

Indiana Medicaid Resolutions Manual

NAME: 6212 FLUORIDE TREATMENT LIMITED TO 1 EVERY 6 MONTHS

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

This limitation audit will set when more than one topical application of fluoride is billed within a six month period for members age zero through twenty years. IAC zero (0) months of age or older, but who are younger than age twenty (21). 405 IAC 5-14-4 POLICY Reimbursement is available for one (1) topical application of fluoride every six (6) months per member only for patients who are zero (0) or older, but who are younger than twenty (21) years of age. Topical applications of fluoride are not covered for members twenty-one or older. Brush-in fluoride (topical application of fluoride phosphate) is not a covered service.

CRITERIA:

When topical application of fluoride (see procedure codes within the audit rules) is billed and payment has been made for one topical application of fluoride to any provider within six (6) months of the date of service, set this audit and cutback, as appropriate, to allowed amount with EOB 6212.

Provider specialty 212 (CSHCS Care Coordinator) will bypass this audit.

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

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

Location	Region	EOB	Disposition
21	00	6212	PAY
21	30	6212	PAY
21	32	6212	PAY
21	33	6212	PAY
21	34	6212	PAY
21	70	6212	PAY
21	72	6212	PAY
21	73	6212	PAY
21	74	6212	PAY

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

Location	Region	EOB	Disposition
21	00	6212	DENY
21	30	6212	PAY
21	32	6212	PAY
21	33	6212	PAY
21	34	6212	PAY
21	55	6212	PAY
21	70	6212	PAY
21	72	6212	PAY
21	73	6212	PAY
21	74	6212	PAY

EOB: 6212 - INDIANA HEALTH COVERAGE PROGRAM BENEFITS ALLOW PAYMENT FOR ONE TOPICAL APPLICATION OF FLUORIDE EVERY SIX (6) MONTHS. FLOURIDE TREATMENTS ARE LIMITED TO RECIPIENTS 0 THROUGH 20 YEARS OF AGE.

ARC Code 119	ARC Description Benefit maximum for this time period or occurrence has been reached.	Effective Date 19950101	End Date 22991231
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Remark Code M86	Remark Description Service denied because payment	Effective Date 19970101	End Date 22991231
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already made for
same/similar
procedure within set
time frame.

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. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

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.

