PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS

Frequently Asked Questions

Dental Encounter Payment Policy for Dental Services Rendered by FQHCs and RHCs under the Medicaid Fee for Service Program

1) Will the dental billing guide cover both the 837P and the CMS 1500?

>   Yes, the instructions for completing the 837P and the CMS 1500 are located at:
>   http://www.dpw.state.pa.us/publications/forproviders/promiseproviderhandbooksandbillingguides/index.htm,

2) Should the FQHC bill using its medical Medicaid PROMIS*e*™ number and location or will they receive a new location code for dental?

- FQHC/RHC providers should bill using their unique PROMIS*e* provider identification number. There is not a separate provider identification number for dental services.
- FQHC/RHC providers should use the service location where the dental services are provided; if provided at the same location as medical services then use that service location.
- FQHC/RHC providers should use the service location code where the service is performed.

3) Will remittance advices contain "mixed" medical and dental payments or will they be separated on the RA?

>   The RA will contain both medical and dental payment information; an RA will not be issued separately for dental and medical.

4) How do we verify eligibility under the dentist name which is now "shut down" on the PROMISe system?

>   Eligibility should be verified by entering the FQHC/RHC unique PROMIS*e*™ Provider Identification number.

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5) When billing on-line through PROMISe, should the FQHC/RHC choose the Professional icon instead of the Dental icon when submitting claims for dental encounters?

Yes, the FQHC/RHC providers should choose the Professional icon.

6) How are dental encounters handled on the quarterly MCO wraparound reports?

There are no changes to the quarterly MCO reporting requirements. As noted in the November 1, 2010 updated version of Appendix E of the FQHC/RHC Provider Handbook, questions regarding the MCO quarterly settlement report and its instructions should be directed to Mr. Samuel Caramela at (717) 265-7831. FQHC/RHC providers rendering dental services under the MA managed care delivery system should address their questions to the applicable MCO.

7) Is there a comprehensive list of dental diagnosis codes?

The majority of ICD-9 diagnosis codes related to dental procedures is listed under *Diseases of Digestive System*, 520.0 to 529.9. Additional diagnoses codes for dental procedures are: V45.84, V49.82, V52.3, V53.4, V58.5, V58.75, V72.2 and V76.42.

NOTE: Dental services such as extractions, suture removal, dental adjustments and impressions are considered dental procedures NOT dental diagnoses.

8) How do you bill for treatment for multiple visits that started before November 1, 2010?

Dental services that require multiple visits (i.e., crowns, dentures, endodontics) and are completed on and after November 1, 2010, should be billed as a dental encounter using T1015/U9 and will be paid based on the FQHC/RHC PPS dental encounter rate. Please note that the patient's record should be fully documented to account for dental services that require multiple visits.

9) What diagnosis codes can be used for preventive/prophylaxis care?

- See answer to question #7 and refer to the ICD 9 listing under *Diseases of Digestive System* for the exact parameters of each individual claim. Some possible ICD-9 codes for preventive/prophylaxis care are:

  Gingival and periodontal diseases - 523.0 to 523.9
  Dental Sealant Status - V49.82
  Dental Examination - V72.2

10) What diagnosis codes can be used for multi-visit services, such as dentures, root canals and crowns?

- See answer to question #7 and refer to the ICD 9 listing under *Diseases of Digestive System* for the exact parameters of each individual claim. Some possible ICD-9 codes for endodontic procedures are:

    Diseases of the Pulp and Periapical Tissues- 522.0 to 522.9
    Crowns/ Dentures – V52.3 (Dental Prosthetic Device)
    Dental Restorative status crowns/restorations - V45.84
    Dental Caries - 521.0 to 521.09
    Loss of teeth due to trauma, extraction or periodontal disease - 525.1 to 525.19