

## **Indiana Medicaid Resolutions Manual**

**NAME:**                    **6123    COMPONENT SPINAL X-RAYS > \$62.95 PER YEAR (DTL)**

**ERROR TYPE:**        Limit Audit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:**    N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

This limitation audit will set when the specified x-ray procedure codes are billed by provider specialty 150 (Chiropractor) and the billed amount of one or the combination of codes is more than the assigned dollar amount per year timeframe.

### **CRITERIA:**

When component spinal x-rays (see procedure codes within the audit rules) are billed by a provider specialty 150 (Chiropractor) and the billed amount is greater than \$62.95 effective 9/13/2019, for a year timeframe. For dates of service 1/1/2016-9/12/2019 \$43.75 per year. For dates of service 2/1/2015-12/31/2015 \$56.60 per year. For dates of service 10/6/1994-1/31/2015 \$44.76 per year. When the yearly amount is exceeded set this audit and cutback, as appropriate, to allowed amount with EOB 6123.

### **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	6123	PAY

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**Claim Type:** M - Professional Claims

**Member Plan:** ALL **Status:** Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
21	00	6123	DENY
21	30	6123	PAY
21	32	6123	PAY
21	33	6123	PAY
21	34	6123	PAY
21	70	6123	PAY
21	72	6123	PAY
21	73	6123	PAY
21	74	6123	PAY

**EOB: 6123** - EFFECTIVE 9/13/2019 MAXIMUM REIMBURSEMENT FOR ANY COMBINATION OF SPINAL SERIES XRAY COMPONENTS TO A CHIROPRACTOR IS \$62.95 PER YEAR. FOR DATES OF SERVICE 1/1/2016-9/12/2019 \$43.75 PER YEAR. FOR DATES OF SERVICE 2/1/2015-12/31/2015 \$56.60 PER YEAR. FOR DATES OF SERVICE 10/6/1994-1/31/2015 \$44.76 PER YEAR.

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
119	Benefit maximum for this time period or occurrence has been reached.	19950101	22991231

**EOB: 9999** - PROCESSED PER POLICY.

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
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

## **Indiana Medicaid Resolutions Manual**

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

### **METHOD OF CORRECTION:**

#### **Full Failure:**

Claims setting this audit once the maximum amount is met will systematically deny.

#### **Cutback:**

Claims will systematically cutback to the allowed amount of \$43.75 per year.

