

## **Indiana Medicaid Resolutions Manual**

**NAME:**                    **6270    OBSOLETE SMOKING CESSATION LTD 10 UNT CAL YR (DTL)**

**ERROR TYPE:**      Limit Audit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:**    N

**ALLOW DENIAL:** N

### **DESCRIPTION:**

This limitation audit will set when smoking cessation counseling is billed and the units exceed the maximum counseling sessions for any calendar year.

### **CRITERIA:**

When smoking cessation (99407 U6) exceeds 10 units (1 unit = 15 minutes) per calendar year, set this audit with EOB 6270.

### **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
22	00	6270	PAY

**Claim Type:** M - Professional Claims

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

Location	Region	EOB	Disposition
22	00	6270	DENY

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22	30	6270	PAY
22	32	6270	PAY
22	33	6270	PAY
22	34	6270	PAY
22	70	6270	PAY
22	72	6270	PAY
22	73	6270	PAY
22	74	6270	PAY

**EOB: 6270 - SMOKING CESSATION COUNSELING SERVICES ARE LIMITED TO 10 UNITS PER MEMBER PER CALENDAR YEAR.**

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
272	Coverage/program guidelines were not met.	20151101	22991231

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
B5	Coverage/program guidelines were not met or were exceeded.	19950101	20160501

**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 Identification Segment (loop 2110	19950101	22991231

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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.

