

## **Indiana Medicaid Resolutions Manual**

**NAME:** 6265 D0273 IS LIMITED TO 1 UNIT OF 3 VIEWS PER YEAR

**ERROR TYPE:** Limit Audit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

This limitation audit will set when D0273 (Bitewing three films) exceeds one unit in a year.

### **CRITERIA:**

When bitewings (D0273) exceed one unit in a year, set this audit with EOB 6265.

### **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	6265	PAY

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

Location	Region	EOB	Disposition
04	00	6265	DENY

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**EOB: 6265** - HORIZONTAL BITEWING X-RAYS ARE LIMITED TO FOUR EVERY 12 MONTHS

<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. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

### **METHOD OF CORRECTION:**

#### **Full Failure:**

The system will automatically deny units once the one unit limitation has been met.

#### **Cutback:**

The system will automatically cutback and pay one unit and deny additional units billed.