

Dental Refresher Workshop

Presented by

The Department of Social Services
& HP Provider Representative Melisa
Garcia



Training Topics

What's New??

- Client Eligibility Verification
- Program Limitations
- Prior Authorization
- ADA 2012 Claim Form
- Web Claim Submission
- Frequent Claim Denials

Available Resources

- Claim Resolution Guide
- Fee Schedule
- Provider Bulletins

Questions & Comments

Client Eligibility Verification

DSS recommends that providers verify a client's eligibility on the date of service prior to providing services.

To verify a client's eligibility through the secure Web site www.ctdssmap.com – click on the Eligibility tab on the main menu

Home Information Provider Trading Partner ConnPACE Pharmacy Information Claims **Eligibility** Prior Authorization Hospice Trade Files MAPIR Messages Account

Valid Search Combinations

- Client ID + SSN
- Client ID + Birth Date
- Birth Date + SSN
- Full Name + SSN
- Full Name + Birth Date

Eligibility Response Quick Reference Guide

Eligibility Verification Request			
Client ID	<input type="text"/>	last name	<input type="text"/>
SSN	<input type="text"/>	First Name, MI	<input type="text"/> <input type="text"/>
Birth Date	<input type="text"/>	From DOS*	<input type="text" value="04/30/2013"/>
		To DOS*	<input type="text" value="04/30/2013"/>
Service Type Code 1	30 - Health Benefit Plan Coverage	Service Type Code 2	<input type="text"/>
Service Type Code 3	<input type="text"/>	Service Type Code 4	<input type="text"/>
Service Type Code 5	<input type="text"/>		
			<input type="button" value="search"/>
			<input type="button" value="clear"/>

Client Eligibility Verification

- Enter enough data to satisfy at least one of the valid search combinations; click search
 - When entering a full name as part of your search, a middle initial is required if present in his/her Connecticut Medical Assistance Program (CMAP) profile

Valid Search Combinations

- Client ID + SSN
- Client ID + Birth Date
- Birth Date + SSN
- Full Name + SSN
- Full Name + Birth Date

Eligibility Response Quick Reference Guide

Eligibility Verification Request					
Client ID	<input type="text"/>	last name	<input type="text" value="DOE"/>	From DOS*	<input type="text" value="03/24/2013"/>
SSN	<input type="text" value="123-45-6789"/>	First Name, MI	<input type="text" value="JOHN"/> <input type="text" value="S"/>	To DOS*	<input type="text" value="03/24/2013"/>
Birth Date	<input type="text"/>				
Service Type Code 1	<input type="text" value="30 - Health Benefit Plan Coverage"/>	Service Type Code 2	<input type="text"/>		
Service Type Code 3	<input type="text"/>	Service Type Code 4	<input type="text"/>		
Service Type Code 5	<input type="text"/>				
					<input type="button" value="search"/>
					<input type="button" value="clear"/>

Web Eligibility Screen Enhancements

Search by Service Type Codes

- Providers will now be able to search by up to five (5) different service type codes. The service type codes allow providers to verify the client's eligibility benefit coverage for specific services.
- The first service type code field defaults to 30 – Health Benefit Plan Coverage. If the provider searches by that default selection, it will return with all the service type codes that are covered for the client's benefit plan.
- The specific service type codes for Dental providers is "35" for "Dental Care"

Web Eligibility Screen Enhancements

Search by Service Type Codes

Eligibility Response Quick Reference Guide

Eligibility Verification Request			
Client ID	<input type="text"/>	last name	<input type="text"/>
SSN	<input type="text"/>	First Name, MI	<input type="text"/> <input type="text"/>
Birth Date	<input type="text"/>	From DOS*	<input type="text" value="04/30/2013"/>
		To DOS*	<input type="text" value="04/30/2013"/>
Service Type Code 1	<input type="text" value="35 - Dental Care"/>	Service Type Code 2	<input type="text" value="30 - Health Benefit Plan Coverage"/>
Service Type Code 3	<input type="text"/>	Service Type Code 4	<input type="text"/>
Service Type Code 5	<input type="text"/>		

Web Eligibility Screen Enhancements

Search by Service Type Codes 35 – Dental Care

Eligibility Verification Response ? ^

Verification Number 1312002YXX

Response Text Client is eligible. Refer to Benefit Plan for specific program coverage.

Client Information

Client ID

Last Name

SSN ###-##-####

First Name, MI

Birth Date

Street

Gender F

City, State, Zip OAKDALE, CT 06370

Benefit Plan

Service Information	Benefit Month Effective Date	Effective Date	End Date	Message
Husky D. For Behavioral Health Services, call BHP at 877-552-8247.	04/01/2013	04/30/2013	04/30/2013	

Deductible Information

*** No rows found ***

Out of Pocket Information - Includes Deductible and Coinsurance

*** No rows found ***

Service Type Codes - HP Services

Service Type Code	Service Type Information	Copay	Coinsurance
35	Dental Care		

Service Type Codes - MCO Services

*** No rows found ***

Service Type Codes - Not Covered

*** No rows found ***

Web Eligibility Screen Enhancements

- The eligibility verification request screen has been enhanced to verify eligibility to the end of the current month.
- The eligibility response is based on current eligibility and is subject to change. Please validate again on the actual date of service.

