



MEDICAL ASSISTANCE BULLETIN  
COMMONWEALTH OF PENNSYLVANIA \* DEPARTMENT OF PUBLIC WELFARE

**NUMBER:**03-03-01

**ISSUE DATE:**  
January 8, 2003

**EFFECTIVE DATE:**  
January 8, 2003

**SUBJECT:** Elimination of the Use of the Dental Service Invoice (M A 300D) and Providing Training on Completing the ADA Claim Form (Version 2000)

**BY:**

A handwritten signature in black ink that reads "Peg J. Dierkers".

**Peg J. Dierkers, Ph.D.**  
Deputy Secretary for Medical Assistance Programs

**PURPOSE:**

The purpose of this bulletin is to notify dentists of the elimination of the M A 300D claim form effective October 3, 2003 and the availability of training on the proper completion of the ADA Claim Form (Version 2000).

**SCOPE:**

This bulletin applies to all dentists enrolled in the Medical Assistance (M A) Program who provide services under the fee-for-service delivery system.

**BACKGROUND:**

The Health Insurance Portability and Accountability Act (HIPAA) became public law on August 21, 1996 (P.L. 104-191). The primary goal of the law is to make it easier for people to keep health insurance and to help the industry control administrative costs by standardizing healthcare transactions for all health plans, clearinghouses and providers who submit claims electronically.

HIPAA is divided into five Titles or Sections. Title II is called Administrative Simplification. The goal of Administrative Simplification is to reduce health care administrative costs and promote quality and continuity of care by facilitating electronic data interchange. One of the standards established by HIPAA is national transaction and code sets.

The Department of Public Welfare (Department) has already adopted the HIPAA compliant code set for dentists, the ADA's Current Dental Terminology (CDT-3). The national transaction for dentists is the ANSI 837D. The ADA Claim Form (Version 2000) most closely resembles the data required by the ANSI 837D transaction.

**DISCUSSION:**

In order to become compliant with HIPAA the Department will eliminate the use of the Dental Service Invoice (M A 300D) effective October 3, 2003.

In anticipation of the change, the Department reviewed the percentages of received claims for services on the accurate completion of the ADA Claim Form (Version 2000) and found that the majority of claims are currently filed on the M A 300D. Training is being offered to all providers so that there will be a smooth transition in October 2003. The Department recommends that providers needing and requesting training, should do so early so that the transition from the use of the M A 300D to the ADA Claim Form (Version 2000) can be gradual, giving more opportunity to become better acquainted with the ADA Claim Form (Version 2000). The goal of training is to provide billing personnel with the skills and knowledge required to complete and submit accurate invoices (ADA Claim Form Version 2000) for services rendered to eligible M A recipients. This training will be conducted in the provider's office or in small group sessions, **at no charge to the provider. As of the effective date of this bulletin, no further training requests will be accepted for the M A 300D invoice.**

The Department has implemented an ongoing review of the reasons for the rejection of claims filed on the ADA Claim Form (Version 2000) and will be providing updates to providers periodically so that the providers are aware of areas that have a high percentage error rate. Currently the five top reasons for rejection on the ADA Claim Form (Version 2000) are:

- \* Patient ID (recipient ID number) missing in box 13.
- \* Provider License # missing in box 62.
- \* Procedure code and/or type of service code combination not on the Department's record. EXAMPLE: the provider will submit the claim with 01120 instead of D1120 for the procedure code.
- \* The claim exceeds the 180-day submission limit.
- \* Information entered in the Remarks for Unusual Services (Item 61) is illegible.

**PROCEDURE:**

To request training on the ADA Claim Form (Version 2000), you may contact the Provider Inquiry Unit at 1-800-537-8862 or the EDS Training Unit at (717) 975-6081; request training through the OMAP website at [www.dpw.state.pa.us/omap](http://www.dpw.state.pa.us/omap); or complete and send this form to:

EDS  
Training Unit  
275 Grandview Avenue  
Third floor  
Camp Hill, Pennsylvania 17011

-----

**For more information or to request a training session, complete this form and send to: EDS, Provider Training Unit, 275 Grandview Avenue, Third Floor, Camp Hill, PA 17011**

Provider Name: \_\_\_\_\_

Provider Type/  
Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

**COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:**

**OMAP  
P.O. Box 2675  
Harrisburg, PA 17105**

**Provider Inquiry  
1-800-537-8862**

**Visit the Office of Medical Assistance Programs website at [www.dpw.state.pa.us/omap](http://www.dpw.state.pa.us/omap).**