

Indiana Medicaid Resolutions Manual

NAME: **6209 FULL MOUTH OR PANORAMIC X-RAYS LIMIT ONCE /3 YRS**

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

This limitation audit will set when any provider bills for full mouth or panorex x-ray within a 36 month period and payment has already been made for either.

CRITERIA:

When full mouth or panorex (see procedure codes within the audit rules) are billed and payment has been made to any provider for either within 36 months of the date of service, deny or cutback with EOB 6209.

Provider specialty 212 (CSHCS Care Coordinator) will bypass this audit.

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
21	00	6209	PAY

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21	30	6209	PAY
21	32	6209	PAY
21	33	6209	PAY
21	34	6209	PAY
21	55	6209	PAY
21	70	6209	PAY
21	72	6209	PAY
21	73	6209	PAY
21	74	6209	PAY
21	91	6209	SUSPEND

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

Location	Region	EOB	Disposition
21	00	6209	DENY
21	30	6209	PAY
21	32	6209	PAY
21	33	6209	PAY
21	34	6209	PAY
21	55	6209	PAY
21	70	6209	PAY
21	72	6209	PAY
21	73	6209	PAY
21	74	6209	PAY
21	91	6209	SUSPEND

EOB: 6209 - FULL MOUTH OR PANOREX X-RAYS ARE LIMITED TO ONCE EVERY THREE YEARS.

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

Remark Code	Remark Description	Effective Date	End Date
M86	Service denied because payment already made for same/similar	19970101	22991231

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procedure within set
time frame.

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:

Full Failure:

Claims setting this audit will systematically deny or process according to IHCP policy.

Cutback:

Claims setting this audit will systematically cutback to the approved number of units allowed or process according to IHCP policy.

