The following list shows history related audits created online (without a CSR) in the MMIS by State staff. These audits are considered either Limit audits or Contraindicated audits. The four digit number on the far right of the document indicates the list number tied to the specific audit. This list is also created and maintained online.

Medical Policy Audits
January 2004

DESCRIPTION

F	001	L	One root canal covered per tooth	2500
F	002	L	One dental exam covered for every 6 month period	2503
F	003	L	Only one prenatal lab covered in a nine month span Old (8000M or 8001M) New (80055)	8211
C	004	L	One crown allowed per tooth in 5 years.	1121
	005	C	Nerve block included in procedure	8900
C	006	L	Two nursing home visits are allowed per month	8190
	007		(L) 1031	
F	008	L	Clozaril case coordination - 1 per week	
F	009	L	Orthodontic billing limit no less than 3 months	1104
F	010	L	Five screens covered during first year of life	1124
F	011	L	One annual screen covered per year after first year of life	1125
	012		(L) 1022, 1033	
	013	C	Auto/non-auto/panel lab effective 7/1/98 DOS	1102
F	014	L	Replacement socket - 1 allowed per year set to	
	015	C	One psychotherapy service allowed per day	1101
	016	C	92552 (air audiometry) included in 92553 (air & bone)	8287
F	017	L	2 epidurals for post op pain management	1120
F	018	L	Dental - One orthodontic treatment is covered in two years	1105
	019	C	1 Norplant removal at 100%; second at 50%	

Medical Policy Audits
January 2004

DESCRIPTION

F	020	L	1 prophy allowed for every six month period	8766
	021	C	90782/90788 included in E/M procedure code	1137
	022	C	OMT vs E/M Without mod 25	8901
	023	C	92555 (threshold audiometry) included in 92556 (threshold and discrimination audiometry)	8288
F	024	L	One panorex/full mouth series allowed every 3 years	1116
F	025	L	One fluoride treatment allowed every 6 months	1113
C	026	L	Speech therapy limit of 12 sessions per year	1114
F	027	L	One set of upper complete dentures allowed in five years after 1/19/93 DOS - 1 allowed in 10 years	8284
F	028	L	Total of 4 bitewings allowed every 6 months; 12 months after 09/01/93	1115
	029	C	Multiple/Basic Life Support billed same day	8772
F	030	L	1 upper reline allowed in 5 years	8773
F	031	L	1 root planing allowed every 12 month period, 24-month period after 1/19/93	8878
	032	C	Sterile tray (A4550) not allowed in combination	1138
F	033	L	1 prophy allowed once every 12 months for adult	8875
	034	C	Adjustments/relinings/tissue conditioning/incl in lower denture/ partial fee	8242
F	035	L	One refraction allowed in a 2-year period	8758
F	036	L	One lower reline allowed in 5 years	

Medical Policy Audits
January 2004

DESCRIPTION

C	037	L	Maximum of 1 intensive case management per month (on test) (Substance Abuse)	8882
F	038	L	Maximum of three 99392, or 99382 screening exams allowed	8771
	039	C	O2 codes not allowed in combination	8764
	040	C	Multiple operative dental procedures performed	2502
F	041	L	One depo provera injection for birth control allowed in 65 days	8289
	042	C	Adjustments/relinings/tissue conditioning included in upper denture/partial fee	8880
	043	C	After hours charge/Sunday or holiday charges not allowed in combo	8090
	044	C	Our records show this is an established patient-fee reduced accordingly	8110
F	045	L	1 - 0355M H kicker rate allowed per delivery	
	046	C	Ventilation Management vs. E/M visit	8866
	047	C	Orthodontic banding vs. each additional 3 month code not allowed within 9 months	
F	048	L	Maximum of 3 hours of substance abuse group therapy per day (12 1/4 hour code)	8935
	049	C	O2 codes not allowed in combination	8765
	050			
	051	C	Only one delivery in a nine-month period	8180
	052	C	0020A not allowed with 0001A	8869
	053	C	Multiple operative procedures performed on the same	8230

Medical Policy Audits
January 2004

DESCRIPTION

			patient, same day	8292
	054	L	Non-DME 2 per month	
	055	C	Critical care, admit to hospital, emergency room call, surgery not covered in combination	8250 8264
C	056	L	One 0356M - 0357M (FQHC -RHC) premium allowed per month	
	057	C	Ear mold is included in price of hearing aid	8251
C	058	L	Limit of ten osteopathic treatments	8901
C	059	L	Max of 3 per month – oxygen/non-DME	
	060	C	O2 codes not allowed in combination	8768
	061	C	Initial procedure billed previously, subsequent procedure paid	8490
F	062	L	Limit of 3 Home Health visits per pregnancy	1139
	063	C	Not covered within 30 days of previous substance abuse service	8700
	064		(C) 1006	

