

Indiana Medicaid Resolutions Manual

NAME: **6091 ONE INITIAL OFFICE VISIT PER MEMBER -
PODIATRIS**

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: N

DESCRIPTION:

This limitation audit will set when the same provider (specialty 140) bills more than one (1) new patient office visit per 3 years, per member.

CRITERIA:

When a new patient evaluation and management visit (see procedure codes within the audit rules) is billed and payment has been made to the same podiatrist (specialty 140) during the last 3 years, set this audit and cutback, as appropriate, to allowed amount with EOB 6091.

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	6091	PAY
21	52	6091	PAY
21	55	6091	PAY
21	64	6091	PAY

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Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6091	DENY
21	30	6091	PAY
21	32	6091	PAY
21	33	6091	PAY
21	34	6091	PAY
21	52	6091	PAY
21	55	6091	PAY
21	64	6091	PAY
21	70	6091	PAY
21	72	6091	PAY
21	73	6091	PAY
21	74	6091	PAY

EOB: 6091 - NEW PATIENT PODIATRY OFFICE VISITS ARE REIMBURSED ONCE PER PROVIDER EVERY 3 YRS FOR A NEW PATIENT OFFICE VISIT.

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 Healthcare Policy Identification	19950101	22991231

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

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 the approved number of units allowed.

