



Billing Tips For Dental Providers

Updated March 2025

RHODE ISLAND



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 in "[In Plan Oral Health Benefits](#)" on the EOHHS website.
- Contact the patient's Medical Managed Care plan for more information or to file a claim as an out-of-network provider



Timely Filing Guidelines

- Rhode Island Executive Office of Health and Human Services (EOHHS) has a claim submission restriction of 365 days 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 365 days of the date of service in order to process claims.
- Any claim submitted with a date greater than 365 days 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 365 days 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 FFS RI Medicaid 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:

- Electronic claim submission is the most efficient way to submit claims.
- Any claims with a service date over 365 days and an EOB date from another payer or remittance advice from FFS RI Medicaid 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 a [free electronic claim submission software](#) called provider electronic solutions (PES)

A screenshot of a login window titled "Enter a User ID and password to log onto the Provider Electronic Solution Application." The window has a grey border and a close button in the top right corner. It contains 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".

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

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 two quadrants are completed on the same DOS, bill D4341 with area of oral cavity (AOC) in box 25 on each line.
- D4342 Periodontal scaling and root planning -one to three teeth, per quadrant
- If two quadrants are completed on the same DOS, bill each D4342 on a line indicating AOC in box 25.

This applies to both paper and electronic submissions.

Claim form instructions are available [here](#), which includes AOC requirement in box 25 for certain CDT codes

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 Claims Form

READER INFORMATION
 State of Rhode Island
 Private Ins. Underwritten by Private Ins. Co.
 Other
 1. Number of Pages: 1-3 (Total)

INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION
 2. Name of Insurer/Plan: **Smith, Jane L.**
 123 Main Street
 Any Town, RI 02003
 3. Insurer/Plan ID: **ABC123456**
 4. Insurer/Plan Phone: **(401) 555-5555**
 5. Insurer/Plan Fax: **(401) 555-5555**

OTHER COVERAGE (If any coverage by another insurer, please include)
 6. Name of Insurer/Plan: **Johns, Mary R.**
 7. Insurer/Plan ID: **DEF789012**
 8. Insurer/Plan Phone: **(401) 555-5555**
 9. Insurer/Plan Fax: **(401) 555-5555**
 10. Other Coverage: **Q2T - American Dental**

PATIENT INFORMATION
 11. Name of Patient: **Smith, Jane L.**
 123 Main Street
 Any Town, RI 02003
 12. Patient ID: **ABC123456**
 13. Patient Phone: **(401) 555-5555**
 14. Patient Fax: **(401) 555-5555**

15. Date of Service	16. Procedure Code	17. Description of Service	18. Units	19. Rate	20. Total	21. Remarks	22. Fee
06/20/2014	D0140	Initial Oral Evaluation	1	60.00	60.00		60.00
06/20/2014	D0150	Prophylaxis Adult	1	60.00	60.00		60.00
06/20/2014	D0292	Resin-based, ling surfaces, posterior	14	5.00	70.00		70.00
06/20/2014	D0293	Resin-based, ling surfaces, posterior	19	5.00	95.00		95.00
		Primary Insurance Payment					200.00
23. Total Fee: 480.00							24. Total Paid: 480.00

ADDITIONAL INFORMATION
 25. Signature of Insurer/Plan: **ABC123456**
 26. Signature of Patient: **DEF789012**

BILLING DENTIST OR DENTAL ENTRY
 27. Name of Billing Dentist/Dental Entry: **Prophy Smith, Dental Associates**
 300 Your Street, Suite 301
 Providence, RI 02903
 28. Billing Dentist/Dental Entry ID: **123456789**
 29. Billing Dentist/Dental Entry Phone: **(401) 555-5555**

