

## **Indiana Medicaid Resolutions Manual**

**NAME:**                   **6305    D4910 NOT ALLOWED WITHOUT HISTORY OF PERIO SERVICE**

**ERROR TYPE:**        Negative Contra Audit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:**    N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

This negative-contra audit will set when procedure D4910 is billed by the same or different provider and a periodontal service (see audit for list of codes) is not paid in history for the member.

### **CRITERIA:**

When periodontal maintenance (D4910) is billed and periodontal service (see audit for list of codes) is not paid in history by the same or different provider, deny with EOB 6305. See related audit 6308.

### **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:** D - Dental Claims    **Member Plan:** ALL    **Status:** Post

Location	Region	EOB	Disposition
21	00	6305	DENY
21	91	6305	SUSPEND

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**EOB: 6305 - PERIODONTAL MAINTENANCE (D4910) NOT ALLOWED WITHOUT A PERIODONTAL SERVICE PAID IN HISTORY.**

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
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

<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
M51	Missing/incomplete/invalid procedure code(s).	19970101	22991231

**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	19950101	22991231

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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.

### **METHOD OF CORRECTION:**

Claims that are special batched, region code 91, will be suspended. The clerk should review the documentation submitted to determine if the qualifying periodontal service (listed in the audit) occurred prior to their Medicaid effective date. If so, the D4910 procedure should be processed for payment. When no documentation is supplied the claim should be denied.

