

Indiana Medicaid Resolutions Manual

NAME: 6245 BITEWING HORIZONTAL-1 IMAGE LIMIT 4 UNITS /12 MO

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

This limitation audit will set when D0270 (Bitewing Single Film) exceeds four units in a year. The IHCP limits reimbursement of a full-mouth series or panorex to one set every three years. Bitewing radiographs are limited to one set every 12 months. The IHCP defines one set of bitewings as four horizontal films or seven to eight vertical films.

CRITERIA:

When bitewings (D0270) exceed four units of one film in a year, set this audit with EOB 6245.

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	6245	PAY

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

Location	Region	EOB	Disposition
04	00	6245	DENY

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EOB: 6245 - HORIZONTAL BITEWING X-RAYS ARE LIMITED TO FOUR EVERY 12 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. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

METHOD OF CORRECTION:

Full Failure:

The system will systematically deny.

Cutback:

The system will systematically cutback and pay the units to 4 and deny additional units billed.