MEDICAL ASSISTANCE BULLETIN

COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE

SUBJECT Implementation of the ADA Claim Form - Version 2000 and Revised Billing Instructions for Assistant Surgeons	**BY** **Peg J. Dierkers, Ph.D.** Deputy Secretary for Medical Assistance Programs
NUMBER:	03-01-04
ISSUE DATE:	April 27, 2001
EFFECTIVE DATE:	May 1, 2001

PURPOSE:

The purposes of this bulletin are to notify dental providers that:

- The Department will accept the American Dental Association (ADA) Claim Form - Version 2000, effective with invoice submissions received on or after May 1, 2001; and
- The Department has revised the billing instructions for assistant surgeons.

SCOPE:

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

BACKGROUND:

Participants of the Dental Summit held in May 1999 recommended the Department change its billing requirements to allow dental providers to submit claims using the ADA Claim Form to be consistent with other third party payors. In response to this recommendation, the Department will accept the ADA Claim Form - Version 2000, in addition to the current Dental Services Invoice (MA 300d), effective May 1, 2001. **PLEASE NOTE: THE DEPARTMENT WILL ONLY ACCEPT THE ADA CLAIM FORM - VERSION 2000. CLAIMS SUBMITTED ON OTHER VERSIONS OF THE ADA CLAIM FORM WILL BE RETURNED TO THE PROVIDER.**

DISCUSSION:

ADA CLAIM FORM - VERSION 2000

Effective May 1, 2001, the Department will accept both the MA 300D and the ADA Claim Form - Version 2000 for claim submission. All invoices submitted to the Department for processing must follow these guidelines:

1. All invoices received on or before April 30, 2001, must be submitted on the Dental Services Invoice (MA 300D).
2. All claim submitted on the ADA Claim Form - Version 2000 on or after May 1, 2001, must be completed using the detailed billing instructions found in the revised Dental Services Handbook, dated May 1, 2001, which will be issued under separate cover.

3. All claims submitted on the MA 300D on or after May 1, 2001, should be completed using the revised detailed billing instructions found in the Dental Services Handbook, dated May 1, 2001. Several fields that were previously MUST or MUST, IF APPLICABLE are now identified as OPTIONAL or LEAVE BLANK.

In addition, the ADA Claim Form - Version 2000 can be used to submit claim adjustments and prior authorization/post-operative review requests. It ***cannot*** be used to submit orthodontic prior authorization requests. Instructions for using the ADA Claim Form - Version 2000 as a claim adjustment form or prior authorization/post-operative review request can be found in the Dental Services Handbook, dated May 1, 2001. Providers may continue using the Dental Claim Adjustment form (MA 300DA) to adjust previously paid claims and the Dental Prior Authorization Request form (MA 98) for services, other than orthodontic services, requiring prior authorization or post-operative review through the prior authorization process.

All periodontal services, except Procedure Code D4355 (full mouth debridement to enable comprehensive periodontal evaluation and diagnosis), require prior authorization. Procedure Code D4355 will require post-operative review through the prior authorization program. Dentists participating in one of the State-contracted voluntary or mandatory PH MCOs must adhere to any specific additional participation and billing requirements from the individual managed care organizations.

ASSISTANT SURGEONS

The Department has also revised the requirements for providers billing as assistant surgeons. Since the Type of Service is no longer required on the invoice, the Department had to find another way to pay the appropriate amount for the services provided by an assistant surgeon. Effective May 1, 2001, providers billing as assistant surgeons must use Procedure Code **D7999** (unspecified oral surgery procedure - assistant surgeon). The procedure code indicating the actual surgery performed ***must*** be entered in the "Remarks" section of the MA 300D or ADA Claim Form - Version 2000. In addition, assistant surgeon must be an acceptable type of service for the surgery provided, as identified on the Dental Fee Schedule. The Department will calculate the payment due to the assistant surgeon based on the procedure code entered in the "Remarks" section of the invoice. The assistant surgeon will be reimbursed an amount equal to 20% of the maximum allowable payment made to the surgeon for the surgery performed.

PROCEDURE:

Please refer to the following sections of the revised Dental Services Handbook, dated May 1, 2001, for detailed instructions on form completion:

- Section VI - Billing Information - MA 300D
- Section VII - Billing Information - ADA Claim Form - Version 2000
- Section VIII - Special Billing Information
- Section X - Prior Authorization
- Section XI - Orthodontic Services

The revised Dental Services Handbook is being issued under separate cover.

In addition, the following items are attached to this Bulletin for your information:

1. **MA 300D Desk Reference**
2. **ADA Claim Form - Version 2000 Desk Reference**
3. **Revised Medical Assistance Fee Schedule for Dental Services** - The revised Fee Schedule includes the new assistant surgeon code, as well as those surgery codes that are acceptable for an assistant surgeon.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll-free number for your provider type.

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