

Indiana Medicaid Resolutions Manual

NAME: 6105 ONE FULL SPINE X-RAY PER YEAR FOR CHIROPRACTOR

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

This limitation audit will set when a full spine x-ray is billed more than once per calendar year for a member by the same chiropractor (specialty 150).

CRITERIA:

When a full spinal series x-ray (see procedure codes within the audit rules) is billed and payment has been made for a full spinal series to any chiropractor within the same calendar year as the date of service on the claim, set this audit and cutback, as appropriate, to allowed amount with EOB 6105.

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	6105	PAY
21	52	6105	PAY
21	55	6105	PAY
21	64	6105	PAY

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Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6105	DENY
21	30	6105	PAY
21	32	6105	PAY
21	33	6105	PAY
21	34	6105	PAY
21	52	6105	PAY
21	55	6105	PAY
21	64	6105	PAY
21	70	6105	PAY
21	72	6105	PAY
21	73	6105	PAY
21	74	6105	PAY

EOB: 6105 - INDIANA HEALTH COVERAGE PROGRAM REIMBURSEMENT IS LIMITED TO ONE (1) FULL SPINAL X-RAY PER RECIPIENT PER CALENDAR YEAR BY A CHIROPRACTOR. MAXIMUM REIMBURSEMENT HAS BEEN PAID. PRIOR AUTHORIZATION IS REQUIRED FOR PAYMENT OF ADDITIONAL VISITS.

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:	19950101	22991231

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Refer to the 835
Healthcare Policy
Identification
Segment (loop 2110
Service Payment
Information REF), if
present.

METHOD OF CORRECTION:

Full Failure:

Claims setting this audit will systematically process according to IHCP Policy.

Cutback:

Claims setting this audit will systematically cutback to 1 unit per calendar year.

