



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

NEWSLETTER

Volume 20 No. 05

April 2010

TO: Dentists and Federally Qualified Health Centers – **For Action**
Health Maintenance Organizations – **For Information only**

SUBJECT: Implementation of the 2006 American Dental Association (ADA) Form for Claims Processing **ONLY**

EFFECTIVE: April 1, 2010

PURPOSE: To notify dental providers that the Division of Medical Assistance and Health Services (DMAHS) has made the transition to accept the 2006 ADA Form **ONLY** for paper submission of claims for payment processing in the fee-for-service New Jersey Medicaid program.

BACKGROUND: In response to the request of providers to use the ADA form as a statement of actual services, DMAHS in Phase 1, will transition to using the 2006 ADA form for claim submission. **The provider will continue to submit the diagnostic tools along with the New Jersey Medicaid prior authorization form for the services that require prior authorization.** While this is currently a two-ply form, only the prior authorization form needs to be submitted. Once the MC-10 form for prior authorized services is received, the office can submit for payment using the 2006 ADA form.

ACTION: Phase 1 will allow the 2006 ADA form to be used for claims processing by the DMAHS fiscal agent. During this phase, the MC-10 Dental Claim will be accepted for claims processing through June 30, 2010.

Attached are the Dental Claim Form (ADA) locator instructions for claim completion. When reviewing this claim completion guide, pay particular attention to the instruction and notes section for each form locator.

Beginning July 1, 2010 only the 2006 ADA form will be accepted as a claim for paper submission.

It is important to note that the reporting requirements for completing the 2006 ADA form for New Jersey Medicaid can be found in the Fiscal Agent Billing Supplement. This involves noting the number of units, how to note page numbers and claim total for multiple page submissions, indicating the place of service and reporting insurance information when a patient has other coverage.

There are also revisions in the process for the adjustment of paid claims with instructions noted in the Dental Training Packet.

The revised Fiscal Agent Billing Supplement can be found at www.njmmis.com by clicking on "Billing Supplements" on the left navigator bar. You must then use the drop down box to select provider type of dentist and submit request. The Billing Supplement should be reviewed for detail information regarding completion of the 2006 ADA form as there are several unique requirements specific to New Jersey.

DMAHS will continue to provide the New Jersey proprietary prior authorization form as it is needed to request prior authorization. DMAHS will not provide the ADA form.

If you have any questions concerning this Newsletter, please contact Unisys Provider Relations at 1-800-776-6334.

RETAIN THIS NEWSLETTER FOR FUTURE REFERENCE

6.1 Dental Claim Form (ADA)

This section provides form locator instructions for completion of the Dental Services Claim form (ADA) for Medicaid covered dental services. The top page Dental Prior Authorization MC-10(A) Part 1 of the 2 part document is only used to request prior authorization when the dental service(s) require approval. In this situation the dental service provider need only complete Part 1 of 2. An example of a ADA claim form, for use when requesting payment for a Medicaid-covered service, is provided for reference. Instructions for the completion of the MC-10(A) as a PA request form are included in the previous section of the Provider Manual.

SAMPLE

Indicates the **Field #** on the ADA claim form.

1. RECIPIENT'S LAST NAME, FIRST NAME MI

EFFECTIVE: March 2010

FORM LOCATOR 1.

DATA FIELD: RECIPIENT'S LAST NAME, FIRST NAME MI

Title of field.

R

Field is **required** to be completed.

What the DATA FIELD means.

Definition: Beneficiary's full name

How to fill out the DATA FIELD.

Instruction: Print or type the beneficiary's name EXACTLY as it appears on their Health Benefits Identification card.

The # of spaces in a particular field. Alpha, numeric or both.

Field Characteristics:

Numeric or alpha values in a particular field.

Values:

Any additional information.

Notes:

On the instruction sheets, the following values identify whether or not the field is required, not required or only if applicable.

