

Indiana Medicaid Resolutions Manual

NAME: **6855 MORE THAN 6 ROUTINE FOOT CARE TREATMENTS/1 YEAR**

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Effective 10/01/2020 this limitation audit will set when a podiatrist (specialty 140) bills more than one office visit per member per calendar year. Prior to 10/01/2020 the audit would set if more than 1 office visit was billed in a 12 month period.

CRITERIA:

Effective 10/01/2020, when a podiatrist (specialty 140) bills an office visit (see procedure codes within the audit rules) and payment has been made for one (1) office visit to the same or different podiatrist, per calendar year, set this audit and cutback, as appropriate, to allowed amount with EOB 6090. Prior to 10/01/2020 when a podiatrist billed an office visit procedure code and payment had been made for 1 visit within 12 months, the audit would set.

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	6855	PAY

Indiana Medicaid Resolutions Manual

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6855	DENY
21	30	6855	PAY
21	32	6855	PAY
21	33	6855	PAY
21	34	6855	PAY
21	70	6855	PAY
21	72	6855	PAY
21	73	6855	PAY
21	74	6855	PAY

EOB: 6855 - REIMBURSEMENT IS LIMITED TO SIX ROUTINE FOOT CARE SERVICES PER CALENDER YEAR FOR PATIENTS WITH DIABETES MELLITUS, PERIPHERAL VASCULAR DISEASE, OR PERIPHERAL NEUROPATHY, UNLESS PRIOR AUTHORIZATION HAS BEEN OBTAINED.

ARC Code	ARC Description	Effective Date	End Date
119	Benefit maximum for this time period or occurrence has been reached.	19950101	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: Refer to the 835 Healthcare Policy Identification Segment (loop 2110	19950101	22991231

Indiana Medicaid Resolutions Manual

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.

