

## **Indiana Medicaid Resolutions Manual**

**NAME:** 450 INVALID AREA OF ORAL CAVITY

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

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit if the area of oral cavity submitted is invalid.

### **CRITERIA:**

Set this edit and assign EOB 0960, when the area of oral cavity on the detail line does not match a valid value, Valid area of oral cavity values are: 00, 01, 02, 09, 10, 20, 30, 40, L, or R. Area of Oral Cavity can be located by navigating from the Main Menu to BPA>Related Data. Go to open tab and select Codes A-C>Area of the Oral Cavity.

### **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
00	00	0960	DENY
00	91	0960	SUSPEND

**EOB: 0960 - INVALID AREA OF ORAL CAVITY, PLEASE REVISE AND RESUBMIT**

## **Indiana Medicaid Resolutions Manual**

<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>
N346	Missing/incomplete/invalid oral cavity designation code.	20050330	22991231

**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	19950101	22991231

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service/procedure that  
has already been  
adjudicated. Usage:  
Refer to the 835  
Healthcare Policy  
Identification  
Segment (loop 2110  
Service Payment  
Information REF), if  
present.

### **METHOD OF CORRECTION:**

.Claims setting this edit will be systematically denied with EOB 0960 .  
For special batch claims, follow special instructions to adjudicate the claim.

