

Bulletin Number: MSA 05-43

Distribution: Dentists and Dental Clinics

Issued: September 1, 2005

Subject: New Dental Replacement and Void/Cancel Claim Instructions

Effective: October 1, 2005

Programs Affected: Medicaid, CSHCS

Effective for claims received on and after October 1, 2005, the Michigan Department of Community Health (MDCH) has changed the process for submitting manual replacement claims (previously called claim adjustments). This new process is more efficient and beneficial for dental providers and will result in the timely correction and payment of claims. It replaces the information found in the Billing & Reimbursement for Dental Providers Chapter of the Michigan Medicaid Provider Manual, Section 6.2 - To Replace a Claim Manually.

The new process gives the provider two options for submitting claim replacements and void/cancel claims. Providers can submit these claims on the paper dental claim form, or electronically with their billing agents. MDCH encourages providers to use the electronic submission option, but realizes that this may not be possible for all dental providers.

REPLACEMENT AND VOID/CANCEL INFORMATION

Replacement claims are submitted to change incorrect information on a MDCH approved claim. Primary reasons used to submit a replacement claim are to change a date of service, tooth number, incorrect charges or to report a third party payment after MDCH made payment. When replacement claims are received, MDCH deletes the original claim and replaces it with the information from the replacement claim.

Void/cancel claims are submitted when a claim was paid under an incorrect provider ID number or beneficiary ID number. When void/cancel claims are received, MDCH deletes the original claim from the system.

NEW DENTAL CLAIM REPLACEMENT AND VOID/CANCEL PROCESS

If using the paper dental claim form, dental providers need to complete a new claim for both the claim replacements and void/cancel claims. Providers no longer note the discrepancy on the Remittance Advice (RA) by marking out the incorrect line and writing the correct information on the RA. The corrected RA and a copy of the original invoice are no longer required.

Replacement Claim

All service lines, including correctly paid lines, need to be reported on the replacement claim. All money paid on the first claim will be debited and payment will be based on information reported on the replacement claim only. All instructions for claim completion apply to completing a replacement claim.

For the paper dental claim form (currently the ADA 2000 form), in field 61, "Remarks for Unusual Services", please include the word CRN with a colon, immediately followed by the 10-digit Claim Reference Number (CRN). For example: CRN: 1234567890. If there are any additional comments that you have, they may be entered after this information.

Void/Cancel Claim

When submitting a void/cancel claim, you only need to include the first service line with charges entered as zero dollars in all money fields. All money paid on the first claim will be deleted. Once the claim has been deleted from the Medicaid system, you may then submit a new claim for the correct provider ID and/or beneficiary ID.

For both replacement and void/cancel claims, the provider ID and beneficiary ID number must be the same as the original claim.

CLAIM SUBMISSION

Effective October 1, 2005, replacement and void/cancel claims should be mailed to:

MDCH/Provider Support
Attn.: Dental Claim Replacements
P.O. Box 30731
Lansing, MI 48909

The claims should not be mailed to the Miscellaneous Transactions Unit. This can cause a delay in the processing of the replacement claim.

For electronic submissions, MDCH encourages providers to work with their billing agents for reporting this information. More electronic billing information can be found at the Medicaid website, www.michigan.gov/mdch >> Providers >> Information for Medicaid Providers >> Electronic Billing. The Dental Companion Guide for the Michigan Medicaid Program is posted at http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-103476--_00.html and includes the Michigan electronic billing instructions for the 837 Dental Claim. The information below is included in the companion guide.

Three fields are required for replacement and void/cancel claims:

1. Loop 2300, Segment CLM05-3, Claim Frequency Type Code = 7, 8
2. Loop 2300, Segment REF01, Reference Identification Qualified = F8
3. Loop 2300, Segment REF02, Claim Original Reference Number = 10-digit CRN

ADA 2002 CLAIM FORM UPDATE

The MDCH is reviewing the ADA 2002, 2004 Claim Form with a tentative date of January 1, 2006 for the implementation of this form.

MANUAL MAINTENANCE

The provider should retain this bulletin until the information has been incorporated into the Michigan Medicaid Provider Manual. If using the electronic version of the Michigan Medicaid Provider Manual (maintained on the MDCH website), retain this bulletin until the information has been incorporated into the October 2005 update.

QUESTIONS

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

APPROVED



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