

# Billing Tips for Dental Providers

PR0101 V 2.1 5.2022



# Topics

- General Guidelines
- Timely Filing
- Submission of claims
- RI Medicaid as Secondary Payer
- RIte Smiles
- Multiple Units



# General Guidelines

- **In-plan oral health Benefits-**
  - ❖ Certain oral health benefits are considered in-plan for members enrolled in managed care. Claims for these procedures and must be billed directly to the medical plan.
  - ❖ A list of the included codes can be found with the [Dental provider manual](#) on the EOHHS website.
- **2016 ADA Code Deletions and Additions**
  - ❖ D9220 – General Anesthesia-First 30 Minutes and D9221-General Anesthesia-Each additional 15 minutes have been replaced with the new code:
  - ❖ **D9223-Deep Sedation/General Anesthesia-Each 15 minute increment.**

As it was with the deleted codes, D9223 requires a prior authorization for members over age 20.



# Timely Filing Guidelines

- Rhode Island Executive Office of Health and Human Services (EOHHS) has a claim submission restriction of 12 months from the date of services provided to Medicaid clients.
- Gainwell Technologies must receive a claim for services for Medicaid clients, with no other health insurance with 12 months of the date of service in order to process claims.
- Any claim submitted with a date greater than 12 months from the date of service will deny for timely filing.
- Adjustments and recoups are also subject to these guidelines unless they result in lesser reimbursement.



# Bypass the Timely Filing Limit

**Claims received more than 12 months after the date of service must meet one or more of the following qualifications to bypass the timely filing time limit:**

- Retroactive recipient eligibility claims must be submitted within 90 days of the eligibility update.
- Claims with third party payer must be submitted within 90 days of the payers valid EOB date. Denials for timely filing or failure to comply with the primary payer are not included in this exception.
- Claims denied by HPE for reasons other than timely filing, must be submitted within 90 days from the process date on the remittance advice. This includes denials resulting from processing and/or recoupment errors.


## **Reminders:**

- ✓ Any claims with a service date over one year and an EOB date from another payer or remittance advice from HPE over 90 days, will be denied for timely filing.
- ✓ Eligibility updates within 90 days from the approval date.
- ✓ Computer printouts are not considered acceptable proof of timely filing.
- ✓ Claims that meet the timely filing exceptions must be submitted on paper with the supporting documentation to your Provider Representative.



# Submission of Claims

- Electronic claim submission is most efficient way to submit claims.
- RI Medicaid provides free software- Provider Electronic Solutions (PES)



A screenshot of a login dialog box with a light blue header and a grey body. The header contains the text "Enter a User ID and password to log onto the Provider Electronic Solution Application." Below the header, there are two input fields: "User ID" with the text "pes-admin" and "Password" which is empty. To the right of the input fields are three buttons: "OK", "Cancel", and "Forgot Password".



# Paper Claims

- There are times when paper claims are necessary.
- Claims should be submitted on the ADA-2012 claim form.

ADA American Dental Association® Dental Claim Form

**HEADER INFORMATION:**  
 Type of practice:  Single office location  Multiple office locations  
 Hospital or ambulatory surgical center  Other (specify):

**INSURANCE CO/EMPLOYER/BENEFIT PLAN INFORMATION:**  
 Insurance Co./Employer/Benefit Plan Name: Frontier Packard Enterprise - RI Medicaid  
 P.O. Box 2010  
 Warwick, RI 02887-2010

**POLICYHOLDER/SUBSCRIBER INFORMATION:**  
 Name: Smith, Jane L.  
 Address: 123 Main Street  
 Any Town, RI 02800  
 Date of Birth: 01/01/1950  
 Sex:  Female  Male  
 Telephone: 123-45-6789

**OTHER COVERAGE:**  
 Other coverage for dental services:  Yes (specify):  No

**PATIENT INFORMATION:**  
 Patient Name: Smith, Jane L.  
 Address: 123 Main Street  
 Any Town, RI 02800  
 Date of Birth: 01/01/1950  
 Sex:  Female  Male