Eligibility Verification Request					
Client ID	<input type="text"/>	Last Name	<input type="text"/>	From DOS*	<input type="text" value="05/07/2013"/>
SSN	<input type="text"/>	First Name, MI	<input type="text"/>	To DOS*	<input type="text" value="05/31/2013"/>
Birth Date	<input type="text"/>				
Service Type Code 1	<input type="text" value="35 - Dental Care"/>	Service Type Code 2	<input type="text"/>		
Service Type Code 3	<input type="text"/>	Service Type Code 4	<input type="text"/>		
Service Type Code 5	<input type="text"/>				
					<input type="button" value="search"/>
					<input type="button" value="clear"/>

Eligibility Verification Response	
Verification Number	<input type="text" value="1312704DPS"/>
Response Text	<input type="text" value="Client is eligible. Refer to Benefit Plan for specific program coverage."/>

Client Information			
Client ID	<input type="text"/>	Last Name	<input type="text"/>
SSN	<input type="text" value="###-##-####"/>	First Name, MI	<input type="text"/>
Birth Date	<input type="text"/>	Street	<input type="text"/>
Gender	<input type="text" value="F"/>	City, State, Zip	<input type="text"/>
Nursing Home Resident	<input type="text" value="Yes"/>		

Benefit Plan				
Service Information	Benefit Month Effective Date	Effective Date	End Date	Message
Husky C. For Behavioral Health Services, call BHP at 877-552-8247.	05/01/2013	05/07/2013	05/31/2013	The eligibility response is based on current eligibility and is subject to change. Please validate again on the actual date of service.
Personal Care Assistant Waiver	05/01/2013	05/07/2013	05/31/2013	The eligibility response is based on current eligibility and is subject to change. Please validate again on the actual date of service.

Deductible Information	
*** No rows found ***	

Out of Pocket Information - Includes Deductible and Coinsurance	
*** No rows found ***	

Service Type Codes - HP Services			
Service Type Code	Service Type Information	Copay	Coinsurance
35	Dental Care		

Web Eligibility Screen Enhancements

Charter Oak client eligibility search response

Client Information

Client ID	<input type="text"/>	Last Name	<input type="text" value="SPONSOR"/>		
SSN	<input type="text" value="###-##-####"/>	First Name, MI	<input type="text" value="CINGULAR"/>	<input type="text"/>	
Birth Date	<input type="text" value="01/01/2000"/>	Street	<input type="text" value="144 MAIN ST"/>		
Gender	<input type="text" value="M"/>	City, State, Zip	<input type="text" value="NEW HAVEN, CT 06511"/>		

Benefit Plan

Service Information [▲]	Benefit Month Effective Date	Effective Date	End Date	Message
Charter Oak. For Behavioral Health Services, call BHP at 877-552-8247. Please refer to the companion guide for all Charter Oak copays.	04/01/2013	04/30/2013	04/30/2013	
Drug coverage only, under the ConnPACE Program.	04/01/2013	04/30/2013	04/30/2013	

Deductible Information

*** No rows found ***

Out of Pocket Information - Includes Deductible and Coinsurance

*** No rows found ***

Service Type Codes - HP Services

*** No rows found ***

Service Type Codes - MCO Services

*** No rows found ***

Service Type Codes - Not Covered

Service Type Code	Service Type Information
35	Dental Care



Web Eligibility Screen Enhancements

HUSKY B client eligibility search response

Benefit Plan				
Service Information	Benefit Month Effective Date	Effective Date	End Date	Message
HUSKY B. For Behavioral Health Services, call BHP at 877-552-8247. Please refer to the companion guide for all Husky B copays.	04/01/2013	04/01/2013	04/01/2013	

Deductible Information				
Service Information	Effective Date	End Date	Base Deductible Amount	Remaining Amount
Husky B			\$0.00	

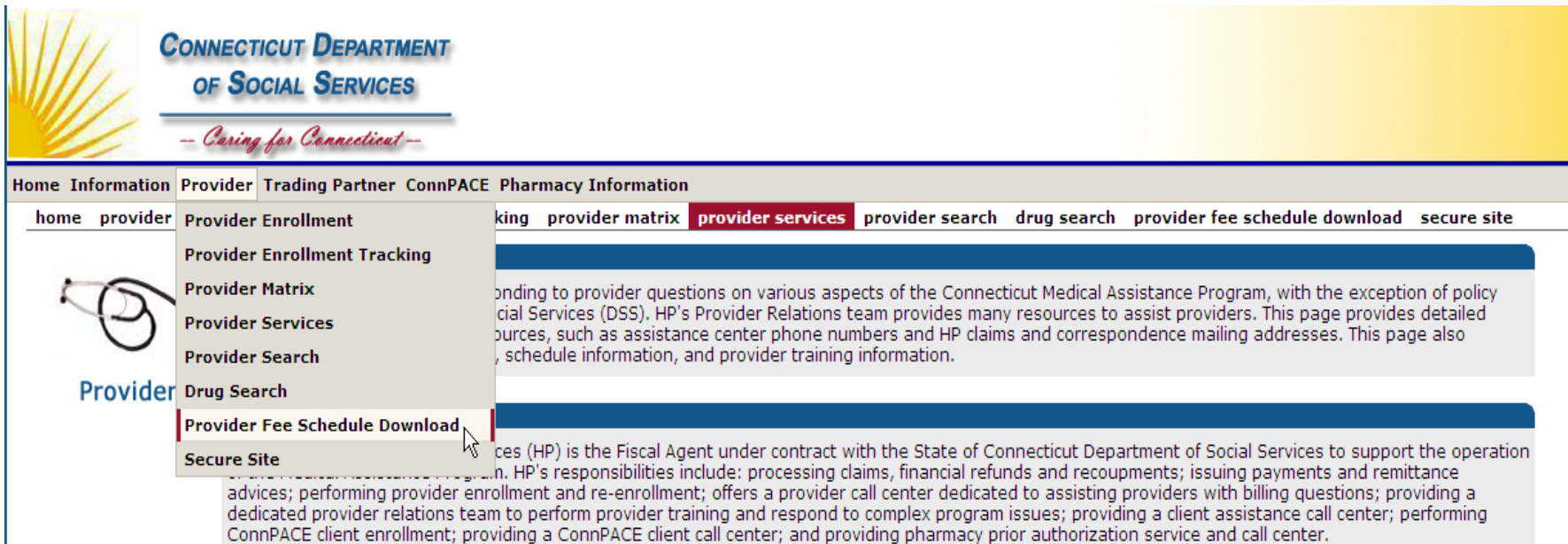
Out of Pocket Information - Includes Deductible and Coinsurance				
*** No rows found ***				

Service Type Codes - HP Services			
Service Type Code ^A	Service Type Information	Copay	Coinsurance
35	Dental Care		
42	Home Health Care	\$0.00	0%
47	Hospital	\$0.00	0%
50	Hospital - Outpatient	\$0.00	0%
98	Prof (Phys) Visit - Office	\$10.00	0%

- HUSKY B copay amounts will not show on the eligibility screen, provider should refer to the dental fee schedule.

