

## **Indiana Medicaid Resolutions Manual**

**NAME: 6102 CHIROPRACTIC OFFICE VISITS LIMITED TO 5 PER YEAR**

**ERROR TYPE:** Limit Audit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

This limitation audit will set when more than five office visits are billed by the same provider, specialty 150 (Chiropractor), for the same member within a calendar year.

### **CRITERIA:**

When a chiropractor bills an office visit (see procedure codes within the audit rules) and payment has been made to the same provider for five office visits within the same calendar year, set this audit and cutback, as appropriate, to allowed amount with EOB 6102.

### **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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	9999	PAY

**Claim Type:** M - Professional Claims

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
21	00	6102	PAY
21	52	6102	PAY
21	55	6102	PAY
21	64	6102	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	6102	DENY
21	30	6102	PAY
21	32	6102	PAY
21	33	6102	PAY
21	34	6102	PAY
21	52	6102	PAY
21	55	6102	PAY
21	64	6102	PAY
21	70	6102	PAY
21	72	6102	PAY
21	73	6102	PAY
21	74	6102	PAY

**EOB: 6102** - INDIANA HEALTH COVERAGE PROGRAMS REIMBURSEMENT LIMITED TO FIVE CHIROPRACTIC OFFICE VISITS PER YEAR. THIS RECIPIENT HAS RECEIVED THE MAXIMUM NUMBER ALLOWABLE. PRIOR AUTHORIZATION IS REQUIRED FOR PAYMENT OF ADDITIONAL VISITS.

<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. Usage: Refer to the 835	19950101	22991231

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Healthcare Policy  
Identification  
Segment (loop 2110  
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 5 units within a calendar year.