**RECORD OF SERVICES, PROVIDER:**

Date of Service	Procedure Code	Quantity	Unit	Material	Fee	Insurance	Balance	Total
06/20/2014	D0140	1		Limited Chair Replacment	100.00			100.00
06/20/2014	D1110	1		Prophyllaxis-Adult	60.00			60.00
06/20/2014	14	1		Resin-based, two surfaces, posterior	150.00			150.00
06/20/2014	19	1		Resin-based, three surfaces, posterior	150.00			150.00

**AUTHORIZATIONS:**  
 I, the undersigned, hereby authorize the release of all information concerning the patient's dental treatment and services to the insurance carrier named herein.  
 Signature on file: 06/20/2014

**ANNUAL CLAIM/TREATMENT INFORMATION:**  
 Date of Treatment: 06/20/2014  
 Type of Treatment:  Routine  Emergency  
 Signature on file: 06/20/2014

**BILLING DENTIST OR DENTAL ENTITY:**  
 Name: Smith, John DDS  
 Address: 300 Your Street, Suite 301  
 Providence, RI 02905  
 Phone: (401) 555-5555  
 Fax: (401) 555-5555

**TREATING DENTIST AND TREATMENT LOCATION INFORMATION:**  
 Name: John Smith DDS  
 Address: 300 Your Street, Suite 301  
 Providence, RI 02905  
 Phone: (401) 555-5555  
 Fax: (401) 555-5555

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 J430D (Same as ADA Dental Claim Form - J430, J431, J432, J433, J434)



# Multiple Units

Total amount of units (29b on the ADA-2012) must be billed on one detail when billing for multiple units of a procedure code for the same date of service.

29. Procedure Code	29a. Diag. Pointer	29b. Qty.
D0140		1

## Examples:

- D4341 Periodontal scaling and root planning – four or more contiguous teeth or bounded teeth spaces per quadrant
  - ❖ *If three quadrants are completed on the same DOS, bill 3 units of D4341 on one line.*
- D4342 Periodontal scaling and root planning –one to three teeth, per quadrant
  - ❖ *If three quadrants are completed on the same DOS, bill 3 units of D4342 on one line.*

**This applies to both paper and electronic submissions.**





# RI Medicaid as Secondary Payer

## Commercial Payers

- RI Medicaid will usually pay the difference between the total primary payment and the Medicaid allowable reimbursement.
- Paper Claims
  - You must send the primary EOB with your claim
- Electronic Claim
  - Indicate “YES” to other insurance
  - Enter Adjustment Codes
  - Enter Group/Reason Codes and amounts
  - Codes should be entered as reported on the primary payers EOB
- Secondary Payment/Non-payment is based on the total claim and not calculated by procedure code.
- Denials by primary insurer indicating non-compliance with policy are considered invalid and Medicaid will not consider these services for payment.



# Paper Claim Sample – Other Insurance

ADA American Dental Association® Dental Claim Form

PLEASE PRINT

Patient is of legal age  Request for Notification of Provision of Services

Patient's Name: Smah, Mary W.  Request for Notification of Provision of Services

**INSURANCE COMPANY/DENTAL PLAN INFORMATION**

Insurance Company: Hartford Financial Enterprise - RI Medicaid  
P.O. Box 2010  
Warwick, RI 02891-0210

**OTHER COVERAGE** (List all coverage for this patient, including Medicare, Medicaid, etc.)

1. Coverage: Medicaid  
2. Name of Individual: Smah, Mary W.

**PATIENT INFORMATION**

1. Date of Birth: 05/05/1979  
2. Sex: F  
3. Patient's Relationship to Provider: Other  
4. Patient's Address: 122 Main Street, Any Town, RI 02000  
5. Patient's Telephone: (401) 555-1234  
6. Patient's Email: mary.smah@email.com

