PROCEDURES ARE BILLED ON THE SAME DATE OF SERVICE AND STEPS 1 THRU 6 DO NOT APPLY, DENY DETAIL EXCEEDING THE LIMITATION OF ONE ‘E AND M’ PROCEDURE PER DOS WITH EOB 0598.

2.458 7500 (FORMER LEGACY AUDIT 232)

DMS LAST APPROVED: 01/26/96			
ERROR STATUS CODE:	7500 (FORMER LEGACY EDIT 232)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
DATA CORRECTABLE:	YES	**FIELD NAME:**	BPROV

ESC NAME:	BILLING PROVIDER ON PREPAYMENT REVIEW
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE BILLING PROVIDER HAS AN ENTRY IN THE RESTRICTED SERVICES TABLE, POST THE EDIT. IF ON THE RESTRICTED SERVICES TABLE AND THE NDC HAS A RESTRICTION OR A GENERIC, POST THE EDIT. IF THE BILLING PROVIDER HAS AN ENTRY IN THE RESTRICTED SERVICES TABLE, POST THE EDIT. IF ON THE RESTRICTED SERVICES TABLE AND THE NDC HAS A RESTRICTION OR A GENERIC, POST THE EDIT. VERIFIES THE BILLING PROVIDER IS CURRENTLY ON REVIEW USING THE MASTER PROVIDER FILE TO SUSPEND.
EOB CODES:	0232 – CLAIM/DETAIL DENIED. ACTION REASON CODE INDICATES PROVIDER IS ON REVIEW. 0029 – CLAIM REQUIRES DOCUMENTATION. PLEASE RESUBMIT ON PAPER MEDIA.
METHOD OF CORRECTION:	1. VERIFY THAT THE PROVIDER NUMBER WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF KEYED CORRECTLY, FORWARD TO THE PRIOR AUTHORIZATION ANALYST.
	3. IF THE CLAIM IS BILLED ON THE ELECTRONIC TYPE OF DOCUMENT, DENY THE CLAIM WITH EOB 029.
	PRIOR AUTHORIZATION ANALYST:
	1. AFTER REVIEWING CLAIM FOR ESTABLISHED CRITERIA, DETERMINE IF CLAIM IS PAYABLE OR NOT. IF CLAIM IS PAYABLE, OVERRIDE THE EDIT.
	2. IF CLAIM IS NOT PAYABLE, DENY THE CLAIM WITH EOB 0232.

2.459 ESC 7509 (FORMER LEGACY AUDIT 232)

DMS LAST APPROVED: 01/26/96			
ERROR STATUS CODE:	7509 (FORMER LEGACY EDIT 232)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
DATA CORRECTABLE:	YES	**FIELD NAME:**	BPROV
ESC NAME:	RENDERING PROVIDER ON PREPAYMENT REVIEW		
ESC CRITERIA:	IF THE STATUS FIELD ON THE PROVIDER RESTRICTED SERVICES MAINTENANCE WINDOW EQUALS A, THE CLAIM TYPE ON THE WINDOW IS BLANK OR IS EQUAL TO CLAIM TYPE BEING PROCESSED, THE DETAIL FROM DATE OF SERVICE IS EQUAL TO OR GREATER THAN THE EFFECTIVE DATE AND EQUAL TO OR LESS THAN THE END DATE, THE PLACE OF SERVICE ON THE WINDOW IS BLANK OR IS EQUAL TO THE PLACE OF SERVICE ON THE CLAIM, THE IN/EXC INDICATOR ON THE WINDOW IS EQUAL TO I, AND THE PROCEDURE CODE, REVENUE CODE, OR NDC CODE ON THE CLAIM FALLS WITHIN THE APPROPRIATE RANGE, THE MODIFIER ON THE WINDOW IS BLANK OR IS EQUAL TO EITHER THE FIRST, SECOND, OR THIRD MODIFIER ON THE CLAIM, POST THE EDIT. SPECIAL CONSIDERATIONS FOR PROCEDURE, NDC, AND REVENUE CODE: IF THE CLAIM TYPE BEING PROCESSED EQUALS MEDICAL (M), DENTAL (D), OR HOME HEALTH (H), IT SHOULD BE ASSUMED THAT THE PROVIDER WOULD BE RESTRICTED BY A FIVE-DIGIT PROCEDURE CODE. IF THE CLAIM TYPE EQUAL INPATIENT (I), NURSING HOME (L), OR OUTPATIENT (O) IT SHOULD BE ASSUMED THAT THE PROVIDER WOULD BE RESTRICTED BY A THREE-DIGIT REVENUE CODE. IF THE CLAIM TYPE EQUAL PHARMACY (P) IT SHOULD BE ASSUMED THAT THE PROVIDER WOULD BE RESTRICTED BY AN 11-DIGIT NDC. IF THE IN/EXC INDICATOR IS EQUAL TO E, AND THE PROCEDURE CODE, REVENUE CODE, OR NDC CODE ON THE CLAIM FALLS WITHIN THE APPROPRIATE RANGE, BYPASS THIS EDIT. IF THE STATUS FIELD IS I IT INDICATES THAT THE RESTRICTION IS NO LONGER IN EFFECT FOR THE PROVIDER.		

LEGACY CRITERIA:	THE CLAIM SHOULD BYPASS THE EDIT. VERIFIES THE BILLING PROVIDER IS CURRENTLY ON REVIEW USING THE MASTER PROVIDER FILE TO SUSPEND.
EOB CODES:	0232 – CLAIM/DETAIL DENIED. ACTION REASON CODE INDICATES PROVIDER IS ON REVIEW. 0029 – CLAIM REQUIRES DOCUMENTATION. PLEASE RESUBMIT ON PAPER MEDIA.
METHOD OF CORRECTION:	VERIFY THAT THE PROVIDER NUMBER WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF KEYED CORRECTLY, FORWARD TO THE PRIOR AUTHORIZATION ANALYST.
	IF THE CLAIM IS BILLED ON THE ELECTRONIC TYPE OF DOCUMENT, DENY THE CLAIM WITH EOB 029.
	PRIOR AUTHORIZATION ANALYST: 1. AFTER REVIEWING CLAIM FOR ESTABLISHED CRITERIA, DETERMINE IF CLAIM IS PAYABLE OR NOT. IF CLAIM IS PAYABLE, OVERRIDE THE EDIT.
	2. IF CLAIM IS NOT PAYABLE, DENY THE CLAIM WITH EOB 0232.

3 GMIS Codes

The following error status codes are GMIS codes, and may be found in the GMIS Claim Check User Manual.

7201	7202
7203	7204
7205	7206
7208	7209
7210	7211
7212	7213
7214	7215
7216	7217
7218	7219
7220	7221
7222	7223
7233	7234
7235	7237
7238	