Dental Fee Schedule

- Select Provider Fee Schedule Download from Provider menu
- Click “I accept” to the Connecticut Provider Fee Schedule End User License Agreement page
- Provider Fee Schedules are listed by provider type. Choose Dental by clicking on the PDF or CSV link.



The screenshot displays the Connecticut Department of Social Services (DSS) website. The header features the DSS logo with the tagline "Caring for Connecticut". The navigation bar includes links for Home, Information, Provider, Trading Partner, ConnPACE, and Pharmacy Information. The Provider menu is expanded, showing options like Provider Enrollment, Provider Enrollment Tracking, Provider Matrix, Provider Services, Provider Search, Drug Search, Provider Fee Schedule Download (highlighted), and Secure Site. The background text describes the Department's role as the Fiscal Agent for the Connecticut Medical Assistance Program, detailing its responsibilities in processing claims, issuing payments, and providing provider training and support.

Dental Fee Schedule

Dental Fee Schedule updated January 1, 2013

1/1/2013 Dental Fee Schedule																			
This fee schedule lists the fees for a client under the age of 21. The fee for a client 21 years of age and older is 52% of the fee listed on this schedule.																			
Proc Code	Proc description	Max Fee	Husky B Copay Effective 7/1/2010	Effective Date	End Date	PGM Limits	Endodontist	Oral & Maxillofacial Pathologist	Oral & Maxillofacial Radiologist	Periodontist	Prosthodontist	Dental Anesthesiologist	Pediatric Dentist	General Dentist	Oral Surgeon	Orthodontist	Dental Hygienist	Public Health Dentist	Hospital and Free Standing Clinics Effective 11/1/2010
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR E	65.00	NA	4/1/2008	12/31/2299	^	PA	PA	PA	PA		PA			PA	PA		PA	
D0180	DETAILED AND EXTENSIVE ORAL EVALUATION -	50.00	NA	4/1/2008	12/31/2299	^					PA	PA	PA	PA					PA
D0210	INTRAORAL-COMPLETE SERIES (INCLUDING BIT	101.00	NA	4/1/2008	12/31/2299	^	PA	PA				PA			PA	PA		PA	PA
D0220	INTRAORAL-PERAPICAL-FIRST FILM	19.00	NA	4/1/2008	12/31/2299	^						PA							
D0230	INTRAORAL-PERAPICAL-EACH ADDITIONAL FIL	17.00	NA	4/1/2008	12/31/2299	^						PA							
D0240	INTRAORAL-OCCLUSAL FILM	19.00	NA	4/1/2008	12/31/2299	^						PA							
D0270	BITEWING-SINGLE FILM	14.00	NA	4/1/2008	12/31/2299	^	PA	PA				PA				PA			
D0272	BITEWINGS-TWO FILMS	32.00	NA	4/1/2008	12/31/2299	^	PA	PA				PA				PA			
D0274	BITEWINGS-FOUR FILMS	48.00	NA	4/1/2008	12/31/2299	^	PA	PA				PA				PA			
D0310	SIALOGRAPHY	97.00	NA	4/1/2008	12/31/2299		PA	PA		PA	PA	PA	PA	PA		PA		PA	PA
D0321	OTHER TEMPOROMANDIBULAR JOINT FILMS BY	350.00	NA	4/1/2008	12/31/2299		PA			PA		PA	PA			PA			PA
D0330	PANORAMIC FILM	87.00	NA	4/1/2008	12/31/2299	^	>21			>21	>21	>21	>21	>21				>21	
D0470	DIAGNOSTIC CASTS	98.00	NA	4/1/2008	12/31/2299	^	PA	PA	PA			PA							
D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE BY REP	MP	NA	4/1/2008	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PR	PA	PA
D1110	PROPHYLAXIS-ADULT	64.00	NA	4/1/2008	12/31/2299	^													
D1120	PROPHYLAXIS-CHILD	46.00	NA	4/1/2008	12/31/2299	^													
D1203	TOPICAL APPLICATION OF FLUORIDECHILD	29.00	NA	4/1/2008	12/31/2012	^													
D1204	TOPICAL APPLICATION OF FLUORIDE ADULT	28.00	NA	4/1/2008	12/31/2012	^	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA
D1206	TOPICAL FLUORIDE VARNISH; THERAPEUTIC AP	29.00	NA	4/1/2008	12/31/2012	^	>21	>21	>21	>21	>21	>21	>21	>21	>21	>21	>21	>21	>21
D1208	TOPICAL APP OF FLUORIDE	29.00	NA	1/1/2013	12/31/2299	^	>21	>21	>21	>21	>21	>21	>21	>21	>21	>21	>21	>21	>21



Dental Fee Schedule

Dental Fee Schedule updated January 1, 2013

- Dental procedure codes D1203, D1204 and D1206 are no longer effective as of December 31, 2012.
- Dental providers should start using D1208 instead of D1203, D1204 and D1206 for dates of service January 1, 2013 and forward.
- Dental fee schedule was updated with a 12/31/2012 end date for D1203, D1204 and D1206

