

## **Indiana Medicaid Resolutions Manual**

**NAME: 6220 REPLACEMENT >THAN 3 TEETH-DENTURES  
PARTIAL OR COMP**

**ERROR TYPE:** Limit Audit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** N

**ALLOW DENIAL:** N

### **DESCRIPTION:**

This limitation audit will set when teeth replacements exceed three (3) on the same date of service by the same or different provider and no approved prior authorization is on file.

### **CRITERIA:**

When teeth replacements (D5520, D5630, D5640, D5650, D5660) exceed three (3) on the same date of service by the same or different dentist (specialties 270-277) and no approved prior authorization is on file, set this audit with EOB 6220.

### **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	6220	PAY
21	30	6220	PAY
21	32	6220	PAY
21	33	6220	PAY
21	34	6220	PAY

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21	52	6220	PAY
21	55	6220	PAY
21	64	6220	PAY
21	70	6220	PAY
21	72	6220	PAY
21	73	6220	PAY
21	74	6220	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	6220	DENY
21	30	6220	PAY
21	32	6220	PAY
21	33	6220	PAY
21	34	6220	PAY
21	52	6220	PAY
21	55	6220	PAY
21	64	6220	PAY
21	70	6220	PAY
21	72	6220	PAY
21	73	6220	PAY
21	74	6220	PAY

**EOB: 6220** - INDIANA HEALTH COVERAGE PROGRAM BENEFITS ALLOW REIMBURSEMENT FOR THREE (3) TOOTH REPLACEMENTS PER DAY. PRIOR AUTHORIZATION IS REQUIRED IF REPLACING MORE THAN THREE (3) TEETH ON THE SAME DATE OF SERVICE.

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
198	Precertification/authorization exceeded. Effective 05/01/2018: Precertification/notification/authorization/pre-treatment exceeded.	20061031	22991231

**EOB: 9999** - PROCESSED PER POLICY.

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
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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
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### **METHOD OF CORRECTION:**

#### **Full Failure:**

Claims setting this audit will systematically deny.

#### **Cutback:**

Claims setting this audit will systematically cutback to the approved number of units allowed, not to exceed 3 units per day.