R = Field REQUIRED

NR = Field NOT REQUIRED

OR = Field ONLY IF APPLICABLE, otherwise LEAVE BLANK

Claim Completion Guidelines

- Each line represents one unit.
- Use no more than ten (10) claim service detail lines (one (1) service per line) on each form.
- Print the information legibly, completely, and correctly with a typewriter, printer, or ball-point pen.
- Enter all dates in month, day, and year sequence (MM/DD/YY). For example, September 10, 2010 is entered as 09/10/10.
- Provide all required information for every claim service detail line. Do not use ditto marks or the words "same as above."
- Include a decimal point and "cents" positions for all dollar amounts. For example, enter 25.00 not 25. Do not use a \$ sign.
- Verify the accuracy of all information before submitting the claim.

Mail dental claims eligible for payment by the Medicaid Program to:

Unisys Corporation
P.O. Box 4811
Trenton, NJ 08650-4811

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EFFECTIVE: March 2010

FORM LOCATOR 1.

DATA FIELD: Type of Transaction

R

Definition: This field indicates whether the claim for services is for a statement of actual services, request for PA or EPSDT/Title XIX.

Instruction: Mark box if patient is covered by the State's Medicaid Early and Periodic Screening, Diagnosis and Treatment program for persons under age 21.

Field Characteristics:

Values:

Notes: Only used as a dental claim for statement of actual services.

EFFECTIVE: March 2010

FORM LOCATOR 2.

DATA FIELD: Predetermination / Preauthorization Number

R

Definition:

Instruction: Enter the PA # provided by the payer pre-printed at the top of the MC-10(A) form that was used to request a PA or as found on the Provider Notification Letter.

Field Characteristics: Numeric

Values: 10 digits

Notes:

EFFECTIVE: March 2010

FORM LOCATOR 3.

DATA FIELD: Company/Plan Name, Address City, State, Zip
Code

NR

Definition:

Instruction:

Field Characteristics:

Values:

Notes:

EFFECTIVE: March 2010

FORM LOCATOR 4.

DATA FIELD: Other Dental Coverage

OR

Definition:

Instruction: Check no if no other coverage exists, check yes if other coverage is known. If yes is checked, field 11 must be completed.

Field Characteristics:

Values:

Notes:

EFFECTIVE: March 2010

FORM LOCATOR 5.

DATA FIELD: Name of Policyholder / Subscriber

NR

Definition:

Instruction:

Field Characteristics:

Values:

Notes:

EFFECTIVE: March 2010

FORM LOCATOR 6.

DATA FIELD: Date of Birth

NR

Definition:

Instruction:

Field Characteristics:

Values:

Notes:

EFFECTIVE: March 2010

FORM LOCATOR 7.

DATA FIELD: Gender

NR

Definition:

Instruction:

Field Characteristics:

Values:

Notes:

EFFECTIVE: March 2010

FORM LOCATOR 8.

DATA FIELD: Policyholder/Subscriber ID (SSN or ID#)

NR

Definition:

Instruction:

Field Characteristics:

Values:

Notes:

EFFECTIVE: March 2010

FORM LOCATOR 9.

DATA FIELD: Plan/Group Number

NR

Definition:

Instruction:

Field Characteristics:

Values:

Notes:

EFFECTIVE: March 2010

FORM LOCATOR 10.

DATA FIELD: Patient Relationship to Person Named in # 5

NR

Definition:

Instruction:

Field Characteristics:

Values:

Notes:

EFFECTIVE: March 2010

FORM LOCATOR 11.

DATA FIELD: Other Insurance Company/Dental Benefit Plan
Name, Address, City, State, Zip Code

OR

Definition: This field will capture the 3 digit carrier code that identifies the other insurance. (See Appendix C and D for Carrier Codes.)

Instruction: Enter the 3 digit carrier code for the other insurance. This field will hold up to 3 carrier codes separated by a dash/slash.

Field Characteristics:

Values:

Notes:

EFFECTIVE: March 2010

FORM LOCATOR 12.

DATA FIELD: Policyholder/Subscriber Name

R

Definition: This field should specify the beneficiaries information.

