

Indiana Medicaid Resolutions Manual

NAME: 6211 PERIODIC/LIMITED ORAL EVAL LIMIT 1 EVERY 6MONTHS

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: N

DESCRIPTION:

This limitation audit will set when more than one initial or periodic exam is billed during a 6-month period for the same member. 405 IAC 5-14-3 POLICY Medicaid reimbursement is available for diagnostic services, including initial and periodic evaluations, prophylaxis, radiographs, and emergency treatments with the following limitations: (4) a periodic (D0120) evaluation is limited to one every six months, per member, any provider.

CRITERIA:

When a periodic exam (see procedure codes within the audit rules) is billed for a member age 0-999 (age 0-20 prior to 12/4/2019) and payment has been made for either an initial or periodic exam to any provider within six (6) months of the date of service, set this audit and cutback, as appropriate, to allowed amount with EOB 6211.

Provider specialty 212 (CSHCS Care Coordinator) will bypass this audit.

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

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Claim Type: D - Dental Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6211	PAY
21	30	6211	PAY
21	32	6211	PAY
21	33	6211	PAY
21	34	6211	PAY
21	55	6211	PAY
21	70	6211	PAY
21	72	6211	PAY
21	73	6211	PAY
21	74	6211	PAY

Claim Type: D - Dental Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6211	DENY
21	30	6211	PAY
21	32	6211	PAY
21	33	6211	PAY
21	34	6211	PAY
21	55	6211	PAY
21	70	6211	PAY
21	72	6211	PAY
21	73	6211	PAY
21	74	6211	PAY

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

Location	Region	EOB	Disposition
21	00	6211	PAY
21	55	6211	PAY

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

Location	Region	EOB	Disposition
21	00	6211	DENY
21	30	6211	PAY
21	32	6211	PAY
21	33	6211	PAY
21	34	6211	PAY
21	55	6211	PAY
21	70	6211	PAY
21	72	6211	PAY
21	73	6211	PAY

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21	74	6211	PAY
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EOB: 6211 - PERIODIC OR LIMITED ORAL EVALUATIONS ARE LIMITED TO ONE EVERY 6 MONTHS

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 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 deny.

Cutback:

Claims setting this audit will systematically cutback to the approved number of units allowed.