

Indiana Medicaid Resolutions Manual

NAME: **6237 COMPREHENS ORAL EXAM LIMIT**
 1/LIFETIME/MEMBER/PROV

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

This audit will set when D0150 (comprehensive oral exam) or D0160 (detailed and extensive oral evaluation) is billed more than once per lifetime, per member, different provider. Annual limit is two visits to a different provider.

CRITERIA:

When dental exams (D0150 or D0160) are billed more than once per lifetime, per member, different provider, set this audit with EOB 6237. ANNUAL LIMIT OF TWO VISITS TO A DIFFERENT PROVIDER EFFECTIVE 6-1-03. See related audit 6226.

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
04	00	6237	PAY
04	30	6237	PAY
04	32	6237	PAY
04	33	6237	PAY

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04	34	6237	PAY
04	70	6237	PAY
04	72	6237	PAY
04	73	6237	PAY
04	74	6237	PAY

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

Location	Region	EOB	Disposition
04	00	6237	DENY
04	30	6237	PAY
04	32	6237	PAY
04	33	6237	PAY
04	34	6237	PAY
04	70	6237	PAY
04	72	6237	PAY
04	73	6237	PAY
04	74	6237	PAY

EOB: 6237 - COMPREHENSIVE ORAL EXAM-NEW OR ESTABLISHED PATIENT WILL BE LIMITED TO ONE PER LIFETIME, PER MEMBER, PER PROVIDER WITH AN ANNUAL LIMIT OF TWO VISITS.

ARC Code	ARC Description	Effective Date	End Date
119	Benefit maximum for this time period or occurrence has been reached.	19950101	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. Usage:
Refer to the 835
Healthcare Policy
Identification
Segment (loop 2110
Service Payment
Information REF), if
present.

METHOD OF CORRECTION:

Full Failure:

Claims setting this audit will systematically deny.

Cutback:

Claims setting this audit will systematically cutback.

