

Indiana Medicaid Resolutions Manual

NAME: **6375 FLUORIDE VARNISH 99188 LIM TO 1 UNIT PER 182 DAYS**

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

If 99188 - APP TOPICAL FLUORIDE VARNISH, is billed more than once within 182 days, set the audit.

CRITERIA:

If the same or different physician provider bills more than 1 unit of 99188, within 182 days, the detail will deny with EOB 6375.

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
21	00	9999	PAY

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6375	PAY
21	30	6375	PAY
21	32	6375	PAY
21	70	6375	PAY
21	72	6375	PAY
21	91	6375	SUSPEND

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Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	6375	DENY
21	30	6375	DENY
21	32	6375	DENY
21	70	6375	DENY
21	72	6375	DENY
21	91	6375	SUSPEND

EOB: 6375 - Application Topical Fluoride Varnish (99188), limited to 1 unit per 182 days.

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

Remark Code	Remark Description	Effective Date	End Date
M86	Service denied because payment already made for same/similar procedure within set time frame.	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:	19950101	22991231

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Refer to the 835
Healthcare Policy
Identification
Segment (loop 2110
Service Payment
Information REF), if
present.

METHOD OF CORRECTION:

Claims failing this edit will be systematically denied.

