

Indiana Medicaid Resolutions Manual

NAME: 6266 BITEWING VERTICAL-7 TO 8 IMAGES LIMIT 1 UNIT/12 MO

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

This limitation audit will set when D0277 (Vertical Bitewings seven to eight films) exceed one unit in 12 months.

CRITERIA:

When vertical bitewings (D0277) exceed one unit in 12 months, set this audit with EOB 6266.

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	6266	PAY

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

Location	Region	EOB	Disposition
04	00	6266	DENY

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EOB: 6266 - VERTICAL BITEWING X-RAYS ARE LIMITED TO 7 TO 8 IMAGES EVERY 12 MONTHS.

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. 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 systematically deny units once the 1 unit limitation has been met.

Cutback:

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