

## **Indiana Medicaid Resolutions Manual**

**NAME:**                    **6120    OP MNTL HLTH/SUBS ABUSE OV 30 /CAL YR W/O PA (DTL)**

**ERROR TYPE:**        Limit Audit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:**    N

**ALLOW DENIAL:** N

### **DESCRIPTION:**

This limitation audit will set when any provider bills for an outpatient mental health/substance abuse service/office visit and a member has already received 30 visits for outpatient mental health/substance abuse services in any calendar year without PA.

### **CRITERIA:**

When outpatient mental health/substance abuse services/office visits (see procedure codes within the audit rules) are billed and payment has been made to any provider for 30 visits within any calendar year and no PA is on file, set this audit and cutback, as appropriate, to allowed amount with EOB 6120.

### **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	6120	PAY

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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	6120	DENY
21	30	6120	PAY
21	32	6120	PAY
21	33	6120	PAY
21	34	6120	PAY
21	70	6120	PAY
21	72	6120	PAY
21	73	6120	PAY
21	74	6120	PAY

**Claim Type:** O - Outpatient Claims **Member Plan:** ALL **Status:** Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
21	00	6120	DENY
21	30	6120	PAY
21	32	6120	PAY
21	33	6120	PAY
21	34	6120	PAY
21	70	6120	PAY
21	72	6120	PAY
21	73	6120	PAY
21	74	6120	PAY

**Claim Type:** O - Outpatient Claims **Member Plan:** ALL **Status:** Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
21	00	6120	PAY

**EOB: 6120** - REIMBURSEMENT IS LIMITED TO 30 VISITS FOR OUTPATIENT MENTAL HEALTH/SUBSTANCE ABUSE SERVICES PER RECIPIENT PER CALENDAR YEAR WITHOUT PRIOR AUTHORIZATION. THIS RECIPIENT HAS RECEIVED THE MAXIMUM NUMBER ALLOWABLE.

**ARC Code**

119

**ARC Description**

Benefit maximum for  
this time period or  
occurrence has been  
reached.

**Effective Date**

19950101

**End Date**

22991231

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**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

### **METHOD OF CORRECTION:**

**Full Failure:**

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

**Cutback:**

Claims setting this audit will systematically cutback once the 30 visits per year have been met.

