

Indiana Medicaid Resolutions Manual

NAME: **6232 PROPHY & PERIODTL MAINT INSTIT AGE 3> LIM 1/3 MOS**

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

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

CRITERIA:

When dental treatment (D1110, D1120, or D4910) exceeds one unit in three months for institutionalized members (LOC assignment plans NHI10, NHI11, NHI120, NHN, NHS10, NHS11, NHS13) for members 3 years of age or older billed by provider specialties 270, 271, 272, 274, 275, 276 or 277, set this audit with EOB 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 6235 and 6310.

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
04	00	6232	PAY
04	30	6232	PAY
04	32	6232	PAY

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04	33	6232	PAY
04	34	6232	PAY
04	70	6232	PAY
04	72	6232	PAY
04	73	6232	PAY
04	74	6232	PAY

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

Location	Region	EOB	Disposition
04	00	6232	DENY
04	30	6232	PAY
04	32	6232	PAY
04	33	6232	PAY
04	34	6232	PAY
04	70	6232	PAY
04	72	6232	PAY
04	73	6232	PAY
04	74	6232	PAY

EOB: 6232 - PROPHYLAXIS AND PERIODONTAL MAINTENANCE IS LIMITED TO ONE TREATMENT EVERY 3 MONTHS FOR MEMBERS AGE 3 YRS & 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.

