

## **Indiana Medicaid Resolutions Manual**

**NAME:**                    **6235    PROPHY & PERIODTL MAINT NON-INST AGE 3>LIM  
1/3 MOS**

**ERROR TYPE:**        Limit Audit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:**    N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

This limitation audit will set when non-institutionalized members age 3 or older receive more than one unit of dental treatment (D1110, D1120 or D4910) within three months.

### **CRITERIA:**

When dental treatment (D1110, D1120 or D4910) exceeds one unit in three months for non-institutionalized members (not LOC assignment plans NHI10, NHI11, NHI120, NHN, NHS10, NHS11, NHS13) billed by any provider, set this audit with EOB 6235. See related audit 6232. Multiple units on the same detail will be cutback to allow one unit to pay if no other units are in history. See related audits 6232 and 6310. Provider specialty 212 (CSHCS Care Coordinator) will bypass 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

| <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            | 6235       | PAY                |
| 21              | 30            | 6235       | PAY                |

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|    |    |      |     |
|----|----|------|-----|
| 21 | 32 | 6235 | PAY |
| 21 | 33 | 6235 | PAY |
| 21 | 34 | 6235 | PAY |
| 21 | 70 | 6235 | PAY |
| 21 | 72 | 6235 | PAY |
| 21 | 73 | 6235 | PAY |
| 21 | 74 | 6235 | 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            | 6235       | DENY               |
| 21              | 30            | 6235       | PAY                |
| 21              | 32            | 6235       | PAY                |
| 21              | 33            | 6235       | PAY                |
| 21              | 34            | 6235       | PAY                |
| 21              | 70            | 6235       | PAY                |
| 21              | 72            | 6235       | PAY                |
| 21              | 73            | 6235       | PAY                |
| 21              | 74            | 6235       | PAY                |

**EOB: 6235** - PROPHYLAXIS AND PERIODONTAL MAINTENANCE IS LIMITED TO ONE TREATMENT EVERY 3 MONTHS FOR MEMBERS AGE 3 YEARS & OLDER.

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

**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 | 19950101              | 22991231        |

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has already been  
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.

