

## **Indiana Medicaid Resolutions Manual**

**NAME:**                    **6297    ROUTINE VISION EXAM LIMIT TO 1/12 MONTHS AGE 0-20**

**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 0-20.

### **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 members age 0-20 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 6298.

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

Location	Region	EOB	Disposition
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20	91	6297	SUSPEND
21	00	6297	PAY

**Claim Type:** M - Professional Claims

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

Location	Region	EOB	Disposition
20	91	6297	SUSPEND
21	00	6297	DENY
21	30	6297	PAY
21	32	6297	PAY
21	70	6297	PAY
21	72	6297	PAY

**EOB: 6297** - ROUTINE VISION EXAMS LIMITED TO ONE (1) PER TWELVE (12) MONTHS FOR AGES 1 TO 20 YEARS.

ARC Code	ARC Description	Effective Date	End Date
119	Benefit maximum for this time period or occurrence has been reached.	19950101	22991231

Remark Code	Remark Description	Effective Date	End Date
M90	Not covered more than once in a 12 month period.	19970101	22991231

**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:	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:**

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.

