



State of New Jersey  
Department of Human Services  
Division of Medical Assistance & Health Services

# NEWSLETTER

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Volume 18 No. 08

July 2008

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**TO:** Dental Providers - **For Action**  
Health Maintenance Organizations - **For Information Only**

**SUBJECT:** Updates and Information for Dental Services

**PURPOSE:** To notify providers with the Division of Medical Assistance and Health Services (**DMAHS**) of the requirements regarding correcting paid dental claims, completing dental forms, requesting information from Unisys Provider Services and calls to the Bureau of Dental Services.

**BACKGROUND:** For prior authorization and billing, the New Jersey FamilyCare/Medicaid program has adopted the dental procedure codes and their related descriptors as noted in the Current Dental Terminology, found in the CDT 2007-08.

**ACTION:**

**(1) Prior Authorization Does Not Guarantee Eligibility For Payment.** Dental Services Manual (10:56-2.1). The prior authorization process is a review of the requested dental service for approval with the system checking on if the patient is eligible during the "TO-FROM" dates for the approval. It is not a process to learn if a patient is eligible or had a dental benefit.

The Division's eligibility systems of Emevs (electronic verification system through [www.njmmis.com](http://www.njmmis.com)) or Revs (telephone verification system) must be used at each patient visit to verify: eligibility for that date, if patient is covered through an HMO and benefit package. The Unisys Provider Service Unit should be contacted with any questions regarding the information provided through these systems at 1-800-776-6334.

**(2) Correcting Paid Dental Claims**

When paid claims need to be corrected, the provider must submit a NJMMIS Claims Adjustment Request Form (FD-999) to UNISYS. This form and the instructions for completion can be found in the Fiscal Agent Billing Supplement or on the web at [www.njmmis.com](http://www.njmmis.com) under Billing Supplement, provider type Dental, on pages 145 to 149. The completed form, a dental claim form and the Remittance Advice indicating the payment to be corrected must be submitted to UNISYS, CN 4802, Trenton, NJ 08650.

The Fiscal Agent Billing Supplement also provides information needed for the entire billing process and includes instructions for completing the dental prior authorization and claim forms as well as the claim correction form. Questions concerning prior authorization and billing should first be directed to a UNISYS Provider Service Representative at 1-800-776-6334.

### **(3) Completing the Dental Forms**

Prior Authorization Numbers - Each prior authorization form has a unique ten digit number beginning with 11 printed in the upper right corner. **DO NOT** write over this number or in any way obscure it, as this will delay processing your prior authorization. When submitting claims for payment for prior authorized services, this number, including the 11, must be legibly written on your dental claim page. Failure to do so will result in delay of your payment.

Total Fee Requested - When indicating the "fee requested" in section 17-I of the forms, it is essential that you **note the amount in dollars and cents and include the decimal point**. For example, three hundred dollars must be noted as 300.00.

Billing for Modified Procedure Codes - When a requested procedure code in section 17-B is modified to a different procedure code in 17-C, that modified procedure code must be noted in section 17-B of the Dental Claim when billing for the service.

**DO NOT** write in the shaded areas of the dental forms.

### **(4) Requesting Information from UNISYS Provider Services**

Requests for information from UNISYS can be accomplished in two ways. Providers may call UNISYS Provider Services at 1-800-776-6334 and speak to a representative or they may submit a request via the [www.njmmis.com](http://www.njmmis.com) website. Once you are on the website, select *Contact Provider Services* on the left. Complete the provider information section and choose a subject. Options include Medicaid Forms Order and Provider Manual Requests. Then click *complete request*.

### **(5) Calls to the Bureau of Dental Services**

Inquiries from Dentists and their staff concerning status of submitted prior authorizations should be made to the Unisys Provider Service Unit at 1-800-776-6334. Follow up inquiries regarding prior authorizations that have not been processed within 4 weeks of submission or to discuss denied dental services should be made to the Bureau of Dental Services at 1-609-588-7136.

If patients are in need of a second opinion or are looking for another dental provider, they should be advised to contact their local Medical Assistance Customer Center (see last page) for this information. These offices have a listing of all dental providers that participate in the New Jersey Medicaid program by county. All other calls should be directed to the **MEDICAID HOTLINE at 1-800-356-1561**.

### **(6) Billing Oral Evaluations rendered on or after October 1, 2006**

System changes for claim processing and payment require that the complete procedure code for comprehensive oral evaluation for beneficiaries through the age of 20 - **D0150EP** should be used when billing this service. As noted in the Dental Services Manual, the modifier "EP" must be used for this age group. Failure to use the modifier will result in a denied claim.

**(7) Letters of Explanations for services with prior authorization requirements**

A letter of explanation will be attached to dental claims with services that are either modified or not approved. This letter will include the reviewers' information, status code given to requested procedure code based on reason for modification or denial and options for follow up by the treating provider.

**(8) Prescription Blank requirements**

**Effective October 1, 2008**, NJ Prescription Blanks must be pre-printed with the prescriber or healthcare facility NPI number and must be consecutively numbered or serialized.

**(9) Effective immediately**, the following CDT-2007/2008 procedure codes have been added to the NJ Medicaid program for billing the following dental services. These codes are effective for dates of service after January 1, 2007. A cross (+) preceding the procedure code indicates that prior authorization is required.

**D0145** – oral evaluation for a patient under three years of age and counseling with primary care giver - once every 6 months in a rolling calendar year.

**D0273** – bitewings three films – not in conjunction with Full Mouth Series.

**D1206** – topical fluoride varnish; therapeutic application of moderate to high caries risk patients, children age 0 to 6 years old, 4 times in a rolling calendar year without Prior Authorization.

**+D1555** – removal of fixed space maintainer – for use by provider that did not place appliance. Include documentation of need.

**D2970** – temporary crown (fractured tooth), not to be used as temporary with crown fabrication.

**+D5225** – Maxillary partial denture – flexible base (including any clasps, rests and teeth). Include documentation of need.

**+D5226** – Mandibular partial denture – flexible base (including any clasps, rests and teeth). Include documentation of need.

**+D6091** - replacement of semi-precision or precision attachment of implant/abutment. Include documentation of need.

**+D6092** - recement implant/abutment supported crown – Include documentation of need.

**+D7292** - surgical placement: temporary anchorage device (screw retained plate) requiring surgical flap, includes removal - By Report - For approved orthodontic services and correction of craniofacial deformities.

**+D7293** - surgical placement: temporary anchorage device requiring surgical flap, includes removal – By Report - For approved orthodontic services and correction of craniofacial deformities.

**+D7951** - sinus augmentation with bone or bone substitutes, documentation of need must be submitted with prior authorization. For repairs associated with defects, trauma, tumor/cyst removal, extractions or correction associated with ridge resorption for denture support.

**+D8693** – rebonding or recementing: and/or repairing as required of fixed retainer. Include documentation of need.

**+D9612** – therapeutic parenteral drugs, two or more administrations, different medications. To be considered for cases of TMDJ dysfunction or trauma. Include documentation of need.

If you have questions concerning this Newsletter, please do not hesitate to contact the Division of Medical Assistance and Health Services, Office of Provider Services, Dental Unit at 609-588-7136.

**RETAIN THIS NEWSLETTER NUMERICALLY BEHIND THE NEWSLETTER TAB  
(BLUE TAB MARKED "5")**

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