

Indiana Medicaid Resolutions Manual

NAME: **6857 PREOP DOPPLER STUDIES TO PODIATRIST ONCE /YR (DTL)**

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

This limitation audit will set when preoperative doppler study exceeds one per year for podiatric providers (specialty 140).

CRITERIA:

When preoperative doppler study (see procedure codes within audit rules) exceeds one per year for podiatric providers (specialty 140), set this audit with EOB 6857. Note: Dopplers are only available if associated medical procedure has been prior authorized.

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	6857	PAY

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

Location	Region	EOB	Disposition
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21	00	6857	DENY
21	30	6857	PAY
21	32	6857	PAY
21	33	6857	PAY
21	34	6857	PAY
21	70	6857	PAY
21	72	6857	PAY
21	73	6857	PAY
21	74	6857	PAY

EOB: 6857 - REIMBURSEMENT FOR NON INVASIVE DOPPLER STUDY IS LIMITED TO ONE PER MEMBER PER CALENDAR YEAR.

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
N640	Exceeds number/frequency approved/allowed within time period.	20130715	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	19950101	22991231

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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.

METHOD OF CORRECTION:

Full Failure:

Claims setting this audit will systematically process according to IHCP Policy.

Cutback:

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

Note:

CR3069 changed Remark code M90 to be used for dates 01/01/1997 through 9/30/20 and Remark code N640 to be used for dates 10/01/20 through 12/31/2299.