Dental Fee Schedule

1/1/2013 Dental Fee Schedule																				
This fee schedule lists the fees for a client under the age of 21. The fee for a client 21 years of age and older is 52% of the fee listed on this schedule.																				
Proc Code	Proc description	Max Fee	Husky B Copay Effective 7/1/2010	Effective Date	End Date	PGM Limits	Endodontist	Oral & Maxillofacial Pathologist	Oral & Maxillofacial Radiologist	Periodontist	Prosthodontist	Dental Anesthesiologist	Pediatric Dentist	General Dentist	Oral Surgeon	Orthodontist	Dental Hygienist	Public Health Dentist	Hospital and Free Standing Clinics Effective 11/1/2010	FQHC Effective 7/1/2011
D9310	CONSULTATION - DIAGNOSTIC SERVICE PROVID	34.00	NA	4/1/2008	12/31/2299															PA
D9410	HOUSE/EXTENDED CARE FACILITY CALL	25.00	NA	4/1/2008	12/31/2299	#	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA
D9420	HOSPITAL CALL	95.00	NA	4/1/2008	12/31/2299															
D9920	BEHAVIOR MANAGEMENT BY REPORT	MP	20%	4/1/2008	12/31/2299	^														
D9940	OCCUSAL GUARDS BY REPORT	342.00	20%	4/1/2008	12/31/2299	^	>21	>21	PA	>21	>21	>21	>21	>21	>21	>21		>21	>21	>21
D9941	FABRICATION OF ATHLETIC MOUTHGUARD	342.00	20%	4/1/2008	12/31/2299	^	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA		PA	PA	PA
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE BY REP	MP	33%	4/1/2008	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA		PA	PA	PA
Max Fee column - MP means MANUALLY PRICED																				
Note: T1015 MAY BE BILLED ONLY BY FQHC - PROVIDER SPECIFIC RATE																				
Pgm Limits Column - ^ indicates program limitations apply. See Provider Manual Chapter 7 and also the following policy transmittals PB 06-103, PB09-25, PB 09-57, PB11-07, and PB 11-81.																				
Pgm Limits Column - # indicates service is limited to private practice (non-group related) dentists and public health hygienists. See policy transmittal PB 11-81.																				
PA TYPE designates:																				
PR means Authorization Review is required to be obtained from Connecticut Dental Health Partnership after the service has been performed																				
PA means Prior Authorization is required to be obtained from Connecticut Dental Health Partnership before the service is performed																				
Provider Type / specialty Column Designates:																				
PA means Prior Authorization (PA) is required for all ages																				
<21 means Prior Authorization is required for patients under the age of 21																				
>21 means Prior Authorization is required for patients 21 years of age and older																				
An empty box means that prior authorization is NOT required																				
A "blacked out" box means that the Dental Hygienist cannot bill for these codes																				

- PR means Post Authorization Review is required to be obtained from Connecticut Dental Health Partnership(CTDHP) **AFTER** the service has been performed

Dental Fee Schedule

- PA means Prior Authorization is required to be obtained from CTDHP **BEFORE** the service is performed
- **<21** means that Prior Authorization is required for patients under the age of 21
- **>21** means that Prior Authorization is required for patients 21 years of age and older
- **PA** means that Prior Authorization is required for all patients
- Providers can access the dental fee schedule at www.ctdssmap.com to determine which procedure codes require PA or PR (slides 12 & 14).
- Providers should refer to the CTDHP Web site www.ctdhp.com and access the provider manual to determine if a procedure complies with the Medical Services Policy.

Prior Authorizations

- Electronic prior authorization or post procedure review requests may be done electronically via the www.ctdhp.com provider Web portal.
 - To upload a Prior Authorization request, follow the steps outlined below:
 1. Access the www.ctdhp.com Web site and click on **"Provider Partners."**
 2. Enter your Billing NPI and Tax ID numbers in the appropriate boxes and click on **"Submit."**
 3. A new screen will appear, click on **"Prior Authorization Upload."**
 4. Follow instructions for prior authorization or post procedure review requests.

Prior Authorizations

- Hard copy submissions for the **non-orthodontic services** that require PA or PR should be submitted to:
CT Medicaid Prior-Authorizations
C/O Dental Benefit Management, Inc. / CTDHP
P.O. Box 40109
Philadelphia, PA 19106-0109
- For any questions regarding PAs or to request an emergency PA, call CTDHP Provider Relations and Services at:
 - 1-888-445-6665 Monday through Friday, 8 a.m. to 5 p.m. (EST), excluding holidays
- * **Please Note: Do not submit any PAs or PRs to HP or DSS, the PAs and PRs will be returned to your office!**



Prior Authorizations

- Allow fifteen (15) business days for the review, processing of prior authorization and post procedure review requests.
- CTDHP will enter the information for the approved PAs and PRs in HP's system.
 - Denied PA/PR requests **will not be entered**; however, the provider will be informed via a written response.
- PA approval status may be verified via the CT Medical Assistance Program Web site at www.ctdssmap.com.
 - The Prior Authorization (PA) Search allows providers to see if the PA or PR has been entered into the system prior to submitting their claims.

Prior Authorizations Inquiry

- On the provider secure Web site www.ctdssmap.com, under “prior authorization” select “prior authorization search”.
- Enter a client ID and click search to bring up prior authorizations for a specific client.

Quick Link

- [Web Guide - Prior Authorization Search](#)

Provider 008000008 MCD

Prior Authorization Search

Client ID	<input type="text"/>	Prior Authorization	<input type="text"/>
Client Name	<input type="text"/>	PA Assignment	<input type="text"/>
Requested Eff Date	<input type="text"/>	PA Assign - Sub	<input type="text"/>
Requested End Date	<input type="text"/>	Procedure	<input type="text"/> [Search]
Authorized Eff Date	<input type="text"/>	Revenue Code	<input type="text"/> [Search]
Authorized End Date	<input type="text"/>	Proc/Mod List	<input type="text"/>
		Records	20 <input type="text"/>
			<input type="button" value="search"/>
			<input type="button" value="clear"/>

Prior Authorizations

Prior Authorization (PA) Inquiry

Base Information									
Prior Authorization Number	2010018002								
Client ID	003490661		PA Assignment	DENTAL SERVICES					
Last Name	NOT LEAST		First Name, MI	CHILD					
Billing Provider	XXXXXXXXXX		NPI	Date of Birth		01/01/2000			
Diagnosis	<input type="text"/> [Search]		Insurance	None		<input type="button" value="v"/>			
			Estimated Date of Delivery	<input type="text"/>					
			Patient Condition	Fair <input type="button" value="v"/>					

Line Item									
Line Item	Requested Units	Requested Dollars	Authorized Units	Authorized Dollars	Status	Procedure Code	Procedure Code List	Revenue Code	Revenue Code List
01	2.000	\$0.00	2.000	\$0.00	Approved	D3320			

Type changes below.

