

Indiana Medicaid Resolutions Manual

NAME: 6244 D4355/D4346 LIMITED TO ONCE EVERY 3 YEARS (DTL)

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

This limitation audit will set when a provider bills more than one unit in three years of procedure code D4355 (Full Mouth Debridement) or D4346 (Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation).

CRITERIA:

When any combination of full mouth debridement (D4355) or Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation (D4346) is billed with more than one unit in a three year timeframe, the claim will cutback and pay one unit and deny the additional units billed with EOB 6244.

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: B - Professional Xover Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	6244	DENY

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Claim Type: B - Professional Xover Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	6244	PAY

Claim Type: C - Outpatient Xover Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	6244	DENY

Claim Type: C - Outpatient Xover Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	6244	PAY

Claim Type: D - Dental Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	6244	PAY

Claim Type: D - Dental Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	6244	DENY

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	6244	DENY

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	6244	PAY

Claim Type: O - Outpatient Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	6244	PAY

Claim Type: O - Outpatient Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	6244	DENY

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EOB: 6244 - D4355/D4346 LIMITED TO ONCE EVERY 3 YEARS (DTL)

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 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 process according to IHCP policy.

Cutback:

Claims setting this audit will systematically cutback to the approved number of units allowed not to exceed 1 in 3 years.

