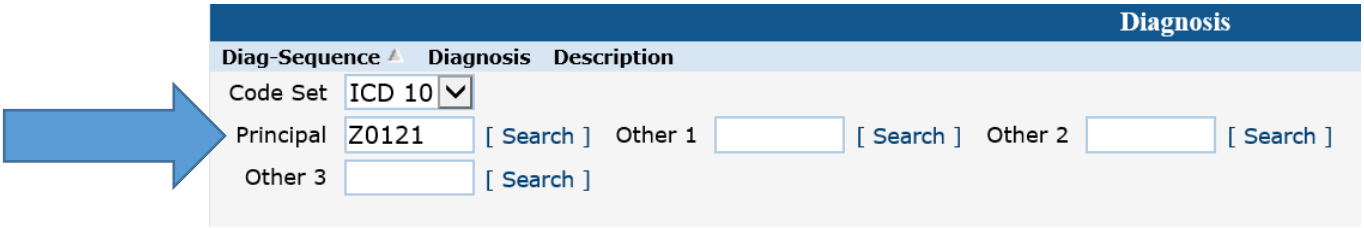
interChange Provider Important Message

Diagnosis Code Requirements for Dental Claims

Effective for dates of service September 1, 2021 and forward, the Department of Social Services (DSS) is implementing dental claim submission diagnosis code requirements to further align electronic claim submission with the 2019 American Dental Association Form common format for reporting dental services. All dental claims with "from" dates of service of September 1, 2021 and forward will **post and pay** Explanation of Benefits (EOB) code 258 "Primary Diagnosis Code Missing" when the diagnosis code is missing at the header of the claim.

Web Claim Submission Changes: Diagnosis panels currently have a drop-down list to select either the ICD-9, ICD-10 or Other Code Set. The ICD-10 diagnosis code must be documented in the Principal diagnosis field. Additional ICD-10 diagnosis codes can be listed in the Other fields located next to the Principal diagnosis field. Up to three (3) additional diagnoses can be listed on the claim.



Please note: Diagnosis code must be entered without punctuation marks.

DSS will notify dental providers in a separate publication when diagnosis code reporting becomes mandatory. At that time, all dental claims submitted without a primary diagnosis code will **DENY** and post EOB code 258 "Primary Diagnosis Code Missing".

Examples of dental ICD-10 codes:

Z01.20	Encounter for dental examination and cleaning without abnormal findings
Z01.21	Encounter for dental examination and cleaning with abnormal findings
K02.0	Caries limited to enamel

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K02.1	Caries of dentine
K02.2	Caries of cementum
K02.3	Arrested dental caries
K02.9	Dental caries, unspecified
K05.0	Acute gingivitis
K05.1	Chronic gingivitis
K05.2	Acute Periodontitis (includes acute pericoronitis)
K05.3	Chronic Periodontitis (includes chronic pericoronitis)
K05.4	Periodontosis (juvenile)