Instruction: Print or type the patient's/beneficiary's last name, first name, middle initial, address, city, State and zip code. This is the patient.

Field Characteristics:

Values:

Notes:

EFFECTIVE: March 2010

FORM LOCATOR 13.

DATA FIELD: Date of Birth



Definition: This field indicates the beneficiary's date of birth.

Instruction: Print or type the # the beneficiary's date of birth in MM/DD/CCYY format.

Field Characteristics:

Values:

Notes:

EFFECTIVE: March 2010

FORM LOCATOR 14.

DATA FIELD: Gender

R

Definition:

Instruction: Check the box that identifies the beneficiary's gender. Male or Female.

Field Characteristics:

Values:

Notes:

EFFECTIVE: March 2010

FORM LOCATOR 15.

DATA FIELD: Policyholder/Subscriber ID (SSN or ID#)

R

Definition:

Instruction: Print or type the beneficiary's 12 digit Medicaid ID #.

Field Characteristics:

Values:

Notes:

EFFECTIVE: March 2010

FORM LOCATOR 16.

DATA FIELD: Plan/Group Number

NR

Definition:

Instruction:

Field Characteristics:

Values:

Notes:

EFFECTIVE: March 2010

FORM LOCATOR 17.

DATA FIELD: Employee Name

NR

Definition:

Instruction:

Field Characteristics:

Values:

Notes:

EFFECTIVE: March 2010

FORM LOCATOR 18.

DATA FIELD: Relationship to Policyholder/Subscriber

NR

Definition:

Instruction:

Field Characteristics:

Values:

Notes:

EFFECTIVE: March 2010

FORM LOCATOR 19.

DATA FIELD: Student Status



Definition:

Instruction:

Field Characteristics:

Values:

Notes:

EFFECTIVE: March 2010

FORM LOCATOR 20

DATA FIELD: NAME

NR

Definition:

Instruction: Leave blank.

Field Characteristics:

Values:

Notes:

EFFECTIVE: March 2010

FORM LOCATOR 21.

DATA FIELD: Date of Birth



Definition:

Instruction:

Field Characteristics:

Values:

Notes:

EFFECTIVE: March 2010

FORM LOCATOR 22.

DATA FIELD: Gender

NR

Definition:

Instruction: Leave blank.

Field Characteristics:

Values:

Notes:

EFFECTIVE: March 2010

FORM LOCATOR 23

DATA FIELD: Patient ID/Account #

NR

Definition:

Instruction:

Field Characteristics:

Values:

Notes:

EFFECTIVE: March 2010

FORM LOCATOR 24.

DATA FIELD: Procedure Date



Definition:

Instruction: Print or type the date the service was rendered in MM/DD/CCYY format.

Field Characteristics:

Values:

Notes:

EFFECTIVE: March 2010

FORM LOCATOR 25.

DATA FIELD: Area of Oral Cavity

NR

Definition:

Instruction:

Field Characteristics:

Values:

Notes:

EFFECTIVE: March 2010

FORM LOCATOR 26.

DATA FIELD: TOOTH SYSTEM

R

Definition:

Instruction: Note "JP"

Field Characteristics:

Values:

Notes: ADA's Universal/National tooth designation system (1-32 for permanent teeth and A-T for primary teeth) is used.

EFFECTIVE: March 2010

FORM LOCATOR 27.

DATA FIELD: Tooth Number(s) or Letter(s)

R

Definition:

Instruction: Print or type the tooth number or letter being treated.

Field Characteristics:

Values:

Notes:

EFFECTIVE: March 2010

FORM LOCATOR 28.

DATA FIELD: Tooth Surface

R

Definition:

Instruction: Print or type the standard dental abbreviation of the surface(s) treated for each procedure.

Field Characteristics:

Values:

Notes: F = Facial, labial or buccal

EFFECTIVE: March 2010

FORM LOCATOR 29.

