

Indiana Medicaid Resolutions Manual

NAME: **261 TOOTH NUM MISSING (DTL)**

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the tooth number is missing and it is required for the procedure code billed.

CRITERIA:

Set this edit if the tooth number on the detail line is missing, and the dental procedure code billed requires a tooth number, with EOB 0261.

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	0261	SUSPEND
00	20	0261	DENY
00	21	0261	DENY
00	22	0261	DENY
00	23	0261	DENY
00	30	9999	PAY
00	32	9999	PAY
00	33	9999	PAY

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00	34	9999	PAY
00	35	0261	PAY
00	36	0261	PAY
00	37	0261	PAY
00	38	0261	PAY
00	50	0261	DENY
00	51	0261	DENY
00	52	0261	DENY
00	61	0261	DENY
00	62	0261	DENY
00	64	0261	DENY
00	70	9999	PAY
00	72	9999	PAY
00	73	9999	PAY
00	74	9999	PAY

EOB: 0261 - THE TOOTH NUMBER OR LETTER IS MISSING-THE TOOTH NUMBER OR LETTER IS REQUIRED FOR EXTRACTION PROCEDURES. PLEASE PROVIDE AND RESUBMIT.

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	19950101	22991231

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Information REF), if present.

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. 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 0261.

Encounter regions are Set to post and pay for this edit.

For paper claims, check to see if the tooth number for the detail applicable was keyed correctly. Correct as needed and save the claim,(do not force). If the tooth number was keyed correctly, then deny the detail with EOB 0261.

