

## Indiana Medicaid Resolutions Manual

**NAME:** 6150 OBSOLETE CONSULT BILLD 15 DYS BEFRE OR AFTR  
ANOTHE

**ERROR TYPE:** Contra Audit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** Y

**ALLOW DENIAL:** Y

### DESCRIPTION:

This contra-indicated audit will set when a consultation is billed 15 days before or after any other consultation by the same or different provider.

### CRITERIA:

When a consultation (99241-99245) is billed and payment has been made to any provider for a consultation within fifteen (15) days before or after the date of service, set this audit with EOB 6150.

### 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
22	00	6150	SUSPEND
22	52	6150	PAY
22	55	6150	PAY
22	61	6150	DENY
22	64	6150	PAY
22	70	6150	PAY

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22	72	6150	PAY
22	73	6150	PAY
22	74	6150	PAY

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
22	00	6150	SUSPEND
22	52	6150	PAY
22	55	6150	PAY
22	64	6150	PAY
22	70	6150	PAY
22	72	6150	PAY
22	73	6150	PAY
22	74	6150	PAY

**EOB: 6150** - THE NUMBER OF CONSULTATIONS PROVIDED FOR THIS MEMBER EXCEEDED INDIANA HEALTH COVERAGE PROGRAM POLICY. ADDITIONAL CONSULTATION IS NOT REIMBURSABLE WITHOUT FURTHER DOCUMENTATION.

<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. Note: 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:**

OBSOLETE

