

## **Indiana Medicaid Resolutions Manual**

**NAME:**                   **6214    ROOT CANAL NOT PAYABLE WITH PULPOTOMY PD (DTL)**

**ERROR TYPE:**        Contra Audit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:**    Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

This contra-indicated audit will set when a root canal is billed on the same date of service as a pulpotomy for the same tooth.

### **CRITERIA:**

When a root canal (see procedure codes within audit rules) is billed and payment has been made to the same provider for a pulpotomy (D3222) on the same tooth for the same date of service, set this audit with EOB 6214. See related audit 6201 and 6204.

### **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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	9999	PAY

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
21	00	6214	PAY
21	30	6214	PAY
21	32	6214	PAY
21	33	6214	PAY
21	34	6214	PAY

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21	52	6214	SUSPEND
21	55	6214	SUSPEND
21	64	6214	SUSPEND
21	70	6214	PAY
21	72	6214	PAY
21	73	6214	PAY
21	74	6214	PAY

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
21	00	6214	PAY
21	30	6214	PAY
21	32	6214	SUSPEND
21	33	6214	PAY
21	34	6214	PAY
21	55	6214	SUSPEND
21	64	6214	SUSPEND
21	70	6214	PAY
21	72	6214	SUSPEND
21	73	6214	PAY
21	74	6214	PAY

**EOB: 6214** - ROOT CANAL PAYABLE AT A REDUCED AMOUNT WHEN PULPOTOMY PAID FOR THE SAME TOOTH ON THE SAME DATE OF SERVICE. REIMBURSEMENT REFLECTS DIFFERENCE BETWEEN INDIANA HEALTH COVERAGE PROGRAM'S ALLOWABLE FOR ROOT CANAL AND THE AMOUNT PREVIOUSLY PAID FOR PULPOTOMY.

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
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

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**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 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 audit will systematically deny when a root canal is billed and paid to the same provider as pulpotomy on the same tooth same date of service.