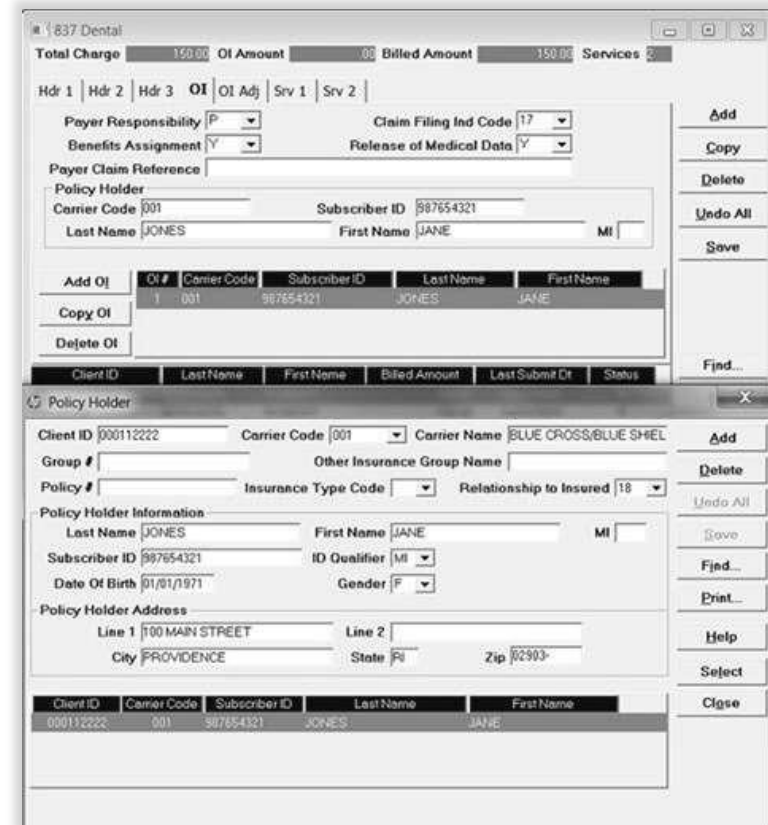
TREATING DENTIST AND TREATMENT LOCATION INFORMATION
 30. Name of Treating Dentist: **John Smith, DDS**
 31. Treating Dentist ID: **30000012**
 32. Treating Dentist Phone: **(401) 555-5555**
 33. Name of Treatment Location: **ABC123456**
 34. Treatment Location ID: **DEF789012**
 35. Treatment Location Phone: **(401) 555-5555**

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 14300 (Same as ADA Dental Claims Form — 1430, 1431, 1432, 1433, 1434)

Electronic Claim — PES- Other Insurance

Refer to the PES instruction: Billing other dental insurance:

https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2021-03/oi_billing_dental.pdf



The screenshot displays a software interface for processing dental claims. The top section, titled '837 Dental', shows summary information: Total Charge 150.00, OI Amount .00, Billed Amount 150.00, and Services 2. Below this are fields for Payer Responsibility (P), Benefits Assignment (Y), Claim Filing Ind Code (17), and Release of Medical Data (Y). A table lists 'Add OI' entries with columns for OI #, Carrier Code, Subscriber ID, Last Name, and First Name. The 'Policy Holder' section includes fields for Client ID (000112222), Carrier Code (001), Carrier Name (BLUE CROSS/BLUE SHIEL), Group #, Policy #, Insurance Type Code, Relationship to Insured (18), and personal information such as Last Name (JONES), First Name (JANE), MI, Subscriber ID (997654321), ID Qualifier (MI), Date of Birth (01/01/1971), Gender (F), and address (100 MAIN STREET, PROVIDENCE, RI, 02903).

OI #	Carrier Code	Subscriber ID	Last Name	First Name
1	001	997654321	JONES	JANE

Client ID	Carrier Code	Subscriber ID	Last Name	First Name
000112222	001	997654321	JONES	JANE

Other Insurance

837 Dental

Total Charge OI Amount Billed Amount Services

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

Paid Date/Amount

Non-Covered Amount

Adjustment Group Codes/Reason Codes/Amounts

	Group Code	Reason Code	Amount		Group Code	Reason Code	Amount
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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Add
Copy
Delete
Undo All
Save
Find...
Print
Close

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 1st, 2000 or after.
- If RI Medicaid eligibility is maintained, recipients are transferred to Medicaid Fee for Service when they attain 25 years of age.



Thank you!