Line Item	01	
Service Type Code*	Procedure Code <input type="button" value="v"/>	
Procedure Code/List	D3320 <input type="button" value="Search"/>	<input type="text"/> <input type="button" value="Search"/>
Modifier 1	<input type="text"/> <input type="button" value="Search"/>	
Modifier 2	<input type="text"/> <input type="button" value="Search"/>	
Modifier 3	<input type="text"/> <input type="button" value="Search"/>	
Modifier 4	<input type="text"/> <input type="button" value="Search"/>	
Revenue Code/List	<input type="text"/> <input type="button" value="Search"/>	<input type="text"/> <input type="button" value="Search"/>
Requested Eff./End Dates*	09/01/2009 11/30/2009	
Requested Units/Dollars*	2.000	\$0.00
Tooth	<input type="text"/> <input type="button" value="Search"/>	
Quad	<input type="text"/> <input type="button" value="Search"/>	
Tooth Surface 1	<input type="text"/> <input type="button" value="Search"/>	
Tooth Surface 2	<input type="text"/> <input type="button" value="Search"/>	
Tooth Surface 3	<input type="text"/> <input type="button" value="Search"/>	
Tooth Surface 4	<input type="text"/> <input type="button" value="Search"/>	
Tooth Surface 5	<input type="text"/> <input type="button" value="Search"/>	
NDC	<input type="text"/> <input type="button" value="Search"/>	
Status	Approved	

Authorized Units/Dollars	2.000	\$0.00
Authorized Eff./End Dates	09/01/2009	11/30/2009
Used Units/Dollars	2	\$200.00
Available Units/Dollars	0	(\$200.00)

- BeneCare PAs usually begin with a "B".

Program Limitations

Provider Bulletin 2012-38 " **Change of Dental Benefit Assignment by Dental Provider to Benefit Assignment by Client**"

- The benefit limitations for services delivered to all clients changed from a **provider based benefit** assignment to a **client based benefit** assignment which mirrors commercial dental plan reimbursement. This took effect on November 1, 2012 for all clients.
- All dental providers who deliver services to clients should check to ensure that each client is eligible to receive dental services by verifying the **client's eligibility status** and **dental history** before performing any treatment on a client.

Program Limitations

- To verify when a procedure was last performed on a client, go to the www.CTDHP.com Web site and click on the link on the left hand side of the Home Page labeled **"Provider Partners"** then click on **"Sign In"**.
- 1) Choose the link labeled **"Client Inquiry."**
 - 2) Enter the client's Medicaid ID number and date of birth and click **"Submit."**
 - 3) The screen will return the client's current eligibility status for the date of the inquiry as well as a listing of all historical dental procedures performed on file for this client. The procedures reported go back to 2008

Program Limitations

Once per calendar year vs. one time per 365 days.

- As of November 1, 2012 the frequency for services limited by a one time per year benefit, will now be calculated by calendar year and not a rolling 365 days.
- If the dental service was provided in October 2012 and the provider wants to provide the service again in May 2013, the system will allow payment for these services because the system evaluates the claims based on being performed and paid in a calendar year.
- When a client requires services more then the program permits, the provider must request a prior authorization from CTDHP.

Provider Bulletins

Provider Bulletins


- Access the Publications page via our Web site www.ctdssmap.com and select “Publications” from either the Information box on the left hand side of the home page or from the “Information” drop-down menu.
- The “Bulletin Search” menu allows you to search for specific bulletins (by year, number, or title) as well as for all bulletins relevant to your provider type.
 - When searching by title, you can search by any word as long as that word is in the title of the bulletin.

Provider Bulletins


Provider bulletin search by Year "12" and Number "38" to pull up a specific bulletin.

Home **Information** Provider Trading Partner ConnPACE Pharmacy Information Claims Eligibility Prior Authorization Hospice Trade Files MAPIR Messages Account

home **publications** links hipaa



Information



Bulletin Search
Year Provider Type
Number Title

Search Results

Bulletin Number	Title	Published Date
PB12-38	Change of Dental Benefit Assignment by Dental Provider to Benefit Assignment by ...	09/24/2012



**Connecticut Department of Social Services
Medical Assistance Program**
www.ctdssmap.com

Provider Bulletin 2012-38
November 1, 2012

TO: Dentists, Dental Hygienists, Dental Clinics, Dental School Based Health Centers, Dental Federally Qualified Health Centers and Hospital Based Dental Clinics

SUBJECT: Change of Dental Benefit Assignment by Dental Provider to Benefit Assignment by Client

Provider Bulletins

Provider bulletin search by Year “13” and Provider Type “Dentist” to pull up all the bulletins for 2013 pertaining to Dentist Providers.

Bulletin Search

Year

Provider Type

Number

Title

Search Results		
Bulletin Number ▼	Title	Published Date
PB13-15	Transition to the Updated ADA 2012 J434 Dental Claim Form	03/27/2013
PB13-04	Elimination of Paper Re-enrollment Applications	01/27/2013
PB13-03	Electronic Funds Transfer Change Notification	02/03/2013



Provider Bulletins

Provider Bulletin 2013-04 “**Elimination of Paper Re-enrollment Applications**”

