

Indiana Medicaid Resolutions Manual

NAME: **6231 D0230 EACH ADDITIONAL FILM IS LIMITED, 7 PER YEAR**

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

This limitation audit will set when D0230 (Intraoral-periapical-each additional film) exceeds 7 films in twelve months.

CRITERIA:

When dental x-rays (D0230) exceed 7 films in twelve (12) months, set this audit with EOB 6231. See related audit 6248.

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: D - Dental Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	6231	PAY
04	30	6231	PAY
04	32	6231	PAY
04	33	6231	PAY
04	34	6231	PAY
04	70	6231	PAY

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04	72	6231	PAY
04	73	6231	PAY
04	74	6231	PAY

Claim Type: D - Dental Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	6231	DENY
04	30	6231	PAY
04	32	6231	PAY
04	33	6231	PAY
04	34	6231	PAY
04	70	6231	PAY
04	72	6231	PAY
04	73	6231	PAY
04	74	6231	PAY

EOB: 6231 - D0230 INTRAORAL-PERiapical-EACH ADDITIONAL FILM IS LIMITED TO SEVEN FILMS PER TWELVE MONTHS

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	19950101	22991231

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Identification
Segment (loop 2110
Service Payment
Information REF), if
present.

METHOD OF CORRECTION:

Full Failure:

Claims setting this audit will systematically deny.

Cutback:

Claims setting this audit will systematically cutback.

