

**TO:** Dentists, Independent Clinics Providing Dental

**SUBJECT:** Dental Examination Services for Children

**EFFECTIVE:** For Services Rendered on or after January 15, 1995

**BACKGROUND:** The Division of Medical Assistance and Health for comprehensive clinical oral examinations of children. The HCPCS code narrative provided below includes a description of the minimum criteria that must be met in order for a dental provider to bill for HCPCS code 00110 WT. In recognition of the unique needs of providing dental care for children, HCPCS code 00110 WT will be reimbursed at an enhanced rate.

**ACTION:** On or after January 15, 1995, a dental provider may bill utilizing the HCPCS code "**00110 WT**" for a comprehensive clinical oral examination provided to a child. For purposes of determining when this HCPCS code may be used, a child is defined as a person under the age of 21 years (birth through age 20 years). Maximum reimbursement for HCPCS code 00110 WT will be \$18.00 for a specialist and \$14.00 for a non-specialist.

As indicated, HCPCS code 00110 WT is defined as a comprehensive clinical oral examination of a child. This may be an initial or periodic examination. Please note, however, that reimbursement for a comprehensive clinical oral examination of a child, through age 20 years, is limited to once every 6 months, except as authorized by a Dental Consultant of the New Jersey Medicaid program.

As a minimum, the examination must include (1) a thorough observation of all conditions present in the oral cavity and contiguous structures including an oral cancer screening; (2) assessment of dental development; (3) charting of all abnormalities; (4) development of a complete treatment plan to be recorded in its entirety, including provisions for further treatment and follow-up, by referral if necessary; (5) anticipatory guidance concerning dental health to the patient or parent/guardian, as appropriate; (6) assessment of the caries index and nutritional needs relating to oral health and oral

hygiene practices; and (7) assessment of systemic or topical fluoride needs.

If a dental provider rendered a service on or after January 15, 1995 that meets the definition of HCPCS code 00110 WT and already billed utilizing code 00110, the provider may submit a claim adjustment in order to receive the enhanced reimbursement. In this case, the provider should submit an Adjustment Request Form (FD-999) indicating Claim Correction in block 4. A copy of a revised Claim Form indicating HCPCS code 00110 WT must be attached to the Adjustment Request Form. For your convenience, a sample FD-999 is attached.

Additional information regarding this Newsletter may be obtained from the Division of Medical Assistance and Health Services, Bureau of Dental Services, at (609) 588-7136 or 1-800-782-0181.

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(BLUE TAB MARKED "5")