

## **Indiana Medicaid Resolutions Manual**

**NAME:**                   **6090    PODIATRIST OFFICE VISITS LTD TO 1 PER YEAR**

**ERROR TYPE:**       Limit Audit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:**    Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Effective 10/01/2020 this limitation audit will set when a podiatrist (specialty 140) bills more than one office visit per member per calendar year. Prior to 10/01/2020 the audit would set if more than 1 office visit was billed in a 12 month period.

### **CRITERIA:**

Effective 10/01/2020, when a podiatrist (specialty 140) bills an office visit (see procedure codes within the audit rules) and payment has been made for one (1) office visit to the same or different podiatrist, per calendar year, set this audit and cutback, as appropriate, to allowed amount with EOB 6090. Prior to 10/01/2020 when a podiatrist billed an office visit procedure code and payment had been made for 1 visit within 12 months, the audit would set.

### **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	6090	PAY
21	52	6090	PAY

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21	55	6090	PAY
21	64	6090	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	6090	SUSPEND
21	30	6090	PAY
21	32	6090	PAY
21	33	6090	PAY
21	34	6090	PAY
21	52	6090	PAY
21	55	6090	PAY
21	64	6090	PAY
21	70	6090	PAY
21	72	6090	PAY
21	73	6090	PAY
21	74	6090	PAY

**EOB: 6090** - INDIANA MEDICAID BENEFITS ALLOW PAYMENT FOR ONE (1) PODIATRY OFFICE VISIT PER RECIPIENT PER CALENDAR YEAR.

<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:	19950101	22991231

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Refer to the 835  
Healthcare Policy  
Identification  
Segment (loop 2110  
Service Payment  
Information REF), if  
present.

### **METHOD OF CORRECTION:**

#### **Full Failure:**

Effective 10/01/2020, if a podiatrist (specialty 140) bills an office visit. one visit is allowed per calendar year. Prior to 10/01/2020 one visit was allowed within a 12 month period.

Review claims history for the member/provider combination. If claims in history have the same or similar diagnosis, the suspended claim should be denied. Providers can bill a visit separately only on the initial visit. For subsequent visits, the procedure performed on that date includes the reimbursement for the visits, and providers do not bill them separately. However, if a second (see procedure codes within the audit rules) and history shows payment has been made for one (1) office visit for the same member to the same or different podiatrist per calendar year, suspend this audit with EOB 6090 for Medical Policy review. Medical Policy review will include significant problem is addressed on a subsequent visit, the provider can report the visit code with modifier 25. The provider needs to send documentation indicating why the subsequent visit was required. Allow (force) payment if documentation and or claims history supports payment for additional office visits; override the audit.

#### **Cutback:**

Claims setting this audit will systematically cutback the units and pay.

