wisconsin Medicaid update
department of health and family services
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To:
Dentists
HMOs and Other Managed Care Programs
Oral Surgeons

Dental billing for recipients with commercial health or dental insurance clarified

This Update clarifies Wisconsin Medicaid's requirements for billing commercial health or dental insurance. It replaces information found in Appendix 18A of Part A, the all-provider handbook, and in section IV of Part B, the dental services handbook.

To clarify billing, this Update contains charts (Attachments 1, 2, and 3) identifying the procedure codes dentists need to bill to commercial health or dental insurance *prior to* submitting a claim to Wisconsin Medicaid. The charts are based on a survey of commercial health and dental insurance carriers.

They will be helpful to you because:

- You will only need to bill commercial health or dental insurance for the services most likely covered.
- In many cases, they will help you obtain the maximum commercial insurance reimbursement.

Following the procedure code charts are related charts to clarify use of Medicaid's insurance disclaimer codes when billing Medicaid. Claims received by Wisconsin Medicaid July 1, 1999, or later will be processed according to these revised procedure code listings, *regardless of the date of service.*

Because Wisconsin Medicaid is the payer of last resort for any dental service it covers, providers are required by state and federal laws to bill commercial health or dental insurance prior to submitting a claim to Medicaid. *Wisconsin Medicaid then reimburses only what remains of the Medicaid maximum allowable fee after commercial health or dental insurance has paid.*

This information applies to services provided to recipients who receive fee-for-service dental services.

Determining if a recipient has commercial health or dental insurance

Recipients who have commercial health or dental insurance may be identified using any of the following:

- **Automated Voice Response system.** Automated Voice Response (AVR) system is a computerized service that allows providers with touch-tone telephones direct access to 12 months of eligibility and insurance information for recipients who had any eligibility within the last 12 months. AVR may be reached at (800) 947-3544 or (608) 221-4247.

- **Provider Services.** You may call Provider Services at (800) 947-9627 or (608) 221-9883, from 8:30 a.m. to 4:30 p.m. Mondays, Wednesdays, Thursdays, and Fridays, and from 9:30 a.m. to 4:30 p.m. Tuesdays, for help with questions specific to recipient eligibility and insurance information.

- **Forward card.** A permanent plastic identification card (Forward card) will soon replace paper cards recipients currently receive monthly. Using the card with an eligibility reader or software, providers will be able to verify eligibility and get insurance information by entering or providing recipient information.

  A recipient with a Forward card is not necessarily eligible for Wisconsin Medicaid on the date of service. It is important to always verify eligibility and commercial insurance coverage each date a service is provided.

  For more information on obtaining a Forward card reader, please call Provider Services at (800) 947-9627 or (608) 221-9883. Information is also available on the Wisconsin Medicaid website: *www.dhfs.state.wi.us/medicaid/provider/miscpubs/evs.htm*

- **Green temporary paper cards and tan presumptive eligibility paper cards.** These green and tan paper cards indicate a recipient's Medicaid eligibility and may have commercial health or dental insurance indicators printed on them. Wisconsin Medicaid encourages providers to keep photocopies of these paper cards when providing services to recipients with the cards. Medicaid will continue to issue green temporary paper cards and tan paper cards even after all other recipients receive the plastic Forward cards.

Medicaid Insurance Indicators		
Insurance Indicator	**Meaning**	**Attachment**
DEN	Dental Insurance	Attachment 1
HMO	Health Maintenance Organization (non-Medicaid)	Attachment 2
BLU	Blue Cross	Attachment 3
WPS	Wisconsin Physicians Service	Attachment 3
CHA	CHAMPUS	Attachment 3
HPP	Wausau Health Protection Plan	Attachment 3
OTH	All other commercial health or dental insurance plans	Attachment 3

Guide to commercial health or dental insurance indicators

As a recipient's eligibility is confirmed, one of seven "other insurance" indicators may be present. The chart above lists the seven insurance indicators, along with the corresponding attachment to use when each indicator appears.

