

## Indiana Medicaid Resolutions Manual

**NAME:** 6248 OBSOLETE PROPHY AND FLUORIDE ALLOWD MAX OF \$56.75

**ERROR TYPE:** Limit Audit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** Y

**ALLOW DENIAL:** N

### DESCRIPTION:

This limitation audit will set when Child Prophylaxis (D1120) and Fluoride (D1208) are billed on the same date of service in excess of \$56.75.

### CRITERIA:

When D1120 and D1208 are billed on the same date of service, payment will be cutback not to exceed \$56.75 and will post EOB 6248. 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	6248	PAY
00	70	6248	PAY
00	72	6248	PAY

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

Location	Region	EOB	Disposition
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00	00	6248	DENY
00	70	6248	PAY
00	72	6248	PAY

**EOB: 6248** - TOPICAL APPLICATION OF FLUORIDE AND PROPHYLAXIS WILL NOT BE SEPARATELY REIMBURSED ON THE SAME DATE OF SERVICE. A PAYMENT OF \$56.75 WILL BE REIMBURSED FOR THE COMBINATION OF BOTH.

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
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

<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
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.

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to	19950101	22991231

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the 835 Healthcare Policy  
Identification Segment  
(loop 2110 Service  
Payment Information  
REF), if present.

### **METHOD OF CORRECTION:**

OBSOLETE

