



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

NEWSLETTER

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June 2002

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

SUBJECT: Dental Behavioral Management Services

EFFECTIVE: Claims with service dates on or after July 1, 2002

PURPOSE: To notify providers of dental services of a change in the NJ FamilyCare (NJFC)/Medicaid fee-for-service (FFS) prior authorization policy for dental behavioral management services.

BACKGROUND: Providers of dental services using CPT procedure code 09920 may bill dental behavioral management services. Currently, all dental behavioral management services must be prior authorized by the NJFC/Medicaid FFS program.

In order to reduce recordkeeping requirements for providers of dental services, the NJFC/Medicaid FFS program is establishing new utilization thresholds for CPT procedure code 09920 designed to allow certain dental behavioral management services to be provided without prior authorization (PA), based on the place of service.

ACTION: Effective for claims with service dates on or after July 1, 2002, the following policy changes shall apply to dental behavioral management (DBM) services based on the place of service:

Place of Service	Utilization Threshold (in Units)	Prior Authorization Policy
Office or Clinic	2	PA required when more than 30 minutes of DBM services are provided.
Inpatient/Outpatient Hospital	4	PA required when more than 60 minutes of DBM services are provided.
Skilled Nursing Facility	2	PA required when more than 15 minutes of DBM services are provided.

Error Code 705 will deny dental claims for behavioral management services that exceed utilization thresholds based on place of service. Prior authorization is required for payment of those claims that exceed the thresholds.

Providers of dental services must report the place of service in Field 17K on the State of New Jersey Dental Claim Form. The following values may be used to represent the place of service:

Place of Service Value	Definition
1	Doctor's Office
3	Inpatient Hospital
5	Nursing Facility (Skilled)
7	Outpatient Hospital
8	Clinic

Note: Dental Claims received without a place of service value reported in Field 17K shall be denied payment by Error Code 141.

It is important to note that these utilization thresholds are based on the prior PA experience of the Division of Medical Assistance and Health Services (DMAHS). Medical necessity for dental behavioral management services will continue to be closely monitored by a post payment review process, including the proper reporting of place of service.

If you have any questions concerning this Newsletter, please do not hesitate to contact the DMAHS Bureau of Dental Services at 1-800-782-0181.

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