In addition, Attachment 4 lists examples of special circumstances to consider when billing commercial health or dental insurance prior to billing Wisconsin Medicaid.

When a recipient is not covered by commercial health or dental insurance

Leave the "Name and address of carriers" box (element 15A on the American Dental Association [ADA] claim form or element 9 on the HCFA 1500 claim form) blank if:

- A recipient is not covered by commercial health or dental insurance.
- A recipient is covered by commercial health or dental insurance but none of the services provided is listed on the applicable attachment.

When commercial health or dental insurance paid for some services

When commercial health or dental insurance only paid for some services and denied payment for the others, Wisconsin Medicaid recommends submitting two separate Medicaid claim forms. To maximize Medicaid reimbursement, one claim should be processed for the partially paid services and another for the services denied by commercial health or dental insurance.

The Wisconsin Medicaid Update is the first source for provider information including Medicaid policy and billing information.

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

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

Attachment 1

Insurance indicator "DEN" is present

Bill the following procedure codes to other dental insurance *prior* to billing these procedures to Medicaid.

Service type	Service	Procedure codes
Diagnostic	Exams	00120, 00150, 00160
	X-rays	00270, 00272, 00274
Preventative	Prophylaxis, Fluoride	01110-01205
	Sealants	01351
	Space maintainers	01510, 01515, 01550
Restorative	Fillings	02110-02387
	Crowns	02920-02933
Endodontic	Root Canals	03310, 03320, 03330
Periodontic	Gingivectomy	04210, 04211
	Scaling	04341
	Full-mouth debridement	04355
Prosthodontic	Dentures	05110-05212; 05510-05761
	Bridges	06930, 06940, 06980
Extractions	Extractions	07110-07250
Surgical - *Current Dental Terminology*	Surgeries	07260-07780; 07840; 07850; 07910-07991
Orthodontic	Orthodontia	08110-08650; 08750

Continued on back

Medicaid's insurance disclaimer codes

To file a claim with Medicaid containing one or more of the procedure codes listed on the front of this page, indicate one of the following codes in either:

- Element 15A of the ADA claim form.

or

- Element 9 of HCFA 1500 claim form.

Code	When you use code
OI-P (other insurance paid)	Claim is paid entirely or in part by other dental insurance. Indicate on claim the amount paid by other dental insurance to the provider or the insured.
OI-D (other insurance denied)	Claim is denied by other dental insurance following submission of a correct and complete claim or payment was applied toward the co-insurance and deductible. Do not use this code unless the claim in question was billed to and denied by the other health insurer.
OI-Y (other insurance yes)	Other dental insurance coverage was indicated but it was not billed for reasons including, but not limited to: • Recipient denies coverage or will not cooperate. • The provider knows the carrier does not cover the service in question. • Insurance failed to respond to initial and follow-up claims. • Benefits are not assignable or cannot get an assignment.
None. Providers may leave the box blank.	None of the procedure codes on the claim is listed above.

Reminder

When commercial health or dental insurance made payment, indicate the amount paid as follows:

ADA claim form

- Enter the amount paid by commercial health or dental insurance in element 42.

HCFA 1500 claim form

- Enter the amount paid by commercial health or dental insurance in element 29.

Attachment 2

When insurance indicator "HMO" is present

Bill the following procedure codes to other dental insurance *prior* to billing these procedures to Medicaid.

Service type	Service	Procedure codes
Diagnostic	Exams	00120, 00150, 00160
Preventative	Cleanings	01110, 01120
Restorative	Fillings	02110-02160
Extractions	Extractions	07210-07250
Surgical - *Current Dental Terminology*	Surgeries	07260-07780; 07840; 07850; 07910-07991

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Medicaid's insurance disclaimer codes

To file a claim containing one or more of the procedure codes listed above, indicate one of the following codes in either:

- Element 15A of the ADA claim form.

or

- Element 9 of HCFA 1500 claim form.

