

Indiana Medicaid Resolutions Manual

**NAME: 6226 COMPREH/EXTEN ORAL EVAL LIMIT
1/LIFETIME/PROVIDER**

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: N

DESCRIPTION:

This limitation audit will set when initial oral examinations exceed one by the same provider.

CRITERIA:

When initial oral examinations (D0150 or D0160) exceed one by the same provider (specialties 270-277), set this audit with EOB 6226. See related audit 6237.

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	6226	PAY
21	30	6226	PAY
21	32	6226	PAY
21	33	6226	PAY
21	34	6226	PAY
21	52	6226	PAY
21	55	6226	PAY

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21	64	6226	PAY
21	70	6226	PAY
21	72	6226	PAY
21	73	6226	PAY
21	74	6226	PAY

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

Location	Region	EOB	Disposition
21	00	6226	DENY
21	30	6226	PAY
21	32	6226	PAY
21	33	6226	PAY
21	34	6226	PAY
21	52	6226	PAY
21	55	6226	PAY
21	64	6226	PAY
21	70	6226	PAY
21	72	6226	PAY
21	73	6226	PAY
21	74	6226	PAY

EOB: 6226 - COMPREHENSIVE/EXTENSIVE ORAL EVALS ARE LIMITED TO ONE PER LIFETIME PER MEMBER PER PROVIDER

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	19950101	22991231

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service/procedure that
has already been
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 to the approved number of units allowed not to exceed one per provider per lifetime.

