

	MEDICAL ASSISTANCE BULLETIN COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE	
	SUBJECT Palliative Emergency Treatment	BY  Eileen M. Schoen Deputy Secretary for Medical Assistance Programs
NUMBER:	03-87-02, 27-87-01	
ISSUE DATE:	April 24, 1987	
EFFECTIVE DATE:	April 24, 1987	

PURPOSE:

The purpose of this bulletin is to define and provide guidelines regarding Medical Assistance payment in respect to palliative emergency treatment.

SCOPE:

This bulletin is applicable to all dentists and dental schools enrolled in the Medical Assistance Program.

BACKGROUND:

Based on a review of our paid claims history, the Department finds it necessary to clarify the conditions under which palliative emergency treatment (procedure code 09110) qualifies for payment. This payment policy is consistent with other third party payors.

DISCUSSION:

Palliative emergency treatment is that treatment provided as a result of a sudden and unexpected onset of an oral condition requiring dental care.

The intent of the palliative treatment is to provide coverage for emergency treatment, which would not otherwise be eligible for payment. Therefore, palliative emergency treatment (procedure code 09110) is covered when no definitive treatment is provided.

When a definitive service, such as restoration and endodontic treatment is reported in addition to palliative treatment, only the definitive service will be considered for payment. However, a diagnostic test, such as an x-ray, may be paid in addition to the palliative emergency treatment.

The eligibility for payment of palliative emergency treatment, not involving definitive services, can only be determined by diagnosis, condition, and/or treatment. A diagnosis, not merely a symptom such as "toothache", must be documented in the patient's record and reported on the invoice in the REMARKS section.

Payment for palliative treatment is limited to one per patient per day. The Department will continue to monitor the claims submitted for this service.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Bureau of Provider Relations
 P.O. Box 8024
 Harrisburg, Pennsylvania 17105

1-800-932-0698

Visit the Office of Medical Assistance Programs website at www.dpw.state.pa.us/omap.