Code	When to use code
OI-P (other insurance paid)	Claim is paid entirely or in part by a (non-Medicaid) HMO. The amount paid by the HMO to the provider or the insured is indicated on the claim.
OI-H (other insurance HMO)	Claim is not covered by an HMO or the billed amount does not exceed the coinsurance or deductible amount. Do not use OI-H if an otherwise covered service was not rendered by a designated provider.
None. Providers are not required to bill other dental insurance and may leave the box blank.	None of the procedure codes on the claim is listed above.
None. Providers must be members of the recipient's HMO to receive Medicaid reimbursement.	Providers are not members of the recipient's HMO. Medicaid may not be billed.

Reminder

When commercial health or dental insurance made payment, indicate the amount paid as follows:

ADA claim form

- Enter the amount paid by the commercial health or dental insurance in element 42.

HCFA 1500 claim form

- Enter the amount paid by the commercial health or dental insurance in element 29.

Attachment 3

When other insurance indicator "BLU," "WPS," "CHA," "HPP," or "OTH" is present

Bill the following procedure codes to other dental insurance *prior* to billing these procedures to Medicaid.

Service type	Service	Procedure codes
Surgical - *Current Dental Terminology*	Surgeries	07260-07780; 07840; 07850; 07910-07991

Medicaid's insurance disclaimer codes

To file a claim with Medicaid containing one or more of the procedure codes listed above, indicate one of the following codes in either:

- Element 15A of the ADA claim form.

or

- Element 9 of the HCFA 1500 claim form.

Code	When to use code
OI-P (other insurance paid)	Claim is paid entirely or in part by commercial health or dental insurance. The amount paid by commercial health or dental insurance to the provider or the insured is indicated on the claim.
OI-D (other insurance denied)	Claim is denied by commercial health or dental insurance following submission of a correct and complete claim or payment was applied toward the coinsurance and deductible. Do not use this code unless the claim in question was billed to and denied by the commercial health or dental insurer.
OI-Y (other insurance yes)	Commercial health or dental insurance coverage was indicated but it was not billed for reasons including, but not limited to: • Recipient denies coverage or will not cooperate. • The provider knows the carrier does not cover the service in question. • Insurance failed to respond to initial and follow-up claims. • Benefits are not assignable or cannot get an assignment.
None. Providers may leave the box blank.	None of the procedure codes on the claim is listed above.

Reminder

When commercial health or dental insurance made payment, indicate the amount paid as follows:

ADA claim form

- Enter the amount paid by commercial health or dental insurance in element 42.

HCFA 1500 claim form

- Enter the amount paid by the commercial health or dental insurance in element 29.

Attachment 4

Special circumstances when billing commercial health or dental insurance prior to billing Wisconsin Medicaid

Situation	Appropriate response
No insurance indicator is on Medicaid's eligibility file.	Leave the "Name and address of carriers" box (element 15A on the ADA claim form or element 9 on the HCFA 1500 claim form) blank.
An insurance indicator is present, but none of the services are listed on the appropriate attachment (1, 2, or 3).	Leave the "Name and address of carriers" box blank.
Provider: • Is aware of commercial health or dental insurance not shown on Medicaid's eligibility file. • Bills the insurance. • Receives reimbursement from that insurer.	• Place OI-P in "Name and address of carriers" box. • Place the amount paid by commercial health or dental insurance in the "Payment by other plan" box (element 42 of the ADA claim form or element 29 of the HCFA 1500 claim form). • Complete the TPL-17 form found in Appendix 19 of Part A, the all-provider handbook, to correct Medicaid files.
Provider: • Is aware of other commercial health or dental insurance not shown on Medicaid's eligibility file. • Bills the insurance. • Does *not* receive reimbursement from that insurer.	• Leave the "Name and address of carriers" box and the "Payment by other plan" box blank. • Complete the TPL-17 form found in Appendix 19 of Part A, the all-provider handbook, to correct Medicaid files.