

Indiana Medicaid Resolutions Manual

NAME: **6223 PERIODONTAL ROOT PLAN 21 YR OR > 4/LIFE NON-INST**

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

This limitation audit will set when non-institutionalized members age 21 and older have more than four (4) treatments of periodontal root planing or scaling billed by any provider.

CRITERIA:

When periodontal root planing and scaling (D4341 or D4342) is billed and payment has been made to any provider for any combination of four (4) treatments per lifetime for the same non-institutionalized member (not LOC assignment plans NHI10, NHI11, NHI120, NHN, NHS10, NHS11, NHS13) for members age 21 or older, set this audit with EOB 6223. See related audits 6221 and 6222.

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	6223	PAY
21	30	6223	PAY
21	32	6223	PAY

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21	33	6223	PAY
21	34	6223	PAY
21	70	6223	PAY
21	72	6223	PAY
21	73	6223	PAY
21	74	6223	PAY

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

Location	Region	EOB	Disposition
21	00	6223	DENY
21	30	6223	PAY
21	32	6223	PAY
21	33	6223	PAY
21	34	6223	PAY
21	70	6223	PAY
21	72	6223	PAY
21	73	6223	PAY
21	74	6223	PAY

EOB: 6223 - PERIODONTAL ROOT PLANING/SCALING 4X/LIFETIME/NON-INSTITUTIONAL 21 YRS AND OLDER.

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

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adjudicated. Usage:
Refer to the 835
Healthcare Policy
Identification
Segment (loop 2110
Service Payment
Information REF), if
present.

METHOD OF CORRECTION:

Full Failure:

Claims setting this audit will systematically deny.

Cutback:

Claims setting this audit will systematically cutback to the approved number of units allowed not to exceed 4 units per lifetime for members 21 and older.

