

Indiana Medicaid Resolutions Manual

NAME: **6006 ONLY 1 NEW PATIENT VISIT PER THREE (3) YEARS (DTL)**

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

This limitation audit will set when more than one new patient examination per three (3) years, per provider.

CRITERIA:

When the same provider bills more than one unit of service of any of the configured procedure codes within the audit rules for the same member within a three (3) year period, set audit and cutback, as appropriate, to allowed amount with EOB 6006. 405 IAC 5-9-2 (b). Procedure code 2.

Provider specialties 140 (Podiatrist), 150 (Chiropractor), and 212 (CSHCS Care Coordinator) will bypass this audit.

DISPOSITION:

Note: EOB 9999 with a Do Not Post status is for internal system use only. This EOB is used to avoid potential system processing abends. This EOB is not posted on the RA and the disposition may be ignored.

Claim Type: 0 - All Claim Types **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	9999	PAY

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

Location	Region	EOB	Disposition
21	00	6006	PAY

Indiana Medicaid Resolutions Manual

21	91	6006	SUSPEND
----	----	------	---------

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6006	DENY
21	30	6006	PAY
21	32	6006	PAY
21	33	6006	PAY
21	34	6006	PAY
21	50	6006	PAY
21	56	6006	PAY
21	70	6006	PAY
21	72	6006	PAY
21	73	6006	PAY
21	74	6006	PAY
21	91	6006	SUSPEND

EOB: 6006 - NEW PATIENT VISITS ARE LIMITED TO ONE PER MEMBER, PER PROVIDER WITHIN THE LAST THREE YEARS.

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

EOB: 9999 - PROCESSED PER POLICY.

ARC Code	ARC Description	Effective Date	End Date
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835	19950101	22991231

Indiana Medicaid Resolutions Manual

Healthcare Policy
Identification
Segment (loop 2110
Service Payment
Information REF), if
present.

METHOD OF CORRECTION:

Full Failure:

Claims setting this audit will systematically deny when the entire detail exceeds the limit.

Cutback:

Claims setting this audit will systematically cutback to the approved number of units when partial units on the detail exceed the limit.

