

Indiana Medicaid Resolutions Manual

NAME: **4211 TOOTH NUM/PROC CODE COMBINATION INVALID (DTL)**

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the tooth number/procedure code combination is not valid according to what is listed in the database table.

CRITERIA:

Set this edit if the Claim Type is D and the tooth number/procedure code combination listed on the claim detail is not listed on the HCPC Procedure/Tooth Number restriction table Set with, EOB 4211.

Procedure to tooth restrictions can be located in Core MMIS under Main Menu>BPA>Procedure>Open Tab>Restriction>Tooth.

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
04	00	4211	DENY
04	30	9999	PAY
04	32	9999	PAY

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04	33	9999	PAY
04	34	9999	PAY
04	35	9999	PAY
04	36	9999	PAY
04	37	9999	PAY
04	38	9999	PAY
04	70	9999	PAY
04	72	9999	PAY
04	73	9999	PAY
04	74	9999	PAY
04	91	4211	SUSPEND

EOB: 4211 - THE TOOTH NUMBER BILLED IS NOT VALID WITH THE PROCEDURE CODE BILLED.

ARC Code	ARC Description	Effective Date	End Date
96	Non-covered charge(s). 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.) Usage: 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
N81	Procedure billed is not compatible with tooth surface code.	20000101	22991231

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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 4211.

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

If a primary tooth number is billed with procedure code D3330, verify that the tooth number is a baby tooth and force the claim, there are instances where the member will not have a permanent tooth.

