

Indiana Medicaid Resolutions Manual

NAME: 6201 UPPER DENTURE RELINES LIMITED TO 1 PER 36 MONTHS

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

This limitation audit will set when any provider bills more than one reline of dentures every 36 months.

CRITERIA:

When denture relines (see procedure codes within audit rules) exceed one within 36 months for any provider, set this audit with EOB 6201. See related audit 6216. 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

Location	Region	EOB	Disposition
00	00	9999	PAY

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

Location	Region	EOB	Disposition
21	00	6201	PAY
21	30	6201	PAY
21	32	6201	PAY
21	33	6201	PAY
21	34	6201	PAY

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21	55	6201	PAY
21	70	6201	PAY
21	72	6201	PAY
21	73	6201	PAY
21	74	6201	PAY

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

Location	Region	EOB	Disposition
21	00	6201	DENY
21	30	6201	PAY
21	32	6201	PAY
21	33	6201	PAY
21	34	6201	PAY
21	55	6201	PAY
21	70	6201	PAY
21	72	6201	PAY
21	73	6201	PAY
21	74	6201	PAY

EOB: 6201 - BENEFITS LIMITED TO ONE UPPER DENTURE RELINE PER MEMBER IN A THIRTY-SIX(36) MONTH PERIOD, UNLESS PRIOR AUTHORIZED.

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

EOB: 9999 - PROCESSED PER POLICY.

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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 systematically deny after 36 units have been paid.

Cutback:

Claims setting this audit will systematically cutback until the 36 limit has been met.

