

Indiana Medicaid Resolutions Manual

NAME: 6247 OBSOLETE PROPHY AND FLUORIDE ALLOWD MAX OF \$70.00

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: N

DESCRIPTION:

This audit will set when Adult Prophylaxis (D1110) and Fluoride (D1208) are billed on the same date of service in excess of \$70.00.

CRITERIA:

When a dental claim is received for a member and procedure codes D1110 and D1208 are billed on the same date of service, payment will be cutback not to exceed \$70.00, and post EOB 6247. This audit was end-dated 9/4/2015.

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	6247	PAY
00	70	6247	PAY
00	72	6247	PAY

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

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Location	Region	EOB	Disposition
00	00	6247	DENY
00	70	6247	PAY
00	72	6247	PAY

EOB: 6247 - TOPICAL APPLICATION OF FLUORIDE AND PROPHYLAXIS WILL NOT BE SEPARATELY REIMBURSED ON THE SAME DATE OF SERVICE. A PAYMENT OF \$70.00 WILL BE REIMBURSED FOR THE COMBINATION OF BOTH.

ARC Code	ARC Description	Effective Date	End Date
B15	This service/procedure requires that a qualifying service/procedure be received and covered. The qualifying other service/procedure has not been received/adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

Remark Code	Remark Description	Effective Date	End Date
M15	Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.	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	19950101	22991231

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adjudicated. Note: Refer to
the 835 Healthcare Policy
Identification Segment
(loop 2110 Service
Payment Information
REF), if present.

METHOD OF CORRECTION:

OBSOLETE

