

Indiana Medicaid Resolutions Manual

NAME: **6122 CHIROPRACTIC THERAPEUTIC PHYSICAL
 MEDICINE TREATME**

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: N

DESCRIPTION:

This limitation audit will set when any provider specialty 150 (chiropractor) bills more than 14 therapeutic physical medicine treatments per member per calendar year and no PA is on file for the dates of service. The maximum therapeutic physical medicine treatments per member per calendar year with PA is 50.

CRITERIA:

When more than 14 therapeutic physical medicine treatments (see procedure codes within the audit rules) are billed by any chiropractic provider (specialty 150) within the same calendar year, set this audit and cutback, as appropriate, to allowed amount with EOB 6112. A maximum of 50 therapeutic physical medicine treatments are allowed per member per calendar year with PA. The 50 maximum limitation cannot be overridden by PA.

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	6122	PAY

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Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6122	DENY
21	30	6122	PAY
21	32	6122	PAY
21	33	6122	PAY
21	34	6122	PAY
21	70	6122	PAY
21	72	6122	PAY
21	73	6122	PAY
21	74	6122	PAY

EOB: 6122 - THERAPEUTIC PHYSICAL MEDICINE TREATMENTS EXCEEDING FOURTEEN (14), UP TO A MAXIMUM OF FIFTY (50), PER RECIPIENT, PER CALENDAR YEAR, REQUIRE PRIOR AUTHORIZATION.

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 Segment (loop 2110	19950101	22991231

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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 14 unless PA is on file not to exceed 50.

