

## **Indiana Medicaid Resolutions Manual**

**NAME:**                    **6298    ROUTINE VISION EXAM AGE 21-999 LTD TO 1/24 MO  
(DTL**

**ERROR TYPE:**        Limit Audit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:**    Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

This limitation audit will set when routine vision exams are billed more than once every 24 months for members age 21-999.

### **CRITERIA:**

When a routine vision exam (see procedure codes within audit rules) is billed with a diagnosis code in diagnosis group 100041 (Diagnosis Codes for Routine Vision Exams) for a member age 21-999 and payment has been made to any provider within 12 months of the date of service, set this audit. The routine vision diagnosis list can be found in the system at Main Menu>BPA>Related Data>Other>Diagnosis Group Type>100041. See related audit 6297.

Provider specialty 212 (CSHCS Care Coordinator) will bypass this audit.

### **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:** B - Professional Xover Claims

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

Location	Region	EOB	Disposition
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20	91	6298	SUSPEND
21	00	6298	PAY

**Claim Type:** B - Professional Xover Claims

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

Location	Region	EOB	Disposition
20	91	6298	SUSPEND
21	00	6298	DENY
21	70	6298	PAY
21	72	6298	PAY

**Claim Type:** M - Professional Claims

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

Location	Region	EOB	Disposition
20	91	6298	SUSPEND
21	00	6298	PAY

**Claim Type:** M - Professional Claims

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

Location	Region	EOB	Disposition
20	91	6298	SUSPEND
21	00	6298	DENY
21	30	6298	PAY
21	32	6298	PAY
21	70	6298	PAY
21	72	6298	PAY

**EOB: 6298** - ROUTINE VISION EXAMS ARE LIMITED TO ONE (1) PER TWENTY-FOUR (24) MONTHS FOR AGES TWENTY-ONE TO 999 YEARS.

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
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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
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### **METHOD OF CORRECTION:**

#### **Full Failure:**

Claims setting this audit will process according to IHCP policy.

#### **Cutback:**

Claims setting this audit will systematically cutback to the approved number of units allowed.

