

## **Indiana Medicaid Resolutions Manual**

**NAME:**                    **6107    OBSOLETE - FULL SPINE X-RAY REDUCED WHEN  
COMP PD**

**ERROR TYPE:**        Contra Audit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:**    N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

OBSOLETE - See AU 6103. This contra-indicated audit will set when a chiropractor (specialty 150) bills a full spine series x-ray and one or more of the components of the spinal series x-ray has been paid within the same calendar year.

### **CRITERIA:**

OBSOLETE - See AU 6103. When a chiropractor (specialty 150) bills a full spine x-ray (see procedure codes within the audit rules) and payment has been made for one or more of the components of the spinal series x-ray (see procedure codes within the audit rules) within the same calendar year to any chiropractor, set this audit with EOB 6107.

### **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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	9999	PAY

**Claim Type:** M - Professional Claims

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
21	00	6107	PAY
21	52	6107	PAY
21	55	6107	PAY

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21	64	6107	PAY
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**Claim Type:** M - Professional Claims

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

Location	Region	EOB	Disposition
21	00	6107	DENY
21	30	6107	PAY
21	32	6107	PAY
21	33	6107	PAY
21	34	6107	PAY
21	52	6107	PAY
21	55	6107	PAY
21	64	6107	PAY
21	70	6107	PAY
21	72	6107	PAY
21	73	6107	PAY
21	74	6107	PAY

**EOB: 6107** - FULL SERIES SPINAL X-RAY IS PAYABLE AT A REDUCED AMOUNT TO CHIROPRACTORS WHEN COMPONENTS OF SPINAL SERIES X-RAYS HAVE BEEN PAID TO A CHIROPRACTOR IN THE PAST TWELVE (12) MONTHS. REIMBURSEMENT REFLECTS THE DIFFERENCE BETWEEN THE AMOUNT ALLOWED FOR THE FULL SERIES AND THE AMOUNT PREVIOUSLY PAID FOR THE COMPONENT OF THE SERIES X-RAYS.

ARC Code	ARC Description	Effective Date	End Date
B10	Allowed amount has been reduced because a component of the basic procedure/test was paid. The beneficiary is not liable for more than the charge limit for the basic procedure/test.	19950101	22991231

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

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<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 Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

### **METHOD OF CORRECTION:**

#### **Full Failure:**

Claims setting this audit will systematically deny when a Chiropractor bills a full spine x-ray and payment has been made for the components of the spinal series x-ray.

