

## **Indiana Medicaid Resolutions Manual**

**NAME:**                   **6402    VITAMIN B12 INJECTION, EVERY 30 DAYS**

**ERROR TYPE:**       Limit Audit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:**    N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

This limitation audit will set when a member has more than one B12 injection in a one (1) month period.

### **CRITERIA:**

When vitamin B12 injections (see procedure codes within the audit rules) are billed and payment has been made for a B12 injection to any provider within 30 days of the date of service, set this audit and cutback, as appropriate, to allowed amount with EOB 6402. Reimbursement for 1 vitamin B12 injection per month is allowed with one or more of the diagnoses listed in rules.

### **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	6402	PAY
21	52	6402	PAY
21	55	6402	PAY
21	64	6402	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	6402	DENY
21	30	6402	PAY
21	32	6402	PAY
21	33	6402	PAY
21	34	6402	PAY
21	52	6402	PAY
21	55	6402	PAY
21	64	6402	PAY
21	70	6402	PAY
21	72	6402	PAY
21	73	6402	PAY
21	74	6402	PAY

**EOB: 6402** - REIMBURSEMENT FOR VITAMIN B-12 INJECTIONS IS LIMITED TO ONE EVERY 30 DAYS. PRIOR AUTHORIZATION IS REQUIRED FOR ADDITIONAL SERVICES.

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
198	Precertification/authorization exceeded. Effective 05/01/2018: Precertification/notification/authorization/pre-treatment exceeded.	20061031	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 Healthcare Policy	19950101	22991231

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Identification  
Segment (loop 2110  
Service Payment  
Information REF), if  
present.

### **METHOD OF CORRECTION:**

#### **Full Failure:**

Claims setting this audit will systematically denied.

#### **Cutback:**

Claims setting this audit will systematically cutback.

