

Indiana Medicaid Resolutions Manual

NAME: 6210 OBSOLETE PROPHYLAXIS LTD TO ONE TREATMT
EVERY SIX

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: N

DESCRIPTION:

This limitation audit will set when a non-institutionalized member between age twelve months and twenty-one (21) years has had more than one treatment of prophylaxis every six months.

CRITERIA:

When prophylaxis (D1110 or D1120) is billed and payment has been made to any provider for a prophylaxis treatment for the same non-institutionalized member within six (6) months of the date of service, set this audit with EOB 6210. Provider specialty 212 (CSHCS Care Coordinator) will bypass this audit. This audit was end-dated effective 8/1/2015 and replaced with audit 6310 (also see 6232 and 6235).

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	6210	PAY
21	55	6210	PAY
21	70	6210	PAY
21	72	6210	PAY

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21	73	6210	PAY
21	74	6210	PAY

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

Location	Region	EOB	Disposition
21	00	6210	DENY
21	55	6210	PAY
21	70	6210	PAY
21	72	6210	PAY
21	73	6210	PAY
21	74	6210	PAY

EOB: 6210 - BENEFITS LIMITED TO ONE TREATMENT OF PROPHYLAXIS EVERY SIX MONTHS FOR NON-INSTITUTIONAL RECIPIENTS, AGES TWELVE MONTHS THROUGH TWENTY YEARS OF AGE.

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.	19900101	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. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service	19950101	22991231

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Payment Information
REF), if present.

METHOD OF CORRECTION:

OBSOLETE