DATA FIELD: Procedure Code

R

Definition:

Instruction: Print or type the five (5)-digit HCPCS, ADA-CDT procedure code and the two (2) digit modifier, if applicable for each service requested. [for the PA]

Field Characteristics:

Values:

Notes: The 2 digit modifier should be noted and underlined in the description section adjacent to the 5 digit procedure code.

EFFECTIVE: March 2010

FORM LOCATOR 30.

DATA FIELD: Description

OR

Definition:

Instruction: Print or type modifier and underscore at beginning of description.

Field Characteristics:

Values:

Notes: If procedure code has 2 digit modifier, it should be noted and underlined in this field next to procedure code.

EFFECTIVE: March 2010

FORM LOCATOR 31.

DATA FIELD: Fee

R

Definition:

Instruction: Print or type the fee associated with the service listed on that line. Do not use dollar sign (\$) and include decimal point and "cents" position i.e., 25.00

Field Characteristics:

Values:

Notes:

EFFECTIVE: March 2010

FORM LOCATOR 32.

DATA FIELD: Other Fee(s)

OR

Definition:

Instruction: Print or type the total amount paid by the other insurance carrier.

Field Characteristics:

Values:

Notes: Services covered by other insurance carrier should be placed on the same form and should not include services that do not have payments from other carrier.

EFFECTIVE: March 2010

FORM LOCATOR 33.

DATA FIELD: Total Fee

R

Definition:

Instruction: Add the amounts from each claim service detail line, and print or type the total.

Field Characteristics:

Values:

Notes: The total fee for multiple page submission is noted on the final page and left blank on the proceeding pages.

EFFECTIVE: March 2010

FORM LOCATOR 34.

DATA FIELD: Missing Teeth Information

NR

Definition:

Instruction:

Field Characteristics:

Values:

Notes:

EFFECTIVE: March 2010

FORM LOCATOR 35.

DATA FIELD: Remarks

OR

Definition:

Instruction: Write page number from total pages submitted with multiple claims for one client e.g. Page 1 of 3.

Indicate you're attaching additional page(s) to provide additional information that will assist in payment process.

Field Characteristics:

Values:

Notes: When more than one claim form is submitted for a patient, you must enter the number of that page from the total number submitted.

EFFECTIVE: March 2010

FORM LOCATOR 36.

DATA FIELD: Patient/Guardian Signature and Date

OR

Definition:

Instruction: Ask the beneficiary to sign and date the completed form. The beneficiary signature is waived if the statement "Recipient Signature on File" is printed or typed on the line.

If the beneficiary signature or the statement is missing, the claim will be returned to the provider.

Field Characteristics:

Values:

Notes: If the beneficiary signature is unobtainable, refer to the N.J.A.C. 10:49, Chapter 1 of the Provider Manual for procedures on acceptable signatures.

EFFECTIVE: March 2010

FORM LOCATOR 37.

DATA FIELD: Subscriber Signature and Date

NR

Definition:

Instruction:

Field Characteristics:

Values:

Notes:

EFFECTIVE: March 2010

FORM LOCATOR 38.

DATA FIELD: Place of Treatment

R

Definition:

Instruction: Provider will write one value (0-9) from the list below in this space.

Field Characteristics:

Values:

Notes: Services provided at different places of service must be submitted on separate forms.

Place of Service Values:

- | | | | |
|---|--------------------|---|------------------------|
| 0 | Emergency Room | 5 | Nursing Facility |
| 1 | Doctors Office | 6 | Independent Laboratory |
| 2 | Patient's Home | 7 | Outpatient Hospital |
| 3 | Inpatient Hospital | 8 | Clinic |
| 4 | Boarding Home | 9 | Other |

EFFECTIVE: March 2010

FORM LOCATOR 39.

DATA FIELD: Number of Enclosures

NR

Definition:

Instruction:

Field Characteristics:

Values:

Notes:

EFFECTIVE: March 2010

FORM LOCATOR 40.

