

Indiana Medicaid Resolutions Manual

NAME: 6243 D0220 IS LIMITED TO ONE FILM ONCE A YEAR

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

This limitation audit will set when D0220 (intraoral-periapical-first film) is billed more than once in a twelve month period.

CRITERIA:

When intraoral periapical-first film (D0220) is billed more than once in a twelve month period, set this audit with EOB 6243. See related audit 6231.

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	6243	PAY

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

Location	Region	EOB	Disposition
04	00	6243	DENY

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04	30	6243	PAY
04	32	6243	PAY
04	70	6243	PAY
04	72	6243	PAY

EOB: 6243 - D0220 IS LIMITED TO ONE FILM EVERY 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 Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

METHOD OF CORRECTION:

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Full Failure:

If there is a paid claim in history for procedure code D0220 in a month period, the claim will systematically deny and post EOB 6243.

Cutback:

Claims will cutback to one unit and post EOB 6243.

No claims will suspend for review.

