

Indiana Medicaid Resolutions Manual

NAME: **6221 PERIODONTAL ROOT PLAN/SCAL 4 TX/2YRS NON-INSTITUTI**

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: N

DESCRIPTION:

This limitation audit will set when non-institutionalized members between age three (3) and under twenty-one (21) have had more than four (4) treatments of periodontal root planing and scaling every two (2) years.

CRITERIA:

When periodontal root planing or scaling (D4341 or D4342) exceeds four (4) treatments (any combination) within two (2) years for non-institutionalized member between age 3 and under 21 for any provider specialty 270-277, set this audit with EOB 6221. See related audits 6222 and 6223.

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	6221	PAY
21	30	6221	PAY
21	32	6221	PAY

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21	33	6221	PAY
21	34	6221	PAY
21	52	6221	PAY
21	55	6221	PAY
21	64	6221	PAY
21	70	6221	PAY
21	72	6221	PAY
21	73	6221	PAY
21	74	6221	PAY

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

Location	Region	EOB	Disposition
21	00	6221	DENY
21	30	6221	PAY
21	32	6221	PAY
21	33	6221	PAY
21	34	6221	PAY
21	52	6221	PAY
21	55	6221	PAY
21	64	6221	PAY
21	70	6221	PAY
21	72	6221	PAY
21	73	6221	PAY
21	74	6221	PAY

EOB: 6221 - REIMBURSEMENT LIMITED TO FOUR TREATMENTS OF PERIODONTAL ROOT PLANING/SCALING EVERY TWO (2) YEARS FOR NON-INSTITUTIONALIZED RECIPIENTS BETWEEN THE AGES OF THREE (3) AND TWENTY (20) YEARS.

ARC Code	ARC Description	Effective Date	End Date
119	Benefit maximum for this time period or occurrence has been reached.	19950101	22991231

Remark Code	Remark Description	Effective Date	End Date
M86	Service denied because payment already made for same/similar	19970101	22991231

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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.

