

Indiana Medicaid Resolutions Manual

NAME: 6310 PROPHY & PERIODTL MAINT AGE 1-2 YRS LIM 1/6
MOS

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

This limitation audit will set when a member age 1 through 2 years already has a claim/detail paid in history for one (1) unit of a treatment and subsequent units of any audited procedure is billed within a six (6) month period.

CRITERIA:

Members age 1 through 2 years with a claim/detail paid in history for one (1) unit of a treatment (D1110, D1120, D4210) and subsequent units of any audited procedure (D1110, D1120, D4210) billed within six (6) months by any provider, will set this audit with EOB 6310. Multiple units on the same detail will be cutback to allow one unit to pay if no other units are in history. See related audits 6232 and 6235.

- Claims for non-institutionalized members provider specialty 212 (CSHCS Care Coordinator) will bypass this audit.
- Claims for institutionalized members (LOC assignment plans NHI10, NHI11, NHI120, NHN, NHS10, NHS11, NHS13) billed by provider specialties 270, 271, 272, 274, 275, 276 or 277.

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:** Post

| Location | Region | EOB | Disposition |
|----------|--------|------|-------------|
| 21 | 00 | 6310 | DENY |

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Claim Type: 0 - All Claim Types **Member Plan:** ALL **Status:** Do Not Post

| Location | Region | EOB | Disposition |
|-----------------|---------------|------------|--------------------|
| 21 | 00 | 9999 | PAY |

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

| Location | Region | EOB | Disposition |
|-----------------|---------------|------------|--------------------|
| 21 | 00 | 6310 | PAY |

EOB: 6310 - PROPHYLAXIS AND PERIODONTAL MAINTENANCE LIMITED TO ONE TREATMENT EVERY SIX MONTHS FOR MEMBERS AGE ONE TO TWO YEARS..

| ARC Code | ARC Description | Effective Date | End Date |
|-----------------|--|-----------------------|-----------------|
| 16 | Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. | 19950101 | 22991231 |

| Remark Code | Remark Description | Effective Date | End Date |
|--------------------|---------------------------|-----------------------|-----------------|
|--------------------|---------------------------|-----------------------|-----------------|

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| | | | |
|-----|---|----------|----------|
| M51 | Missing/incomplete/invalid procedure code(s). | 19970101 | 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 will systematically deny.

Cutback:

Claims will systematically cutback and pay according to IHCP policy.

