

## **Indiana Medicaid Resolutions Manual**

**NAME:**                    **6111    CHIROPRACTIC OFFICE VISITS LIMITED TO FIVE PER YEA**

**ERROR TYPE:**        Limit Audit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:**    N

**ALLOW DENIAL:** N

### **DESCRIPTION:**

This limitation audit will set when more than 5 office visits are billed by any provider specialty 150 (Chiropractor) for the same member within any calendar year.

### **CRITERIA:**

When a chiropractor bills an office visit (see procedure codes within the audit rules) and payment has been made to any provider for five office visits within the same calendar year, set this audit and cutback, as appropriate, to allowed amount with EOB 6111.

### **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	6111	PAY

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

Location	Region	EOB	Disposition
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21	00	6111	DENY
21	30	6111	PAY
21	32	6111	PAY
21	33	6111	PAY
21	34	6111	PAY
21	70	6111	PAY
21	72	6111	PAY
21	73	6111	PAY
21	74	6111	PAY

**EOB: 6111** - REIMBURSEMENT IS LIMITED TO FIVE CHIROPRACTIC OFFICE VISITS PER YEAR PER MEMBER. THIS MEMBER HAS RECEIVED THE MAXIMUM NUMBER ALLOWABLE.

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

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### **METHOD OF CORRECTION:**

#### **Full Failure:**

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

#### **Cutback:**

Claims setting this audit will systematically cutback to 5 units per calendar year.

