

Indiana Medicaid Resolutions Manual

NAME: 6208 OCCLUSAL FILMS LIMITED TO 2 UNITS

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: N

DESCRIPTION:

This limitation audit will set when greater than two units of occlusal films are billed on the same date of service. This audit should bypass 5001.

CRITERIA:

When occlusal films (D0240) exceed two units on the same date of service for any provider, set this audit with EOB 6208. This audit should bypass 5001.

If billed by Provider specialties 270 (Endodontist), 271 (General Dentistry Practitioner), 272 (Oral Surgeon), 273 (Orthodontist), 274 (Pediatric Dentist), 275 (Periodontist), 276 (Mobile Dental Van) and 277 (Prosthesis) the claim will set this audit.

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 |
|----------|--------|------|-------------|
| 21 | 00 | 6208 | PAY |
| 21 | 30 | 6208 | PAY |
| 21 | 32 | 6208 | PAY |

Indiana Medicaid Resolutions Manual

| | | | |
|----|----|------|-----|
| 21 | 33 | 6208 | PAY |
| 21 | 34 | 6208 | PAY |
| 21 | 55 | 6208 | PAY |
| 21 | 70 | 6208 | PAY |
| 21 | 72 | 6208 | PAY |
| 21 | 73 | 6208 | PAY |
| 21 | 74 | 6208 | PAY |

Claim Type: D - Dental Claims **Member Plan:** ALL **Status:** Post

| Location | Region | EOB | Disposition |
|-----------------|---------------|------------|--------------------|
| 21 | 00 | 6208 | DENY |
| 21 | 30 | 6208 | PAY |
| 21 | 32 | 6208 | PAY |
| 21 | 33 | 6208 | PAY |
| 21 | 34 | 6208 | PAY |
| 21 | 55 | 6208 | PAY |
| 21 | 70 | 6208 | PAY |
| 21 | 72 | 6208 | PAY |
| 21 | 73 | 6208 | PAY |
| 21 | 74 | 6208 | PAY |

EOB: 6208 - INDIANA HEALTH COVERAGE PROGRAM BENEFITS LIMIT OCCLUSAL FILMS TO TWO (2) UNITS PER DAY.

| | | | |
|-----------------|--|-----------------------|-----------------|
| ARC Code | ARC Description | Effective Date | End Date |
| 119 | Benefit maximum for this time period or occurrence has been reached. | 19950101 | 22991231 |

| | | | |
|--------------------|---|-----------------------|-----------------|
| Remark Code | Remark Description | Effective Date | End Date |
| M86 | Service denied because payment already made for same/similar procedure within set time frame. | 19970101 | 22991231 |

Indiana Medicaid Resolutions Manual

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:

Full Failure

Claims will systematically deny or process according to IHCP policy.

Cutback:

Claims will systematically cutback to the approved number of units allowed.

