

## **Indiana Medicaid Resolutions Manual**

**NAME:**               **263     TOOTH SURFACE CODE INVALID (DTL)**

**ERROR TYPE:**     Batch Edit, Hard Coded

**HEADER/DETAIL:** Detail

**OVERRIDABLE:**    N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit if the tooth surface code is invalid.

### **CRITERIA:**

Set this edit If the tooth surface on the detail line is invalid with EOB 0263.

### **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
04	00	9999	PAY

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

Location	Region	EOB	Disposition
00	00	0263	DENY
00	10	0263	SUSPEND
00	11	0263	SUSPEND
00	30	9999	PAY
00	33	9999	PAY
00	34	9999	PAY
00	35	0263	PAY
00	36	0263	PAY
00	37	0263	PAY

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00	38	0263	PAY
00	70	9999	PAY
00	73	9999	PAY
00	74	9999	PAY
00	91	0263	SUSPEND

**EOB: 0263** - ONE OR MORE OF THE TOOTH SURFACE CODES BILLED IS INVALID. THE MINIMUM NUMBER OF VALID TOOTH SURFACE CODES HAS NOT BEEN MET. VALID TOOTH SURFACE CODES ARE "B", "D", "F", "I", "L", "M", OR "O". PLEASE VERIFY AND RESUBMIT.

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
N75	Missing/incomplete/invalid tooth surface information.	20000101	22991231

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

### **METHOD OF CORRECTION:**

Claims setting this edit will be systematically denied with EOB 0263.

For paper and special batch claims, check to see if the tooth surface for the detail applicable was keyed correctly. Correct as needed and resubmit (do not force). If the tooth surface was keyed correctly, then deny the edit with EOB 263.

