

## **Indiana Medicaid Resolutions Manual**

**NAME:** 6502 OTP E&M VISITS LIMITED TO 1 PER 3 ROLLING MONTHS

**ERROR TYPE:** Limit Audit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

This Opioid Treatment Program (OTP) limitation audit will set when an E&M visit (see audit rules for list of procedure codes) exceeds 1 unit in a 3 rolling month period or 90 days per billing provider. Modifier SC bypasses this audit.

### **CRITERIA:**

When an Opioid Treatment Program provider, PT/PS 35/835, bills an E&M visit and payment has been made for an E&M visit within the past 90 days for the same billing provider, set the audit. Modifier SC 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
21	00	9999	PAY

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

Location	Region	EOB	Disposition
21	00	6502	DENY

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

Location	Region	EOB	Disposition
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## **Indiana Medicaid Resolutions Manual**

21	00	6502	PAY
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**EOB: 6502 - E&M VISITS ARE LIMITED TO 1 PER 90 DAYS PER BILLING PROVIDER.**

<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

<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
M86	Service denied because payment already made for same/similar procedure within set time frame.	19970101	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. Note: 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.

## **Indiana Medicaid Resolutions Manual**

### **Cutback:**

Claims setting this audit will cutback to 1 and the remaining systematically denied.