Medical Policy Audits
January 2004

DESCRIPTION

C	065	L	36 sessions of speech therapy allowed per calendar year for diagnosis on hard coded list 1017	1114
C	066	L	One 90801 allowed per year	
C	067	L	Max allowable of 180 per month urological	
C	068	L	Occupational therapy is limited to 36 hours per calendar year for special diagnosis	8315
	069	L	One oral hygiene instruction (code 01330/D1330 allowed per year and one second oral hygene instruction (4112D) allowed per year	1102
C	070	L	Visiting Nurse over $750.00	
	071	C	Kidney patient (Pay and report)	8876
	072	C	High-risk delivery versus high-risk C-section	1141
	073	L	DME limit 1 per year	
	074	C	HCPCS vs State Assigned (O2)	8293
	075	C	Critical care includes these services	1143
F	076	L	Flutter valve limited to 2 per client per year (6671E)	
	077	C	Services included in critical care	1142
	078	C	Single and/or bitewing is included in 00210	8754
	079	C	UA not allowed with other UA	1134
	080	C	Call not allowed with apheresis	8862
F	081	L	One eye exam covered in a 2-year period	9030
F	082	L	One lower complete denture allowed in ten years	

Medical Policy Audits
January 2004

DESCRIPTION

C	083	L	1 hour psychiatric limit for1/2 hour code/ended 12/31/01	8244
M	084	L	1 hour psychiatric limit for 1 hour code/ended 12/31/01	8282
	085	C	Audio tests included in 92557	8252
	086	C	O2 codes not allowed in combination	8207
	087	C	Multiple surgery - anes. vs. anes	8230
	088	P	(L) 1000, 1002 (C) 1005 (L) 1011, 1018, 1025	
	089	C	Component tests included in CBC (auto deny)	8253
	090	C	Only one initial extraction allowed per day	8256
F	091	L	One per client every three years (DME) 0357E, 0368E	
F	092	L	Sealants covered once per tooth in three year period	8312
	093	C	Restorations not allowed with crowns	8257
F	094	L	Interpreter services 32 units per day effective April 1, 1999	
	095	C	State assigned vs HCPCS (O2)	8883
C	096	L	10 allowed per month Non-DME and MSE	
C	097	L	Physical care plan oversight (G0064-G0066 99375, 78, 80) 1 per month	9700
	098		3rd indentical RX within a calender month requires approval	
	099	P	(C) 1001, 1003, 1004	
C	700	L	Case management - 1 allowed per month	8240
C	701	L	Case management - 1 follow-up service is allowed per	8241

Medical Policy Audits
January 2004

DESCRIPTION

			quarter (gone for children - defunct)	
	702	L	RBRVS – Save for Sandy	
	703	L	RBRVS – Save for Sandy	
F	704	L	Exceeds max allowable of 1 chiropractic cervical, thoracic, lumbar, cervical open mouth x-ray in 12 months. (72040, 72070, 72100 & 72020). 702, 703, 704, 763 combined into 704 on 5/98.	
C	705	L	30 per calendar month – Non-DME & MSE	
C	706	L	1 per month – Non-DME	
C	707	L	One physical therapy assessment/evaluation per year	8283
	708	L	12psych per calendar year	8325
	709			
	710			
	711	P	(C) 1007, 1008	
F	712	L	3 each additional 3 months limited transitional orthodontic treatment	8884
F	713	L	Multi-ambulance oxygen codes	
C	714	L	One occupational therapy/DME assessment is allowed in a 6-month period	8301
	715	C	1 muscle testing allowed per day/ not in combo	
	716		Med Vendor	
	717	C	P & O not allowed in combination	0100
F	718	L	HMO newborn premium codes are limited to three	8887

Medical Policy Audits
January 2004

DESCRIPTION

F	719	L	6 each additional 3 months orthodontic treatment allowed	1107
	720	P	(C) 1009, 1010, 1023, 1024, 1029, 1030	
	721	C	Labor management is allowed only if delivered by other doctor	8889
F	722	L	Maternity Support Svcs - 1 childbirth/parenting education service is allowed per pregnancy	
C	723	L	Neuro Centers - 8 hours of speech therapy allowed per cal mo Set to pay 7/13/00	1114
	724	C	Routine urinalysis is included in the flat fee for delivery	8892
	725	P	(L) 1012, 1013, 1014, 1015, 1016 (C) 1017, 1019, 1020, 1021	
	726		RBRVS	
	727		RBRVS	
C	728	L	Diapers/Disposable limit of 300 per client per month	
F	729	L	One in ten month take charge application assistance or ECRR	
C	730	L	3 fluoride varnish allowed in a 12 months period	
C	731	L	Catheters, Intermittent max 120 per month	
C	732	L	(Oxygen) Max of one month rental	
C	733	L	Max limit for large under pads 90 per month	
C	734	L	Various DME/O2 items - Max 4 per month	
F	735	L	12 chiropractor calls allowed/12 month period	8307

