

Dental Place of Service Policy and Billing

Billing Clarification:

In September 2010, DOH issued guidance that allowed fee for service (FFS) dental providers that previously billed Medicaid for their professional services provided in free-standing ambulatory surgery, hospital ambulatory surgery and emergency department places of service to continue to bill FFS for dates of service between February 1, 2010 and December 31, 2010. This extension also applied to dental services provided in the operating room to an individual in a hospital inpatient setting. This time frame has been extended and claims for these professional dental services with dates of service February 1, 2010 through the present may now be submitted for reimbursement. For claims over 90 days post date of service, report late submission code of 3 - *Authorized Delays*.

New Place of Service (POS) Payment Methodology:

For dates of service on and after April 1, 2011, the payment for professional dental services provided in an ambulatory surgery, emergency department and inpatient POS will be reimbursed at 65% of the office fee schedule amount. The correct POS must be reported on every dental claim. Reporting the incorrect place of service could result in inaccurate payment, audit review and/or ensuing disallowances. The most common POS for dental FFS claims are as follows:

- 03 – School (*Valid only for orthodontia provided in a school based clinic*)
- 11 – Office
- 15 – Mobile Unit
- 21 – Inpatient Hospital
- 22 – Outpatient Hospital (*Valid only for orthodontia provided in a hospital clinic or any dental service provided in a hospital-based ambulatory surgery center while the patient is under general anesthesia or intravenous sedation*)
- 23 – Emergency Room - Hospital
- 24 – Ambulatory Surgical Center (free-standing)
- 49 – Independent Clinic (*Valid only for orthodontia provided in a free-standing clinic*)

Article 28 Clinic Services (POS 22 and 49) and Orthodontia:

As noted in the March 2010 DOH Medicaid Update, the professional component for dental services is included in the APG payment to the clinic. Therefore, dentists providing dental services in an Article 28 hospital clinic, free-standing clinic or school based health clinic may not bill the Medicaid FFS program for any dental services other than orthodontia. Orthodontists will continue to bill Medicaid FFS for professional services provided in all POS. There is no POS fee differential for orthodontia.

Resources:

Billing Assistance/Claims: Computer Sciences Corp. (800) 343-9000

Fee Schedule & Billing Guidelines: <http://www.emedny.org/ProviderManuals/Dental/index.html>

FFS Dental Prior Approval and Reimbursement: Dental Prepayment Review (800) 342-3005 (opt. #2)

Article 28 Clinic/APG Reimbursement: email apg@health.state.ny.us or (518) 473-2160