

## **Indiana Medicaid Resolutions Manual**

**NAME:**                    **6222 PERIODONTAL ROOT PLAN/SCALING, 4 TX PER 2 YRS INST**

**ERROR TYPE:**        Limit Audit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:**    N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

This limitation audit will set when institutionalized members (regardless of age) have had more than four (4) treatments of periodontal root planing or scaling every two (2) years.

### **CRITERIA:**

When provider specialties 082, 086, 270-277 bill periodontal root planing or scaling (D4341 or D4342) and payment has been made to any provider for any combination of four (4) treatments for the same institutionalized member (LOC assignment plans NHI10, NHI11, NHI120, NHN, NHS10, NHS11, NHS13) within two (2) years of the date of service (regardless of age), set this audit with EOB 6222. See related audits 6221 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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	9999	PAY

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
21	00	6222	PAY
21	30	6222	PAY
21	32	6222	PAY

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21	33	6222	PAY
21	34	6222	PAY
21	55	6222	PAY
21	70	6222	PAY
21	72	6222	PAY
21	73	6222	PAY
21	74	6222	PAY

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
21	00	6222	DENY
21	30	6222	PAY
21	32	6222	PAY
21	33	6222	PAY
21	34	6222	PAY
21	55	6222	PAY
21	70	6222	PAY
21	72	6222	PAY
21	73	6222	PAY
21	74	6222	PAY

**EOB: 6222** - REIMBURSEMENT IS LIMITED TO FOUR TREATMENTS OF PERIODONTAL ROOT PLANING AND SCALING FOR INSTITUTIONALIZED RECIPIENTS EVERY TWO (2) YEARS REGARDLESS OF AGE.

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

<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
M86	Service denied because payment already made for same/similar procedure within set time frame.	19970101	22991231

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**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. 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 not to exceed 4 units in two years.

