

Indiana Medicaid Resolutions Manual

NAME: **6195 FRAMES INITIAL OR REPAIR/REPLACEMENT 21 YRS OLDER**

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

This limitation audit will set when frame procedure codes are billed and paid to any provider more than once every five years for members age 21 or older.

CRITERIA:

When eyeglass frames (V2020 or V2025) exceed one within 5 years for members age 21 or older (any provider), suspend with ESC 6195. See related audit 6196.

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 | 6195 | PAY |
| 21 | 30 | 6195 | PAY |
| 21 | 32 | 6195 | PAY |
| 21 | 70 | 6195 | PAY |
| 21 | 72 | 6195 | PAY |

Indiana Medicaid Resolutions Manual

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

| Location | Region | EOB | Disposition |
|-----------------|---------------|------------|--------------------|
| 21 | 00 | 6195 | SUSPEND |
| 21 | 30 | 6195 | PAY |
| 21 | 32 | 6195 | PAY |
| 21 | 70 | 6195 | PAY |
| 21 | 72 | 6195 | PAY |

EOB: 6195 - FRAMES INITIAL OR REPAIR/REPLACEMENT- MEMBER OVER 21 YEARS OF AGE

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

| Remark Code | Remark Description | Effective Date | End Date |
|--------------------|-----------------------------------------------------------------------------------------------|-----------------------|-----------------|
| M86 | Service denied because payment already made for same/similar procedure within set time frame. | 19970101 | 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:

Claims will suspend for review. PA will not be considered to override the audit.

1. When the replacement is due to a prescription change:
 - If modifier SC is present in the modifier field, force the audit to pay.
2. When the replacement is due to glasses that have been lost, stolen, or broken beyond repair.
 - If modifier U8 is present in the modifier field, force the audit to pay.

