

Indiana Medicaid Resolutions Manual

NAME: **6431 RADIOGRAPHS VS BITEWINGS/PERIAPICAL IMAGE
 SAME DOS**

ERROR TYPE: Contra Audit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

This two-way contra audit will set when a full mouth radiograph series is billed and a separate bitewing image or intraoral-periapical image has been paid in history on the same date of service or vice versa.

CRITERIA:

When a full mouth radiographic series is billed and bitewing radiographic images or intraoral-periapical radiographic images have been paid on the same date of service, or vice versa, deny the current detail with EOB 6430.

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
21	00	9999	PAY

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

Location	Region	EOB	Disposition
21	00	6430	DENY
21	30	6430	PAY
21	32	6430	PAY
21	33	6430	PAY

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21	34	6430	PAY
21	70	6430	PAY
21	72	6430	PAY
21	73	6430	PAY
21	74	6430	PAY

EOB: 6430 - THIS DENTAL SERVICE IS NOT PAYABLE WITH ANOTHER SERVICE ON THE SAME DATE OF SERVICE.

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

Remark Code	Remark Description	Effective Date	End Date
N20	Service not payable with other service rendered on the same date.	20000101	22991231

EOB: 9999 - PROCESSED PER POLICY.

ARC Code	ARC Description	Effective Date	End Date
97	The benefit for this service is included in the	19950101	22991231

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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.

METHOD OF CORRECTION:

Claims setting this audit will automatically deny.