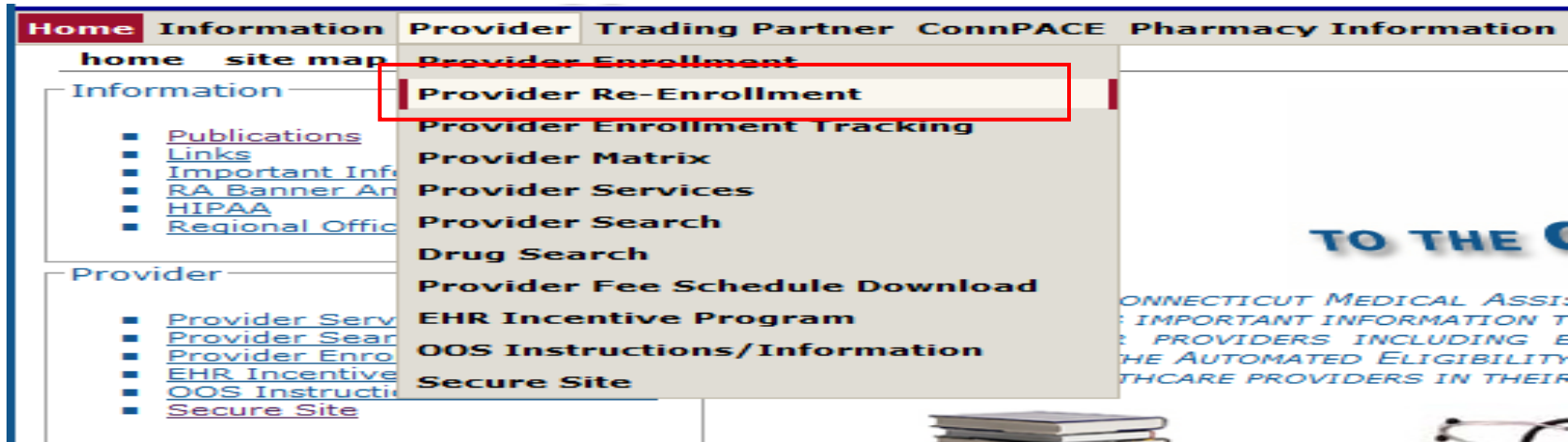
- As of March 1, 2013, paper provider re-enrollment applications submitted to HP will no longer be accepted.
- If a paper application is received from a provider who is required to submit their re-enrollment application via the Wizard, the paper application will not be processed and will be returned to the provider with instructions to use the online Wizard.
- Dental providers must submit their provider re-enrollment application via the online Wizard located on the www.ctdssmap.com.

Provider Re-Enrollment

- Re-enrollment Period
 - Dentist and Dentist groups are required to re-enroll every two (2) years.
 - Dental providers will receive a reminder letter when the provider is due for re-enrollment (30 days prior to the end of their previous enrollment contract).
 - This letter contains the Application Tracking Number (ATN). The ATN and NPI or AVRS ID are required to access re-enrollment application.

Provider Re-Enrollment

- Select “Provider Re-Enrollment” from the Provider drop-down menu



- To log-in to your Re-Enrollment Application, enter the ATN and NPI or AVRS ID

Log In to Your Re-Enrollment Application

- Please enter your Application Tracking Number (ATN) found on your re-enrollment notification letter or contact the Provider Assistance Center at 1-800-842-8440 for assistance in obtaining your ATN.

Required fields are indicated with an asterisk (*)

ATN*

NPI/Non medical provider identifier (AVRS ID)*

Web Claim Inquiry

- At the “Claims” menu select “claim inquiry” to view claims processed regardless of the submission method
- Search by:
 - Internal Control Number (ICN)
 - Client ID and date of service (no greater range than 93 days)
 - Pending claims

The screenshot displays the 'Web Claim Inquiry' interface. At the top, a navigation bar includes links: Home, Information, Provider, Trading Partner, ConnPACE, Pharmacy Information, **Claims**, Eligibility, Prior Authorization, Hospice, Trade Files, MAPIR, and Messages. Below this, a sub-navigation bar shows: home, **claim inquiry**, professional, institutional, dental, eyeglass vision and denture history. The main section is titled 'Claim Search 008000008 MCD'. It contains several input fields and checkboxes: ICN, Client ID, TCN, FDOS, TDOS, Prescription No (Pharmacy Only), Claim Type (dropdown), Status (dropdown), FDate Paid, TDate Paid, Pending Claims (checkbox), Exclude Adjusted Claims (checkbox), and Records (set to 20). There are 'search' and 'clear' buttons on the right side of the form.

Web Claim Submission

Dental claims can be submitted through the secure Web site by signing into www.ctdssmap.com.

- Once on the secure site, select Dental from the claims drop-down menu.

Claim types that can be submitted through the secure Web site www.ctdssmap.com:

- Primary and Secondary/Third Party Liability (TPL) claims.
- Re-submission and adjustments if they are within timely filing.

Web Claim Submission

Home Information Provider Trading Partner ConnPACE Pharmacy Information **Claims** Eligibility Prior Authorization Hospice Trade Files MAPIR Messages Account

home claim inquiry professional institutional **dental** eyeglass vision and denture history

Quick Links

- [Internet Claims Submission FAQ](#)
- [Instructions for submitting Dental claims](#)
- [Claim Resolution Guide](#)



Dental Claim

ICN	<input type="text"/>	Emergency	<input type="text"/>
Provider ID	008000008 MCD	Accident	<input type="text"/>
AVRS ID	008000008	Facility Type Code*	<input type="text"/> [Search]
Client ID*	<input type="text"/>		
Last Name	<input type="text"/>	Total Charges	
First Name, MI	<input type="text"/>	Total Billed Amount	<input type="text"/> \$0.00
Date of Birth	<input type="text"/>	TPL Amount	<input type="text"/> \$0.00
Patient Account #	<input type="text"/>	Total Paid Amount	<input type="text"/> \$0.00
837 Version	5010		

Detail

Item	DOS	Procedure	Units Billed	Tooth Number	Quadrant	Charges	Status	Allowed Amount
A	1		1.00			\$0.00		\$0.00

Type data below for new record.

Item	1	DOS*	<input type="text"/>
Procedure*	<input type="text"/> [Search]	Units Billed*	<input type="text"/> 1.00
Modifiers	<input type="text"/> [Search] <input type="text"/> [Search]	Charges*	<input type="text"/> \$0.00
	<input type="text"/> [Search] <input type="text"/> [Search]	Allowed Amount	<input type="text"/> \$0.00
Tooth Number	<input type="text"/>	Rendering Provider	<input type="text"/> [Search]
Quadrant	<input type="text"/> [Search]	Status	<input type="text"/>

Surfaces

Buccal ☐ Distal ☐ Facial ☐ Incisal ☐ Lingual ☐ Mesial ☐ Occlusal ☐

delete

add



Web Claim Submission

Diagnosis		
Diag-Sequence ▲	Diagnosis	Description
Code Set	ICD 9 ▼	
Principal	<input type="text"/>	[Search]
Other 1	<input type="text"/>	[Search]
Other 2	<input type="text"/>	[Search]
Other 3	<input type="text"/>	[Search]

- If the provider is billing for a behavior management procedure code (D9920) along with other dental services, they must bill the related diagnosis code (318-319) to the behavior management service in the diagnosis field.

