

Indiana Medicaid Resolutions Manual

NAME: **6121 OP MNTL HLTH/SUBS ABUSE OV 50 /CAL YR W/PA (DTL)**

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: N

DESCRIPTION:

This limitation audit will set when any provider bills for an outpatient mental health/substance abuse service/office visit and a member has already received 50 visits for outpatient mental health/substance abuse services in any calendar.

CRITERIA:

When outpatient mental health/substance abuse services/office visits (see procedure codes within the audit rules) are billed and payment has been made to any provider for 50 visits within any calendar year, set this audit and cutback, as appropriate, to allowed amount with EOB 6121.

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	6121	PAY

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

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Location	Region	EOB	Disposition
21	00	6121	DENY
21	30	6121	PAY
21	32	6121	PAY
21	33	6121	PAY
21	34	6121	PAY
21	70	6121	PAY
21	72	6121	PAY
21	73	6121	PAY
21	74	6121	PAY

Claim Type: O - Outpatient Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6121	DENY
21	30	6121	PAY
21	32	6121	PAY
21	33	6121	PAY
21	34	6121	PAY
21	70	6121	PAY
21	72	6121	PAY
21	73	6121	PAY
21	74	6121	PAY

Claim Type: O - Outpatient Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6121	PAY

EOB: 6121 - REIMBURSEMENT IS LIMITED TO 50 VISITS MAXIMUM FOR OUTPATIENT MENTAL HEALTH/SUBSTANCE ABUSE SERVICES PER RECIPIENT, PER CALENDAR YEAR, WITH PRIOR AUTHORIZATION. THIS RECIPIENT HAS RECEIVED THE MAXIMUM NUMBER ALLOWABLE.

ARC Code
119

ARC Description
Benefit maximum for
this time period or
occurrence has been
reached.

Effective Date
19950101

End Date
22991231

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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

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 the allowed 50 visits per year.