Medical Policy Audits
January 2004

DESCRIPTION

C	736	L	Reusable large underpads- limit 42 per year	
	737	C	Only one dental exam allowed per day (00130 + 00140 vs all dental calls)	8899
	738			
C	739	L	Nutritional assessment limit/home visit/1 per calendar yr	8302
C	740	L	O.T. initial 30 minute limit - 9 hrs per calendar yr	8315
	741	C	Bundled codes. – Non DME	8281
	742	C	One postpartum call (59430) allowed	8328
C	743	L	1 per month – Oxygen/Non-DME	
C	744	L	3 allowed per month M. V.	
	745	C	Only 1 dental exam allowed per day All dental calls vs 00130 & 00140	8303
	746	C	Bundled codes – Non-DME	8279
F	747	L	1 upper partial allowed in 5 years	8308
F	748	L	1 lower partial allowed in 5 years	8309
	749	C	Tooth previously extracted	8311
F	750	L	One per client every 5 years. (DME, P&O & Hearing aids) (L) 1028	
F	751	L	1 0310M or T1023 (DD physical) allowed per year	8701
	752	C	Bilirubin 82247/82248 not allowed in combo w/82251. 7/1/00	8210
	753	C	Subsequent hospital call/follow-up consult included in dialysis	8314

Medical Policy Audits
January 2004

DESCRIPTION

C	754	L	Speech evaluation limit, 1 per calendar year (92506)	
C	755	L	Nurse delegation - 13 hours max - no authorization	1119
F	756	L	8 units of interpreter services allowed	8278
	757	C	RBRVS Sandy	8196
	758	C	Synvisc/Hyalgan dollar limit J732D, J7315	1135
C	759	L	4 allowed per client per year DME/MSE	
	760	L	RBRVS Sandy	
F	761	L	One Norplant allowed in five years	8317
F	762	L	One Norplant kit allowed in five years	
F	763	L	Lunelle 1 in 22 days	8318
F	764	L	Max of 12 hours. CMH stabilization services per day	
F	765	L	Six hours per day adult or child treatments or adolescent	8319
F	766	L	Six hours CMH Diversion Services per day	8320
F	767	L	Twenty maternity support service visits allowed per pregnancy	8321
F	768	L	One respiratory therapy initial home visit per provider	
C	769	L	Maximum of 240 per month urological	
F	770	L	Continuous passive motion systems Max 10 day rental in 12 month period 0935E - Med Vendor	
C	771	L	Allow 1 PCOP adult/baby premium per calendar month	
	772	C	Contrast media included in MRI (90799, A4647, 90749, 99070 on med criteria)	8324

Medical Policy Audits
January 2004

DESCRIPTION

	773			
	774			
	775			
	776			
F	777	L	L8603 – colligen implant – Limit 3 , 51715, effective 9/98	
	778		RBRVS Sandy	
C	779	L	New home blood monitoring, short term case managment, intensified insulin therapy	
C	780	L	Trimester care/high risk - 1 per calendar month	
F	781	L	6(5951m) 1st and 2nd trimester allowed in 180 days	
F	782	L	3 trimester/high risk allowed in 90 days	
	783		(C) 1026, 1027	
C	784	L	Maximum of 150 per month urological	
C	785	L	Physical therapy limit of $700.00	1129
C	786	L	Physical therapy limit of $2,100.00	1130
C	787	L	One HIV/AIDS case management per month	
	788	L	RBRVS Sandy	
	789	C	Flouride & Flouride varnish not allowed in combination	2504
	790	L	RBRVS Sandy	
	791			

