

Indiana Medicaid Resolutions Manual

NAME: **6228 DENTURE RELINE VS DENTURE REPAIR**

ERROR TYPE: Contra Audit

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

This contra-indicated audit will set when a denture reline is billed on the same date of service as a denture repair by the same or different provider.

CRITERIA:

When a denture reline (see procedure codes within the audit rules) is billed on the same date of service as a denture repair for the same member by the same or different provider (specialty 086, 270-276), if the repair and reline are made to the same maxillary to maxillary or mandibular to mandibular, the cutback should be applied. If the repair and reline are done to opposite arches, maxillary to mandibular and visa versa, both codes should pay. If the repair is done for the same arch as the reline, set this audit with EOB 6228.

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	6228	PAY
21	30	6228	PAY
21	32	6228	PAY

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21	33	6228	PAY
21	34	6228	PAY
21	50	6228	SUSPEND
21	51	6228	SUSPEND
21	52	6228	PAY
21	55	6228	PAY
21	64	6228	PAY
21	70	6228	PAY
21	72	6228	PAY
21	73	6228	PAY
21	74	6228	PAY
21	91	6228	SUSPEND

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

Location	Region	EOB	Disposition
21	00	6228	SUSPEND
21	20	6228	DENY
21	22	6228	DENY
21	30	6228	PAY
21	32	6228	PAY
21	33	6228	PAY
21	34	6228	PAY
21	50	6228	DENY
21	51	6228	DENY
21	52	6228	PAY
21	55	6228	PAY
21	56	6228	DENY
21	57	6228	DENY
21	62	6228	DENY
21	64	6228	PAY
21	70	6228	PAY
21	72	6228	PAY
21	73	6228	PAY
21	74	6228	PAY

EOB: 6228 - DENTURE RELINE PAID AT A REDUCED AMOUNT WHEN DENTURE REPAIRS HAVE BEEN REIMBURSED ON THE SAME DATE OF SERVICE. REIMBURSEMENT REFLECTS THE DIFFERENCE BETWEEN INDIANA HEALTH COVERAGE PROGRAM'S ALLOWABLE FOR THE PROCEDURE CODE BILLED AND THE AMOUNT PAID FOR DENTURE REPAIRS.

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ARC Code	ARC Description	Effective Date	End Date
B10	Allowed amount has been reduced because a component of the basic procedure/test was paid. The beneficiary is not liable for more than the charge limit for the basic procedure/test.	19950101	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:

Full Failure:

Claims setting this audit will suspend for review when a denture reline is billed on the same date of service as a denture repair by the same or different provider.

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Cutback:

Claims setting this audit will systematically cutback and process according to IHCP Policy.