**RECORD OF SERVICES PROVIDED**

DATE	DESCRIPTION	ICD-9-CM	ICD-10-CM	PROCEDURE CODE	UNIT	UNIT PRICE	TOTAL PRICE	PAID AMOUNT	BALANCE
05/20/2014	Periodontal Exam	541.00	J06.01	D0210	1	100.00	100.00	100.00	0.00
05/20/2014	Periodontal Exam	541.00	J06.01	D0210	1	100.00	100.00	100.00	0.00
05/20/2014	Periodontal Exam	541.00	J06.01	D0210	1	100.00	100.00	100.00	0.00
05/20/2014	Periodontal Exam	541.00	J06.01	D0210	1	100.00	100.00	100.00	0.00
05/20/2014	Periodontal Exam	541.00	J06.01	D0210	1	100.00	100.00	100.00	0.00

**AUTHORIZATIONS**

1. Authorization Number: 0000000000  
2. Authorization Date: 05/20/2014  
3. Authorization Expiration Date: 05/20/2014  
4. Authorization Type: Other

**AUXILIARY CLAIM TREATMENT INFORMATION**

1. Treatment Type: Other  
2. Treatment Description: Periodontal Exam  
3. Treatment Date: 05/20/2014  
4. Treatment Provider: Any Dentist

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14300 (Same as ADA Dental Claim Form – 1430, 1431, 1432, 1433, 1434)



# Electronic Claim – PES- Other Insurance

837 Dental

Total Charge 150.00 OI Amount 00 Billed Amount 150.00 Services 3

Hdr 1 | Hdr 2 | Hdr 3 | OI | OI Adj | Srv 1 | Srv 2 |

Payer Responsibility P Claim Filing Ind Code 17  
Benefits Assignment Y Release of Medical Data Y

Payer Claim Reference

Policy Holder  
Carrier Code 001 Subscriber ID 987654321  
Last Name JONES First Name JANE MI

Add OI OI # Carrier Code Subscriber ID Last Name First Name  
Copy OI 1 001 987654321 JONES JANE  
Delete OI

Client ID	Last Name	First Name	Billed Amount	Last Submit Dt	Status
000112222	JONES	JANE			

Policy Holder

Client ID 000112222 Carrier Code 001 Carrier Name BLUE CROSS/BLUE SHIEL  
Group # Other Insurance Group Name  
Policy # Insurance Type Code Relationship to Insured 18

Policy Holder Information  
Last Name JONES First Name JANE MI  
Subscriber ID 987654321 ID Qualifier MI  
Date Of Birth 01/01/1971 Gender F

Policy Holder Address  
Line 1 000 MAIN STREET Line 2  
City PROVIDENCE State RI Zip 02903

Client ID	Carrier Code	Subscriber ID	Last Name	First Name
000112222	001	987654321	JONES	JANE



# Other Insurance

837 Dental

Total Charge .00 OI Amount 150.00 Billed Amount -150.00 Services 1

Hdr 1 | Hdr 2 | Hdr 3 | OI | OI Adj | Srv 1 | Srv 2

Paid Date/Amount 03/10/2016 150.00

Non-Covered Amount .00

Adjustment Group Codes/Reason Codes/Amounts

1	CO	100	75.00	4		.00
2	PR	2	75.00	5		.00
3			.00	6		.00

OI #	Carrier Code	Subscriber ID	Last Name	First Name
1	001	987654321	JONES	JANE

Client ID	Last Name	First Name	Billed Amount	Last Submit Dt	Status
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Buttons: Add, Copy, Delete, Undo All, Save, Find..., Print, Close



# Rlte Smiles

- RI Medicaid Fee for Service is not secondary to Rlte Smiles
- Rlte Smiles is the managed care option for RI dental recipients born May 2000 or after.
- If RI Medicaid eligibility is maintained, recipients are transferred to Medicaid Fee for Service when they attain 18 years of age.



Thank you

