

Indiana Medicaid Resolutions Manual

NAME: **6239 MULTIPLE EXTRACTIONS ON SAME DATE OF SERVICE**

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

This limitation audit will set when there are multiple extractions (D7140 or D7111) of a tooth in the same quadrant on the same date of service for different performing providers.

CRITERIA:

When multiple extractions (D7140 or D7111) of a tooth in the same quadrant are billed and payment has been made to a different performing provider for previous extractions on the same date of service and tooth numbers are the same or different, set this audit with EOB 6239.

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
00	00	6239	PAY

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

Location	Region	EOB	Disposition
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00	00	6239	SUSPEND
00	30	6239	PAY
00	32	6239	PAY
00	33	6239	PAY
00	34	6239	PAY
00	70	6239	PAY
00	72	6239	PAY
00	73	6239	PAY
00	74	6239	PAY

EOB: 6239 - MULTIPLE EXTRACTIONS ON SAME DATE OF SERVICE

ARC Code	ARC Description	Effective Date	End Date
45	<p>Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.</p> <p>Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)</p>	19950101	22991231

EOB: 9999 - PROCESSED PER POLICY.

ARC Code	ARC Description	Effective Date	End Date
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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 suspend. The Resolutions Analyst should check to verify that the tooth number billed is not located in the same quadrant as the previously billed extraction (see below quadrant key). If the extraction is located in the same quadrant, (different performing provider, same date of service), reduce the allowed amount by 10% of the Max Fee allowed amount. If the extraction is not located in the same quadrant, (different performing provider, same date of service), force the audit.

Example:

D7140 - 100% Max Fee allowed = \$72.25

D7140 - Max Fee allowed -10% = \$65.03

Permanent Teeth / Quadrant:

Teeth 1-8 / Quadrant 10

Teeth 9-16 / Quadrant 20

Teeth 17-24 / Quadrant 30

Teeth 25-32 / Quadrant 40

Primary Teeth / Quadrant:

Teeth A-E / Quadrant 10

Teeth F-J / Quadrant 20

Teeth K-O / Quadrant 30

Teeth P-T / Quadrant 40

