



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

NEWSLETTER

Volume 19 No. 02

January 2009

TO: Dentists and Federally Qualified Health Centers - **For Action**
Health Maintenance Organizations - **For Information Only**

Subject: Transition to use the **2006 ADA Form** for Claims Processing only

Effective: Summer of 2009

Purpose: To notify dental providers that the Division of Medical Assistance and Health Services (DMAHS) has made a transition to accept the ADA form for the submission of claims for payment processing in the fee for service Medicaid program. **A future newsletter will be sent to provide the effective date.**

Background: The DMAHS will transition to use of the 2006 ADA form as a Statement of Actual Services.

Phase I of this transition will allow the 2006 ADA form to be used for claims processing by the DMAHS's fiscal agent. During Phase I, the process of requesting prior authorization will not change. The provider will continue to submit diagnostic tools along with the two part NJ Medicaid Prior Authorization and Dental Claim form for those services that require prior authorization. However, the ADA form must then be completed and used to request payment. For services that do not require prior authorization, the completed ADA form can be submitted directly to the fiscal agent. In general, most blocks on the 2006 ADA form will be used to capture the noted information. This newsletter provides an overview of the changes.

The Revised Fiscal Agent Billing Supplement must be reviewed for detail information regarding the completion of the claim form as there are several unique requirements specific to New Jersey. It can be found on our website www.njmmis.com by clicking on "Billing Supplements." You must then use the drop down box to select provider type and submit request.

Action: In response to the request by providers to use the ADA form as a statement of actual services, DMAHS in Phase I, will transition to using the 2006 ADA form for claims submission.

Paper Forms:

DMAHS will continue to provide the two part prior authorization and dental claim forms. DMAHS **will not** provide the ADA form. The prior authorization process has not changed, however the returned dental claim cannot be used for billing. The State dental claim form will show approval status and should be used to verify information found on the FD-362 Notification of Prior Authorization letter from Unisys.

Number of Units - One line is used for one unit of each procedure code, i.e. 3 periapical films require one per line. Multiple units will be split to show one unit per line.

Claim Total for Multiple Page Submission – The total for multiple page submissions is noted on the final page.

Request for Claim Adjustment with the FD-999 – The copy of the original claim form used, either the NJ Proprietary form or the 2006 ADA form or a Remittance Advice must be attached. Claim type submitted must match the original.

Place of Service

Do not check-off a box in Block 38 for place of service. Enter a single place of service indicator in the space, using the following same values noted on the NJ proprietary form:

- | | |
|------------------------|----------------------------|
| 0 –Emergency room | 5 – Nursing Facility |
| 1 – Doctor’s office | 6 – Independent Laboratory |
| 2 – Patient’s Home | 7 – Outpatient Hospital |
| 3 – Inpatient Hospital | 8 – Clinic |
| 4 – Boarding Home | 9 – Other |

More than one place of service

Only one place of service can be accepted on a form. When services are provided in different locations, each location MUST be submitted on a separate form.

When patient has other insurance

Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code (Block 11) must be noted using the three digit New Jersey carrier code for the third party insurance company.

When more than one claim form is submitted for a patient

In Remarks (Block 35), you must enter the number of that page from the total number submitted, e.g. page 1 of 3.

Procedure codes with Modifiers

The five digit base CDT code shall be noted in the procedure code section 29 and the modifier shall be noted and underscored in the beginning of the description section 30.

If you have any questions concerning this Newsletter, please contact the Division of Medical Assistance and Health Services, Bureau of Dental Services Monday through Friday at 609-588-7136, to speak with a consultant. Questions regarding claims should be directed to Unisys Provider Services at 1-800-776-6334.

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