

## **Indiana Medicaid Resolutions Manual**

**NAME:**                    **6012    MEDICAL SERVICES 30 PER YEAR**

**ERROR TYPE:**        Limit Audit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:**    Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

This limitation audit will set for prior authorization when a member receives more than 30 medical services in a rolling 12 month time span, per provider.

### **CRITERIA:**

When an excess of 30 medical services (see audit rules for list of codes applicable to this audit) are billed within a 12 month time span and an approved PA is not on file, set this audit with EOB 6012. Provider specialties 150 (Chiropractors) 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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	9999	PAY

**Claim Type:** M - Professional Claims

**Member Plan:** ALL    **Status:** Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
21	00	6012	PAY
21	52	6012	DENY
21	55	6012	DENY
21	64	6012	DENY
21	91	6012	SUSPEND

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**Claim Type:** M - Professional Claims

**Member Plan:** ALL **Status:** Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
21	00	6012	DENY
21	30	6012	PAY
21	32	6012	PAY
21	33	6012	PAY
21	34	6012	PAY
21	70	6012	PAY
21	72	6012	PAY
21	73	6012	PAY
21	74	6012	PAY
21	91	6012	SUSPEND

**EOB: 6012** - REIMBURSEMENT IS LIMITED TO 30 MEDICAL SERVICES PER MEMBER PER ROLLING CALENDAR YEAR, UNLESS PRIOR AUTHORIZATION FOR ADDITIONAL SERVICES HAS BEEN OBTAINED.

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

**EOB: 9999** - PROCESSED PER POLICY.

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

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

### **METHOD OF CORRECTION:**

Claims will systematically deny with EOB 6012 once the allowed amount of 30 visits has been exceeded. Related history can be viewed to retrieve the 30 visits paid.

