

## **Indiana Medicaid Resolutions Manual**

**NAME:**                   **6099    REIMBURSEMENT IS LIMITED TO 50 CHIROPRACTIC SVCS**

**ERROR TYPE:**       Limit Audit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:**    N

**ALLOW DENIAL:** N

### **DESCRIPTION:**

This limitation audit will set when provider specialty 150 (chiropractor) bills more than 50 chiropractic services that include up to five (5) office visits, spinal manipulation treatments or physical medicine treatments per year. The audit will not post if PA on member file allows more than 50 chiropractic services.

### **CRITERIA:**

When more than 50 chiropractic services that include up to five (5) office visits, spinal manipulation treatments or physical medicine treatments (see procedure codes within the audit rules) are billed by any chiropractor (specialty 150) within the same calendar year, set this audit and cutback, as appropriate, to allowed amount with EOB 6099. The audit will not post if PA on member file allows more than 50 chiropractic services.

### **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	6099	PAY

## **Indiana Medicaid Resolutions Manual**

**Claim Type:** M - Professional Claims

**Member Plan:** ALL **Status:** Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
21	00	6099	DENY
21	30	6099	PAY
21	32	6099	PAY
21	33	6099	PAY
21	34	6099	PAY
21	70	6099	PAY
21	72	6099	PAY
21	73	6099	PAY
21	74	6099	PAY

**EOB: 6099** - REIMBURSEMENT IS LIMITED TO NO MORE THAN 50 CHIROPRACTIC SERVICES PER MEMBER PER CALENDAR YEAR. THESE SERVICES COULD INCLUDE UP TO FIVE (5) OFFICE VISITS AND SPINAL MANIPULATION TREATMENTS, OR PHYSICAL MEDICINE TREATMENTS.

<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

<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
N640	Exceeds number/frequency approved/allowed within time period.	20130715	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	19950101	22991231

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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.

### **METHOD OF CORRECTION:**

#### **Full Failure:**

Claims setting this audit will systematically deny, except for shadow claims.

#### **Cutback:**

Claims setting this audit will systematically cutback until the 50 units have been met.