DATA FIELD: Is Treatment for Orthodontics

NR

Definition:

Instruction:

Field Characteristics:

Values:

Notes:

EFFECTIVE: March 2010

FORM LOCATOR 41.

DATA FIELD: Date Appliance Placed

NR

Definition:

Instruction:

Field Characteristics:

Values:

Notes:

EFFECTIVE: March 2010

FORM LOCATOR 42.

DATA FIELD: Months of Treatment Remaining

NR

Definition:

Instruction:

Field Characteristics:

Values:

Notes:

EFFECTIVE: March 2010

FORM LOCATOR 43.

DATA FIELD: Replacement of Prosthesis

NR

Definition:

Instruction:

Field Characteristics:

Values:

Notes:

EFFECTIVE: March 2010

FORM LOCATOR 44.

DATA FIELD: Date Prior Placement

NR

Definition:

Instruction:

Field Characteristics:

Values:

Notes:

EFFECTIVE: March 2010

FORM LOCATOR 45.

DATA FIELD: Treatment Resulting from

NR

Definition:

Instruction:

Field Characteristics:

Values:

Notes:

EFFECTIVE: March 2010

FORM LOCATOR 46.

DATA FIELD: Date of Accident

NR

Definition:

Instruction:

Field Characteristics:

Values:

Notes:

EFFECTIVE: March 2010

FORM LOCATOR 47.

DATA FIELD: Auto Accident State

NR

Definition:

Instruction:

Field Characteristics:

Values:

Notes:

EFFECTIVE: March 2010

FORM LOCATOR 48.

DATA FIELD: BILLING DENTIST OR DENTAL ENTITY
Name, Address City, State, Zip of Provider



Definition:

Instruction:

Field Characteristics:

Values:

Notes:

EFFECTIVE: March 2010

FORM LOCATOR 49.

DATA FIELD: NPI

NR

Definition:

Instruction:

Field Characteristics:

Values:

Notes:

EFFECTIVE: March 2010

FORM LOCATOR 50.

DATA FIELD: License Number

NR

Definition:

Instruction:

Field Characteristics:

Values:

Notes:

EFFECTIVE: March 2010

FORM LOCATOR 51.

DATA FIELD: SSN or TIN



Definition:

Instruction:

Field Characteristics:

Values:

Notes:

EFFECTIVE: March 2010

FORM LOCATOR 52.

DATA FIELD: Phone Number



Definition:

Instruction:

Field Characteristics:

Values:

Notes:

EFFECTIVE: March 2010

FORM LOCATOR 52A.

DATA FIELD: Additional Provider ID

R

Definition: seven digits

Instruction:

Field Characteristics:

Values:

Notes:

EFFECTIVE: March 2010

FORM LOCATOR 53.

DATA FIELD: Treating Dentist Provider Signature and Date

R

Definition:

Instruction:

Field Characteristics:

Values:

Notes:

EFFECTIVE: March 2010

FORM LOCATOR 54.

DATA FIELD: NPI

NR

Definition:

Instruction:

Field Characteristics:

Values:

Notes:

EFFECTIVE: March 2010

FORM LOCATOR 55.

DATA FIELD: License Number

NR

Definition:

Instruction:

Field Characteristics:

Values:

Notes:

EFFECTIVE: March 2010

FORM LOCATOR 56.

DATA FIELD: Address, City, State, Zip Code

NR

Definition:

Instruction:

Field Characteristics:

Values:

Notes:

EFFECTIVE: March 2010

FORM LOCATOR 56A.

DATA FIELD: Provider Specialty Code

NR

Definition:

Instruction:

Field Characteristics:

Values:

Notes:

EFFECTIVE: March 2010

FORM LOCATOR 57.

DATA FIELD: Phone Number

NR

Definition:

Instruction:

Field Characteristics:

Values:

Notes:

EFFECTIVE: March 2010

FORM LOCATOR 58.

DATA FIELD: Additional Provider ID or Servicing Number

NR

Definition:

Instruction:

Field Characteristics:

Values:

Notes: