

Bulletin Number: MSA 06-21

Distribution: Dentists & Dental Clinics

Issued: April 1, 2006

Subject: Implementation of the ADA 2002 Claim Form;
Addition of Alveoloplasty Section in Dental Chapter

Effective: May 1, 2006

Programs Affected: Medicaid, Children's Special Health Care Services (CSHCS)

Conversion to the ADA 2002 Claim Form

The Michigan Department of Community Health currently processes both the American Dental Association ADA 2000 and ADA 2002 claim forms. Effective May 1, 2006, the ADA 2000 claim form will no longer be accepted. All paper dental claims **must** be submitted on the American Dental Association (ADA) 2002 claim form, **regardless of the date of service. Claims received on the ADA 2000 on or after May 1 will be returned to the provider.**

Dentists may purchase the ADA 2002 claim form directly from the American Dental Association or through ADA-approved vendors. The ADA claim forms are not supplied by the Medicaid Program. To order from the ADA, call 1-800-947-4746. A facsimile of the ADA 2002 claim form that will be accepted by the Medicaid Program is attached to this bulletin.

The Invoice Processing system does not accept photocopies. Do **not** submit photocopies of the ADA form. Do **not** submit the copy from the Michigan Medicaid Provider Manual. Photocopies of the form will be returned to the provider.

Providers are encouraged to submit test claims to the Computer Operations staff to determine how well the OCR scanner will process the provider's claims. Testing claims helps increase the correct processing of claims and alleviate a delay in payments to providers. In order to submit test claims:

- Submit a minimum of 10 claims.
- Double-check the alignment on the forms to insure that the data does not touch the lines and is centered in the appropriate boxes.
- Do not fold the claim. Send them in 9" x 12" (or larger) envelopes.

These claims will be for testing purposes only. They will not be paid claims.

To submit claims for test purposes, providers should submit the claims to:

ADA 2002 Testing
DIT/DCH Operations
Operations Center, 1NE
7285 Parsons Dr.
Lansing, MI 48913

New Fields Required for Dates of Service On and After May 1, 2006

The Billing & Reimbursement for Dental Providers Chapter of the Michigan Medicaid Provider Manual includes the ADA 2002 claim form instructions. Every effort was made to use standard completion instructions.

- **Box 15, Subscriber Identifier** corresponds to the 8-digit Medicaid Beneficiary ID number.
- **Box 49, Provider ID** corresponds to the unique Provider Type (12 or 74) and the Provider ID number assigned by the Medicaid Program for identification. Box 49 is a 9-digit field, with the first two digits the Provider Type and the last seven digits the Provider ID number. This is a mandatory field for completion. Claim forms completed incorrectly will be returned to the provider.

The following three fields are **new mandatory fields** for both paper and electronic claims.

- **Box 25, Oral Cavity Code** is required when applicable. Please review the Billing & Reimbursement for Dental Providers Chapter for the required data characters. The dental database on the MDCH website lists the procedure codes that require the Oral Cavity Code designation. The data characters required are two-digit numeric characters. They are:
 - 01 is the Maxillary Arch
 - 02 is the Mandibular Arch
 - 10 is the Upper Right Quadrant
 - 20 is the Upper Left Quadrant
 - 30 is the Lower Left Quadrant
 - 40 is the Lower Right Quadrant

Providers not completing this field when applicable, or completing the field using alpha characters, will have their claims rejected. Reason/Remark Code **N346** will be reported on the remittance advice when claims are rejected for these reasons. Paper remittance advices will also report the following explanation codes:

- 605 Missing Oral Cavity Designation Code
- 619 Invalid Oral Cavity Designation Code

Procedures that require the Oral Cavity Code:

D1510, D1515, D1550, D7310, D7320, D7471, D7485, D7970, and D7972.

The Dental Database located on the MDCH website lists the procedure codes that require the oral cavity designation.

- **Box 38, Place of Treatment** The box that applies to the treatment setting should be checked. Nursing facility settings are considered ECF (Extended Care Facility). For school settings, mark the OTHER box.

Providers not completing this field will have their claims rejected. Reason/Remark Code **M77** will be reported on the remittance advice when claims are rejected for this reason.

- **Box 51, SSN or TIN** Providers must include their Social Security Number or Tax ID number on the claim form.

Providers not completing this field or completing it incorrectly will have their claims rejected. Reason/Remark Code **MA113** will be reported on the remittance advice when claims are rejected for this reason.

Electronic Billing

For dental providers interested in submitting claims electronically, contact the Automated Billing Unit via e-mail at AutomatedBilling@michigan.gov for further information on electronic claims and a listing of approved service bureaus. Providers are encouraged to bill electronically. Advantages of electronic billing include decreased errors in claim submission which result in faster turnaround for payment.

New Dental Chapter Section - 6.7.C. Alveoloplasty

Alveoloplasty is a covered benefit for all beneficiaries. Alveoloplasty services are performed in the surgical preparation of the ridge for complete or partial dentures.

Secondary alveoloplasties where recent extractions have been performed in that quadrant are not covered.

Manual Maintenance

The provider should retain this bulletin until the information has been incorporated into the Michigan Medicaid Provider Manual.

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



Paul Reinhart, Director
Medical Services Administration

