

Wisconsin Medicaid update and BadgerCare

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Wisconsin Medicaid and BadgerCare Information for Providers

To:
Dentists
HMOs and Other
Managed Care
Programs

Wisconsin Medicaid assists dentists with correcting billing errors

Wisconsin Medicaid improved services for dental providers in July 2000 by adding a dental-specific correspondent unit and a specialized claims review process. As a result of implementing these services, Wisconsin Medicaid is providing helpful information in this *Update* for dentists.

To assist dentists with their Medicaid claims, Wisconsin Medicaid now:

- Lists a new Explanation of Benefits (EOB) code on the provider's Remittance and Status (R/S) Report if the provider cannot be reached during the specialized review process.
- Automatically changes procedure code from D2161 or 02161 (Amalgam, four or more surfaces) to Medicaid-covered procedure code D2160 or 02160 (Amalgam, three surfaces, permanent) on dental claims.

This *Update* lists the most common dental claim errors encountered during the specialized review process.

Specialized review process

Wisconsin Medicaid dental claims submitted on the American Dental Association (ADA) claim form undergo a specialized review process. Early in the process, these dental claims are

examined for certain billing errors. If one of these billing errors is discovered, a dental claim specialist either corrects the claim or calls the provider to obtain additional information to correct the claim. These telephone calls allow dentists to authorize the correction of these specific errors by telephone so that the claim may not deny for one of these specific errors during processing.

New Explanation of Benefits code

When a provider cannot be reached by a dental claim specialist after three attempts, Wisconsin Medicaid allows the claim to be processed as submitted without making any corrections. EOB code(s) on the R/S Report explain why a claim was denied. In addition, the R/S Report indicates EOB 109 – “Unable to reach provider to correct claim. Please correct and resubmit.” The provider may contact the Medicaid dental correspondent if he or she has questions about the denied claim and resubmit the claim if appropriate.

Billing for “Amalgam, four or more surfaces, permanent”

Wisconsin Medicaid does not cover procedure codes D2161 or 02161 (Amalgam, four or more surfaces, permanent). However, Wisconsin Medicaid *does* cover procedure codes D2160

or 02160 (Amalgam, three surfaces, permanent).

In response to requests from dental offices, if a claim indicates the procedure code for four surfaces (D2161 or 02161), Wisconsin Medicaid automatically changes it to the procedure code for three surfaces (D2160 or 02160), which is a covered service. This eliminates the need for Wisconsin Medicaid to call the dental office during the specialized claim review process. Providers who perform “Amalgam, four or more surfaces, permanent” may submit claims with procedure codes D2161, 02161, D2160, or 02160.

Check Remittance and Status Report

These code changes are indicated on the R/S Report with EOB code 492 - “Changes/ Corrections were made to your claim per dental processing guidelines.”

Common errors on claims

The attachment to this *Update* lists the most common errors found and corrected by the dental claims specialist, along with the corresponding claim form elements.

If you have questions about these errors or other errors and/or how to correct them, call Wisconsin Medicaid Provider Services at (800) 947-9627 or (608) 221-9883 and select Option 4 to speak with a dental correspondent. Providers may call between 8:30 a.m. and 4:30 p.m. on Mondays, Wednesdays, Thursdays, and Fridays and between 9:30 a.m. and 4:30 p.m. on Tuesdays.

Managed care providers

This *Update* applies to fee-for-service Medicaid providers only. If you are a Medicaid HMO network provider, contact your managed care organization for more information about its procedures. Wisconsin Medicaid HMOs are required to provide at least the same benefits to enrollees as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at www.dhfs.state.wi.us/medicaid/.

ATTACHMENT

Most Common Claim Errors Corrected by Dental Claims Specialist

This table lists the most common errors found and corrected by the dental claims specialist along with the corresponding claim form elements.

| Reason for denial | 2000 ADA claim form element | 1994 ADA claim form element |
|---|------------------------------------|------------------------------------|
| Narratives (further explanation) missing | Element 61 | Element 38 |
| Place of service (POS) missing | Element 49 | Element 28 |
| Performing provider ID number missing | Element 62 | Element 40 |
| Procedure code incorrect | Element 59 | Element 37 |
| Prior authorization (PA) number missing | Element 2 | Element 2 |
| Provider's signature missing | Element 62 | Element 39 |
| Recipient name and ID number mismatched | Elements 8 and 13 | Elements 2 and 4 |
| Incorrect placement of modifier UU and LL | Element 59 (Tooth) | Element 37 (Tooth # or letter) |
| Other commercial health insurance payments missing* | Elements 33 and 59 | Elements 15a and 42 |

*Refer to the March 2000 *Wisconsin Medicaid and BadgerCare Update (2000-10)*, titled "New ADA claim form and Medicaid billing instructions," for more information about commercial health or dental insurance explanation codes.