

# BILLING AND PAYMENT UPDATE FOR DENTAL SERVICES

## **Billing for Orthodontia Services (D8000-D8999 procedure code range)**

- Claims for orthodontia services provided in the office setting and hospital based, freestanding and dental school clinics will continue to be billed using the appropriate D8000 series code on **either** the electronic HIPAA 837D claim (dentists and clinics) **or** the NYS eMedNY-000201 paper claim form (dentists only).
- Orthodontia Services are carved out of all Medicaid managed care plans and billable fee-for-service. Claims for managed care beneficiaries for D8000-D8999 (Orthodontia) as well as D0120, D0210, D0330, D0340, D0350, D0470 and D9310 are payable to orthodontists and orthodontic clinics for treatment relating to Orthodontia Services.
- Family Health Plus (FHPlus) does not cover orthodontic services.
- Dental procedures (such as extractions) necessitated by an orthodontic care plan for Medicaid managed care and FHPlus enrollees are the responsibility of the health plan, if the plan includes dental services in its benefit package.

## **Billing for all other Dental Services (D0100-D7999 and D9000-D9999 procedure code ranges)**

- Effective February 1, 2010, claims for dental services provided in hospital based, freestanding and dental school clinics are billed using the electronic 837I claim and reimbursed via the APG rate code. The appropriate dental procedure code must be reported for proper reimbursement to be made. Payment to the clinic is inclusive of all professional dentist services. No fee- for-service billing is allowed for services provided in a clinic.
- Claims for dental services provided by dentists in settings other than clinics are billed on **either** the electronic HIPAA 837D claim **or** the NYS eMedNY-000201 paper claim form. The appropriate place of service code must be reported on the claim for accurate payment to be made.
- When Dental Services are carved out of a Medicaid managed care plan, providers must bill according to the instructions above. When Dental Services are covered by the health plan, providers must bill the plan in accordance with their provider contract.

**For further information on clinic APG billing, see:**

[http://www.nyhealth.gov/health\\_care/medicaid/rates/apg/](http://www.nyhealth.gov/health_care/medicaid/rates/apg/)

**For further information on orthodontia and dental practitioner fee-for-service billing, see:**

<http://www.emedny.org/ProviderManuals/Dental/index.html>