Web Claim Submission

TPL									
Carrier Code	Plan Name	Policy Number	Paid Amount	Paid Date	Relationship	Last Name	First Name	MI	Date of Birth
A									
Type data below for new record.									
Client Carriers	Other ▼								
Carrier Code*	<input type="text"/>	[Search]	Relationship		<input type="text"/>				
Plan Name	<input type="text"/>		Last Name		<input type="text"/>				
Policy Number	<input type="text"/>		First Name, MI		<input type="text"/>				
Paid Amount*	<input type="text" value="\$0.00"/>		Date of Birth		<input type="text"/>				
Paid Date*	<input type="text"/>								
Adjustment Reason Code	<input type="text"/>	[Search]	<input type="text"/>	[Search]	<input type="text"/>	[Search]			
Adjustment Amount	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>						
<input type="button" value="delete"/> <input type="button" value="add"/>									
Claim Status Information									
Claim Status Not Submitted yet									
<input type="button" value="submit"/> <input type="button" value="cancel"/>									

Required fields:

- **Carrier Code** – 3-digit carrier code identifying the other insurance (OI) carrier.
- **Paid Amount** – Enter amount paid by OI, if OI denied the claim enter zero.
- **Paid Date** - Enter the date the OI paid or denied the claim.

Web Claim Submission

Once you hit the submit button, the claim results are immediate.

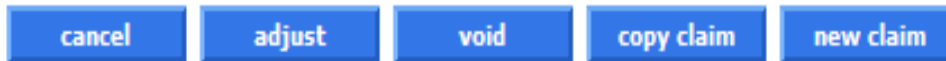
Claim Status Information	
Claim Status	PAID
Claim ICN	2212076050207
Paid Date	03/23/2012
Paid Amount	\$184.60

[cancel](#)[adjust](#)[void](#)[copy claim](#)[new claim](#)

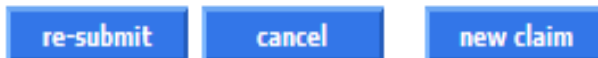
Web Claim Submission

Web Claim function buttons

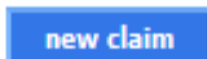
Paid claim



Denied claim



Suspended claim



ADA 2012 J434 Dental Claim Form

- As of May 1, 2013 the 2006 ADA J404 dental claim form is no longer accepted and will be returned to the provider.
- All dental providers who submit paper claims to HP are required to submit their paper claims on the 2012 ADA J434 red dental claim form.
 - To order 2012 ADA claims forms provider can go to www.adacatalog.org or call 1-800-947-4746.
- Please note this new claim form will not effect claims that are submitted electronically or through the Web site.
- The J434 ADA claim form has updates including new fields which will allow dental providers to place the International Classification of Diseases (ICD-9) codes that are used to report diagnoses associated with dental office services.

ADA 2012 J434 Dental Claim Form

ADA American Dental Association® Dental Claim Form

HEADER INFORMATION

1. Type of Transaction (Mark all applicable boxes)

- ☐ Statement of Actual Services ☐ Request for Predetermination/Preauthorization
☐ EPSDT / Title XIX

2. Predetermination/Preauthorization Number

INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION

3. Company/Plan Name, Address, City, State, Zip Code

OTHER COVERAGE (Mark applicable box and complete items 5-11. If none, leave blank.)

4. Dental? ☐ Medical? ☐ (If both, complete 5-11 for dental only.)

5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)

6. Date of Birth (MM/DD/CCYY)

7. Gender

☐ M ☐ F

8. Policyholder/Subscriber ID (SSN or ID#)

9. Plan/Group Number

10. Patient's Relationship to Person named in #5

☐ Self ☐ Spouse ☐ Dependent ☐ Other

11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code

POLICYHOLDER/SUBSCRIBER INFORMATION (For Insurance Company Named in #3)

12. Policyholder/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code

13. Date of Birth (MM/DD/CCYY)

14. Gender

☐ M ☐ F

15. Policyholder/Subscriber ID (SSN or ID#)

16. Plan/Group Number

17. Employer Name

PATIENT INFORMATION

18. Relationship to Policyholder/Subscriber in #12 Above

☐ Self ☐ Spouse ☐ Dependent Child ☐ Other

19. Reserved For Future Use

20. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code

21. Date of Birth (MM/DD/CCYY)

22. Gender

☐ M ☐ F

23. Patient ID/Account # (Assigned by Dentist)

RECORD OF SERVICES PROVIDED

	24. Procedure Date (MM/DD/CCYY)	25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	29a. Diag. Pointer	29b. Qty.	30. Description	31. Fee
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

33. Missing Teeth Information (Place an "X" on each missing tooth.)																34. Diagnosis Code List Qualifier <input type="checkbox"/> (ICD-9 = B; ICD-10 = AB)		31a. Other Fee(s)	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	34a. Diagnosis Code(s)		A	C
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	(Primary diagnosis in "A")		B	O
35. Remarks																		32. Total Fee	

