



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

# NEWSLETTER

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**TO:** NJ Acute Care Hospitals

**SUBJECT:** Outpatient Hospital Reimbursement for Dental Services Provided to NJ Medicaid/NJ FamilyCare Fee-for-Service Clients with Developmental Disabilities and Traumatic Brain Injuries

**EFFECTIVE:** Immediately

**PURPOSE:** To inform New Jersey acute care hospitals of the revised fee-for-service reimbursement method for outpatient dental services provided in an operating room to clients with developmental disabilities and traumatic brain injuries.

**BACKGROUND:** A general acute care hospital with an outpatient dental department serving Medicaid/NJ FamilyCare fee-for-service beneficiaries is required to utilize their unique dental provider number for reimbursement. Payment is based on the same fee, conditions and definitions for the corresponding service, utilized for the payment of individual Medicaid or NJ FamilyCare fee-for-service dental practitioners and providers in the community.

NJ Medicaid/NJ FamilyCare clients with developmental disabilities or traumatic brain injuries sometimes require outpatient dental treatment to be performed in an operating room. Related operating room costs are not recognized for reimbursement under the existing hospital dental provider number. As a result, clients with developmental disabilities and traumatic brain injuries are in jeopardy of not being able to receive needed dental treatment.

**ACTION:** Effective immediately, operating room costs related to outpatient hospital dental care for clients with program status codes that identify them as being individuals with developmental disabilities or with traumatic brain injuries, shall be recognized when billed using the hospital's Acute Care provider number and reimbursed based on the hospital's cost to charge ratio. Reimbursement for the related dental services shall continue to be billed using the hospital's unique Dental provider number and reimbursed on the existing dental fee schedule.

**Note:** When billing for operating room charges using the hospital's Acute Care provider number an ICD-9 surgical procedure code is required in form locators 74 and/or 74 A through 74 E. When billing an electronic claim, an ICD-9 surgical procedure code is required in the HI - PRINCIPAL PROCEDURE INFORMATION segment of LOOP 2300 in field HI01-2 where HI01 = "BR" for the primary ICD-9 surgical procedure code and "BQ" for any secondary codes if applicable.

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