

Indiana Medicaid Resolutions Manual

NAME: 262 TOOTH NUM INVALID (DTL)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the tooth number submitted is not valid.

CRITERIA:

Set this edit If the tooth number on the detail line does not match a valid value with, EOB 0262.

Valid tooth numbers are A through T, AS through TS, 1 through 32 or 51 through 82.

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

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	0262	DENY
00	91	0262	SUSPEND

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EOB: 0262 - THE TOOTH NUMBER IS INVALID-THE TOOTH NUMBER OR LETTER IS REQUIRED FOR EXTRACTION PROCEDURES. PLEASE VERIFY AND RESUBMIT.

ARC Code	ARC Description	Effective Date	End Date
16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. 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.) Note: 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
N37	Missing/incomplete/invalid tooth number/letter.	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. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service	19950101	22991231

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Payment Information
REF), if present.

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 0262.

For special batch claims, follow special instructions to adjudicate the claim.