Medical Policy Audits
January 2004

DESCRIPTION

	792	L	Not allowed in Combo – urological	8198
C	793	L	Nine (9) nutritional follow-up counseling sessions per calendar year	1100
C	794	L	6 diabetic education (1650M-1655M or 5S445, S9460, S9460) allowed in 1 calendar year	8886
C	795	L	UA - drug screen limit of 6 per client in a calendar month	1126
C	796	L	Medical nutrition therapy 8 units per year TOS 3 & X	
	797	C	Hydration therapy and chemotherapy not allowed at same session	1111
F	798	L	Allow eight (8) additional hours of 90781 infusion therapy per day	
C	799	L	Male external catheters; limit of 60 per month	8868
F	1500	L	Inf. case management T1017 – 10 hours after birth	
F	1501	L	5 child care per week	
C	1502	L	5 hr per cal. mo. DASA Case Management 20 ¼ hr. units/month	1919
F	1503	L	3 hr individual therapy (DASA) per day = 12 ¼ hr. units/day	1818

Parameters tied to Audits
January 2004

EXCEPTION	GHOST PARAMETER	LIMIT/CONTRA	DESCRIPTION	LIST
			DESCRIPTION	
088	1000	L	Diabetes/asthma group counsel 4 per calendar year	
099	1001	C	99078 not allowed w/E&M	8291
088	1002	L	Max 15 HLA typing (lifetime)	
099	1003	C	Delivery include tri care	8300
099	1004	C	Tri care included in delivery	8170
088	1005	C	10 Smoke cessation per pregnancy (11 mo) inc. postpartum	
064	1006	C	0998M not allowed w/0997M	8322
711	1007	C	psych versus E&M	8888
711	1008	C	E& M versus psych	8891
720	1009	C	1 prenatal assessment per pregnancy (5930M, T1001)	1122
720	1010	C	1 labor management per pregnancy (5935M)	
088	1011	L	12 neuro-psych in lifetime	8295
725	1012	L	2 1600L in calendar year	
725	1013	L	1 1601L in calendar year	
725	1014	L	2 1602L in calendar year	
725	1015	L	2 1603L in calendar year	
725	1016	L	1 1604L in calendar year	
725	1017	L	1600L vs 1600L	8296

Parameters tied to Audits
January 2004

			DESCRIPTION	
388	1050	L	Dialysis 31 per month	
388	1051	L	Dialysis 14 per month	
088	1018	L	1 pallative treatment per day (D9110)	
725	1019	C	1602L vs 1604L	8297
725	1020	C	1604L vs 1602L	8298
725	1021	C	1600L/1601L/1603L vs 1601L, 1603L	8299
012	1022	L	3Fluoride in 12 months	
720	1023	C	1DOH NB screen per client (5965M)	
720	1024	C	1 Normal NB care per client (99432)	
088	1025	L	2 in lifetime without auth (96100) effective 7/1/03 DOS	
783	1026		New tri codes vs. new /old	8879
783	1027		Old tri codes vs. new	8881
750	1028	L	hearing aid 1 in 5 years (adult)	8850
720	1029	C	Pre mix vs. home mix	8304
720	1030	C	Home mix vs. pre mix	8305
007	1031	L	1 insulin Infusion battery kit per 6 months (4883B)	
388	1032	L	1 box syringe per client per 2 months (A4232)	
012	1033	L	5 gastro/jejunostomy tube per month (B4086)	

Hard Coded Audits
January 2004

	DESCRIPTION
053	Multiple surgery - surgeon
087	Multiple surgery - anes. vs. anes.
088	Multiple surgery - asst. vs. asst.
098	3rd identical RX in a calendar month
099	3 One month supplies of contraceptives in 68 days
100	Exact/possible dupe with 101, 102, 599
101	Exact duplicate (same as 599 for provider type 73 or specialty 90 FQHCs)
102	Possible duplicate
103	Possible conflict
104	Calls included in flat fee
105	Diagnosis not allowed with procedure
299	Procedure payable once in a lifetime
388	Hard coded (L) 1050, 1051
483	Procedure not covered with this tooth #, arch, quadrant
560	FQHC billed alone or non payable service
597	Billing provider/performing provider same and same/similar service

DIAGNOSIS LISTS THAT CAUSE *
105 TO SUSPEND
January 2004

DESCRIPTION

1000 Tied to codes 99217-99239, 99251-99275, 99371-99373 (V20-V20.2, V22 – V22.2, V23-V23.9, V24-V24.2, V30-V39.2, V53.1, V709, V726, V728, V96.0, 303.5, 367.0-367.9, 650).

