

Indiana Medicaid Resolutions Manual

NAME: **266 INSUFFICIENT NUM OF VALID TOOTH SURFACE CODES(DTL)**

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if a valid tooth surface code is required but is not present.

CRITERIA:

Set this edit If the procedure code billed is listed on Procedure group 136, 137, 138 and 139 and if there are fewer than the required number of valid tooth surface codes present on the claim detail, with EOB 0266.

Procedure groups can be located by navigating from the main menu to BPA>Related Data>Other>HCPCS Procedure Group Type.

Tooth Surface can be located by navigating from the main menu to BPA>Related Data. Go to open tab and select Codes O-Z>Tooth Surface.

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

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Location	Region	EOB	Disposition
00	00	0266	DENY
00	30	9999	PAY
00	33	9999	PAY
00	34	9999	PAY
00	35	0266	PAY
00	36	0266	PAY
00	37	0266	PAY
00	38	0266	PAY
00	70	9999	PAY
00	73	9999	PAY
00	74	9999	PAY

EOB: 0266 - THE NUMBER OF VALID TOOTH SURFACE CODES PRESENT DOES NOT MEET THE MINIMUM NUMBER REQUIRED FOR THE PROCEDURE CODE BILLED.

ARC Code	ARC Description	Effective Date	End Date
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

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Remark Code	Remark Description	Effective Date	End Date
N75	Missing/incomplete/invalid tooth surface information.	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 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 0266.

