

Indiana Medicaid Resolutions Manual

NAME: 6268 ORAL EVAL PATIENT UNDER 3 ALLOW 1 PER YEAR

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

This limitation audit will set when D0145 (Oral Evaluation for A Patient Under Three Years of Age and Counseling with Primary Caregiver) exceeds one unit within one year for any dental provider.

CRITERIA:

When an oral evaluation (D0145) for a member under age 3 exceeds 1 unit within a year for any provider, set this audit with EOB 6268.

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
00	00	6268	DENY

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

Location	Region	EOB	Disposition
00	00	6268	DENY

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EOB: 6268 - ORAL EVALUATION FOR PATIENT UNDER 3 YEARS OF AGE LIMITED ONE PER YEAR

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. Note: 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 cutback or deny for full failure.

Cutback:

Claims setting this audit will systematically cutback