1001 Tied to codes (99241-99245, 99291-99292, 99295, 99296, 99297, 99298) V20 – V20.2, V22.0 – V22.2, V23 – V23.9, V23.8, V30 – V39.2, V53.1, V70.9, V72.6, V72.8, V74.1, V96.0, 010 – 018.96, 290 – 319.99, 367.0 – 367.9, 640 – 674.9, 650, 795.5

1003 Tied to codes 58120 (V25.0, V25.1, V25.2, V25.3, V25.4, V25.8, V25.9, V99.9)

1004 Tied to code(96545, J9162, 9913M, J1050, J1055, J9240)

1005 Tied to codes (5941M, 5959M, 5940M-5943M, 5953M, 5954M, 5955M (V22-V22.2, 650))

1006 Tied to audit 081 (Eye Exam) and 035 (Refractions) (V72.0, 367-367.2, 367.20-367.22)

1007 Tied to codes (99431, 99433, 94440, 99360, 99435)

1008 Tied to codes 0025M, 0026M

1009 Tied to codes 54150, 54161 (ICD9 605 & 607.1 & 607.81)

1010 Tied to codes (0140M-0149M, 0155M - 0158M, 0165M - 0168M, 0171M - 0172M, 0174M-0179M , 0180M - 0183M, 0186M, 0188M, 0190M, 0199M, 2050M - 2051M, 2130M – 2135M, 2139M – 2144M 2149M - 2159M, 2160M - 2169M, 2170M - 2180M, 2182M – 2187M, 2189M - 2196M) (substance abuse except pregnant/post partum and youth)

1011 Tied to code 58770 (salpingostomy) (633.1)

DIAGNOSIS LISTS THAT CAUSE *
105 TO SUSPEND
January 2004

DESCRIPTION

1012	Tied to 11960, 11970, 11971, 19342, 19350, 19357, 19364, 19366, 19367, 19368, 19369, 19380 (tissue expanders) (V10.3, 140-239.9, 757.6, 906.5-906.59, 940-949.5)
1013	Tied to 00421, 00431, 00441, 00551, 00558, 00571, 00580 (V23, 630-670.9) (High risk - Home Health)
1014	Tied to 92081, 92082, 92083
1015	Tied to G0100, 87534-87539, 0470M, 0471M, 0472M (V08, 042)
1016	Occupational Therapy
1017	Speech Therapy
1018	Physical Therapy
1019	Tied to codes 0069V, 0073V, 0219V, 1131V, 1138V, 1134V
1020	Tied to codes 0222V, 0223V, 1168V, 1169V
1021	Tied to codes 0174V, 0175V, 1175V, 1176V
1022	Tied to codes 0079V, 0080V, 0164V, 0165V, 1144V, 1146V, 1145V, 1147V
1023	Tied to codes 0075V, 0076V, 1140V, 1141V
1024	Tied to code J1212 (DMSO) 595.1
1025	Tied to codes 9011M - 9014M
1026	Tied to codes 51715, L8603, G0025 L8606
1027	Tied to code J3420 (VB-12)

DIAGNOSIS LISTS THAT CAUSE *
105 TO SUSPEND
January 2004

DESCRIPTION

1028 Tied to codes 0028M, 0130M – 0135M, 0150M - 0154M, 0159M, 0160M - 0165M, 0169M, 0173M, 0184M, 0191M - 0192M 0198M, 2181M, 2188M (Substance abuse pregnant/postpartum and youth

1029 Tied to anti-emetic Q0163 – Q0181)

1030 Tied to J7315 (Hyalgan), J7320(Synvisc)

1031 Cancer screen high risk DX

1032 G0101 – V76 (pelvic, breast cancer screen) for all except family plan – V25 series V25. – V25.2, V25.4-V25.9, V76.2

1033 Med nutrition to dummy DX V58.9, Also P & O PT38, DME, Non DME PT 26,39

1034 Tied to 5960M to 5962M Increased Monitoring Prenatal management

1035 Sterilization DX V25.2 V26.5 – V26.52 – tied to 00800-00884, 00920-00955 and abortion DX-635-639.9, V61.7

1036 0310M, T1023 – V93.0 only

1037 Q3013, J3395 (362.52)

1038 99401-99402 tied to 648.43 & 648.44 & V65.44

1039 99078 – 250.00-250.93, 493.00-493.92

1040 Psych DX inclusive/exclusive (w/psych per) (290 – 319.99)

1041 61862 (only 333.1 or 332.0)

1042 J0637 (117.3)

1043 J1756, J2501, J2916 (585)

(J:MMIS/Audits & Edits)

DIAGNOSIS LISTS THAT CAUSE *
105 TO SUSPEND
January 2004

DESCRIPTION

1044	J3487 (275.42) (198.5, 203.00 – 203.01)
1045	Q3025, Q3026 (340)
1046	S0130 (752.51)
1047	50189/11980 (257.2, 174-174.9)
1048	J1595 (340)
1049	J3465 (117.3)
1052	Q4077 (416-416.9)
1053	S0115 (203.00 – 203.01)
1054	S0139 (401 – 401.9)