

Indiana Medicaid Resolutions Manual

NAME: 6374 D1354 D1355 SAME TOOTH LIMIT 1 UNIT PER 183 DAYS

ERROR TYPE: Limit Audit

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Med application per tooth is billed more than once for the same tooth number within 183 days, set the audit.

CRITERIA:

If the same or different provider bills more than one (1) unit of Med application, for the same tooth number within 183 days, the detail will deny with EOB 6374.

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 |
|----------|--------|------|-------------|
| 21 | 00 | 6374 | PAY |
| 21 | 30 | 6374 | PAY |
| 21 | 32 | 6374 | PAY |
| 21 | 70 | 6374 | PAY |
| 21 | 72 | 6374 | PAY |

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

| Location | Region | EOB | Disposition |
|-----------------|---------------|------------|--------------------|
| 21 | 00 | 6374 | DENY |
| 21 | 30 | 6374 | PAY |
| 21 | 32 | 6374 | PAY |
| 21 | 70 | 6374 | PAY |
| 21 | 72 | 6374 | PAY |

EOB: 6374 - Med application per tooth is billed more than once for the same tooth number within 183 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: Refer to the 835 | 19950101 | 22991231 |

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

METHOD OF CORRECTION:

Claims failing this edit will be systematically denied.

