

Indiana Medicaid Resolutions Manual

NAME: **6432 EXTRACTION SERVICES VS. SUTURE PROCEDURE
SAME DOS**

ERROR TYPE: Contra Audit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

This two-way contra audit will set when an extraction service is billed and a separate suture procedure has been paid in history on the same date of service, or vice versa.

CRITERIA:

When an extraction service is billed and a separate suture procedure has been paid on the same date of service, and vice versa, deny the current detail with EOB 6430.

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	6430	DENY
21	30	6430	PAY
21	32	6430	PAY
21	33	6430	PAY
21	34	6430	PAY
21	70	6430	PAY

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21	72	6430	PAY
21	73	6430	PAY
21	74	6430	PAY
22	11	6430	SUSPEND
22	21	6430	SUSPEND
22	23	6430	SUSPEND
22	61	6430	SUSPEND
22	91	6430	SUSPEND

EOB: 6430 - THIS DENTAL SERVICE IS NOT PAYABLE WITH ANOTHER SERVICE ON THE SAME DATE OF SERVICE.

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

Remark Code	Remark Description	Effective Date	End Date
N20	Service not payable with other service rendered on the same date.	20000101	22991231

EOB: 9999 - PROCESSED PER POLICY.

ARC Code	ARC Description	Effective Date	End Date
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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
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METHOD OF CORRECTION:

Claims processing systematically will set this audit and deny. Suspended claims are to be reviewed for documentation to confirm the suture procedure billed on the same DOS as the extraction occurred in a different part of the mouth from the extraction. The attachment must be a medical chart or documentation other than a claim note. If the documentation does not support the suture procedure was performed on a different part of the mouth from the extraction, deny the suture claim. If the documentation supports the suture was performed on a different part of the mouth from the extraction, the suture claim should be forced to pay.

