

	MEDICAL ASSISTANCE BULLETIN COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE	
	SUBJECT Dental Management Fee Guidelines	BY  David S. Feinberg Deputy Secretary for Medical Assistance Programs
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PURPOSE:

The purpose of this bulletin is to issue guidelines for the Dental Management Fee.

SCOPE:

This bulletin applies to all dentists enrolled in the Medical Assistance Program.

BACKGROUND:

Effective February 1, 1992, the Office of Medical Assistance Programs will provide coverage for a dental management fee for individuals with developmental disabilities which present a treatment obstacle for the dentist.

LIMITATION:

TYPE SERVICE	PROCEDURE CODE	TERMINOLOGY	LIMITS	FEE
OE	X6940	Management Fee (a visit fee for difficult to manage persons with development disabilities)	2 per 365 days	\$20.00
(DEVELOPMENTAL DISABILITY-A substantial handicap having its onset before the age of 18 years of indefinite duration and attributed to neuropathy)				

Providers are also reminded that:

1. No management fee will be paid in conjunction with services not on the MA Program Fee Schedule or denied through Prior Authorization
2. This service is not compensable in conjunction with outpatient General Anesthesia/Intravenous Sedation, on the same date of service.
3. The management fee is compensable in place of service 01, 05, and 09.

RECORD KEEPING:

In determining whether a dental encounter may qualify for the Dental Management Fee, the OMAP requires:

1. A detailed, current report, completed by the patient's physician (M.D. or D.O.), documenting the patient's developmental disability must be included in the patient's records.
2. The management obstacle must be a direct result of the patient's developmental disability.
3. The complete treatment plan must include the method of management and identify the services to be performed in conjunction with it.

PROCEDURE:

Dentists should incorporate this bulletin into their Dental Services Handbook and adhere to the limitations and record keeping requirements, regarding the Dental Management Fee.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Division of Outpatient Programs
P.O. Box 8046
Harrisburg, Pennsylvania 17105

1-800-537-8862

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