ADA 2012 J434 Dental Claim Form

AUTHORIZATIONS			ANCILLARY CLAIM/TREATMENT INFORMATION		
36. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this claim. <input checked="" type="checkbox"/> Patient/Guardian Signature _____ Date _____			38. Place of Treatment <input type="checkbox"/> (e.g. 11=office, 22=O&P Hospital) <input type="checkbox"/> Enclosures (Y or N) _____ (Use "Place of Service Codes for Professional Claims")		39. Enclosures (Y or N) _____
37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity. <input checked="" type="checkbox"/> Subscriber Signature _____ Date _____			40. Is Treatment for Orthodontics? <input type="checkbox"/> No (Skip 41-42) <input type="checkbox"/> Yes (Complete 41-42)		41. Date Appliance Placed (MM/DD/CCYY) _____
			42. Months of Treatment Remaining _____	43. Replacement of Prosthesis <input type="checkbox"/> No <input type="checkbox"/> Yes (Complete 44)	44. Date of Prior Placement (MM/DD/CCYY) _____
			45. Treatment Resulting from: <input type="checkbox"/> Occupational illness/injury <input type="checkbox"/> Auto accident <input type="checkbox"/> Other accident		
			46. Date of Accident (MM/DD/CCYY) _____		47. Auto Accident State _____
BILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber.)			TREATING DENTIST AND TREATMENT LOCATION INFORMATION		
48. Name, Address, City, State, Zip Code _____ 49. NPI _____ 50. License Number _____ 51. SSN or TIN _____			53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed. <input checked="" type="checkbox"/> Signed (Treating Dentist) _____ Date _____		
52. Phone Number () - _____ 52a. Additional Provider ID _____			54. NPI _____ 55. License Number _____		56a. Provider Specialty Code _____
57. Phone Number () - _____ 58. Additional Provider ID _____					

©2012 American Dental Association

J434 (Same as ADA Dental Claim Form – J430, J431, J432, J433, J430D)

To reorder call 800.947.4746
or go online at adacatalog.org

Reminder:

- Field 52a – Enter the billing provider's taxonomy code.
- Field 54a – Enter the performing provider's taxonomy code.



ADA 2012 J434 Dental Claim Form

2012 ADA Claim form updates:

- Field 4 – Changed options to “Dental?” or “Medical?” This field is not required.
- Field 29a Diag. Pointer – If you enter a diagnosis in field 34a, you will need to enter the corresponding letter in field 29a.
- Field 29b Qty. – Enter the correct quantity of the service(s) provided.
- Field 31a Other Fee(s) – Previously field 32 – this field is not required.
- Field 32 Total Fee – Previously field 33 – Enter the total of all fees.
- Field 33 Missing Teeth Information – Removed primary teeth designation.

ADA 2012 J434 Dental Claim Form

2012 ADA Claim form updates:

- Field 34 Diagnosis Code List Qualifier – If you enter a diagnosis code on your claims, you will need to enter “B” for an ICD-9 diagnosis code or “AB” for ICD-10 diagnosis code. At this time you will always enter “B”.
- Field 34a Diagnosis Code (s) – Enter the primary diagnosis in field “A”. Any additional diagnosis codes are to be entered in fields B-D.
- Field 38 Place of Treatment – Enter place of service code, e.g. 11- office or 22 – O/P hospital.

Frequent Claim Denials

EOB 261 “Tooth Number Missing”

EOB 262 “Tooth Number Invalid”

EOB 4211 “Tooth Number/Procedure Code Combination Invalid”

- A good reference for these denials is bulletin 2009-25 “Tooth Numbers to be Used in Conjunction with Specified Procedure Codes”.
 - It informs dental providers about the proper tooth numbers to use when submitting claims which involve CDT codes which require tooth numbers and/or letters.
 - This bulletin also defines the proper format to use when submitting claims which involve supernumerary teeth.
 - Certain procedures have age restrictions on specified codes and this bulletin informs dental providers of the age limitations that are included on the Medicaid Dental Fee schedule.

Frequent Claim Denials

EOB 6148 "One restoration per tooth surface allowed per year"

EOB 6431 "One bitewing radiograph allowed per year client 21 & over"

- To avoid this error message, DSS recommends that providers verify a **client's eligibility** on the date of service prior to performing said service and the **client's claim history**
 - To verify when a procedure was last performed on a client, go to the www.CTDHP.com Web site and click on the link on the left hand side of the Home Page labeled **"Provider Partners,"** next click on **"Sign In"**, and then **"Client Inquiry."**

Claim Resolution Guide

Provider Manual Chapter 12 – Claim Resolution Guide

- This guide lists commonly posted Explanation of Benefit (EOB) codes and provides a brief explanation of the reason why claims were either suspended or denied.
- This guide provides a detailed description of the cause of each EOB and more importantly, the necessary correction to the claim, if appropriate, in order to resolve the error condition.
- This guide also provides tips to assist providers to where they need to go to find additional information to help on correcting their claims.

Claim Resolution Guide

EOB 621 "Billing provider entity type qualifier to provider type/specialty mismatch"

- Cause

- The submitted billing provider entity type qualifier indicates an individual (1) and the determined provider type and specialty on file for the provider indicates a group (2); or the submitted billing provider entity type qualifier indicates a group (2) and the determined provider type and specialty on file for the provider indicates an individual (1).

Claim Resolution Guide

EOB 621 "Billing provider entity type qualifier to provider type/specialty mismatch"

- Resolution

- The Entity Type Qualifier is submitted in loop 2010AA segment NM102 of the ASC X12N HIPAA 837D claim transaction and must contain a value that is appropriate for the billing provider's type and specialty. Valid values for this field are "1" (person) and "2" (non-person entity).
- Billing providers that are contracted with the CT Medical Assistance Program as individual practitioners must submit an entity type qualifier of "1"; groups and organizations must submit an entity type qualifier of "2".

Dental Billing

ICD-10 Changes

- On October 1, 2014 the ICD-9 code set used to report medical diagnosis will be replaced by ICD-10 code sets.
- The transition to ICD-10 is required for all providers, payers, and vendors.

Training Session Wrap Up

- Where to go for more information www.ctdssmap.com
 - Important Messages and Provider Bulletins
- CTDHP Provider Relations and Network Support will assist with PA, claim history and Provider Enrollment: Monday through Friday, 8 a.m. to 5 p.m. (EST), excluding holidays.
 - 1-888-445-6665
- Member Services to assist clients in finding dentist.
 - 1-866-420-2924
- HP Provider Assistance Center (PAC) to assist with claims: Monday through Friday, 8 a.m. to 5 p.m. (EST), excluding holidays.
 - 1-800-842-8440
 - 1-800-688-0503 (EDI Help Desk)



Time for Questions

Questions & Answers

