Billing Tips
for Dental Providers
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 payer's 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)
Paper Claims

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

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
Electronic Claim – PES- Other Insurance
Other Insurance
RIte Smiles

- RI Medicaid Fee for Service is not secondary to RIte Smiles
- RIte 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