Changes to Dental Claim Form Submissions Effective January 1, 2014

Information posted November 21, 2013

Effective for dates of service on or after January 1, 2014, claim changes will be implemented for Texas Medicaid to capture the new fields introduced in the 2012 American Dental Association (ADA) Dental Claim form, which replaces the 2006 ADA Dental Claim form.

Paper submitters must begin using the new claim form effective January 1, 2014.

The following information fields are changing or being added with the new claim form:

- Diagnosis codes, diagnosis code qualifiers, and diagnosis code pointers
- Other information, including quantity and place of service

Diagnosis Requirements

Effective for dates of service on or after January 1, 2014, with the introduction of the new claim form Medicaid dental providers have the ability to submit a valid diagnosis code on the 2012 ADA Dental Claim paper form or electronic equivalent. Providers that submit a diagnosis code should also submit the diagnosis code qualifier and the diagnosis code pointer.

Important: Diagnosis codes should no longer be submitted in the Comments/Remarks fields.

The new 2012 ADA Dental Claim form supports up to four diagnosis codes per dental procedure. Diagnosis codes are pointed to procedures using the following fields:

<table>
<thead>
<tr>
<th>Field on ADA Dental Claim Form</th>
<th>Field Type</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>34</td>
<td>Diagnosis Code List Qualifier</td>
<td>Enter the appropriate code to identify the diagnosis code source: B= International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) (for dates of service on or before September 30, 2014) AB= ICD-10 (for dates of service on or after October 1, 2014)</td>
</tr>
<tr>
<td>34a</td>
<td>Diagnosis Code(s)</td>
<td>Enter up to four applicable diagnosis codes after each letter (A-D). The primary diagnosis code is entered adjacent to the letter “A”.</td>
</tr>
<tr>
<td>29a</td>
<td>Diagnosis Code Pointer</td>
<td>Enter the letter(s) from Box 34 that identified the diagnosis code(s) applicable to the dental procedure. List the primary diagnosis pointer first.</td>
</tr>
</tbody>
</table>

Diagnosis codes previously reported in the Comments/Remarks field for dental behavior management services (procedure code D9920) must now be reported in block 34a or the electronic equivalent field.

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Code Description</th>
</tr>
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<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>31700</td>
<td>Mild mental retardation (IQ 50-70)</td>
</tr>
<tr>
<td>31800</td>
<td>Moderate mental retardation (IQ 35-49)</td>
</tr>
<tr>
<td>31810</td>
<td>Severe mental retardation (IQ 20-34)</td>
</tr>
<tr>
<td>31820</td>
<td>Profound mental retardation (IQ under 20)</td>
</tr>
<tr>
<td>31900</td>
<td>Unspecified mental retardation</td>
</tr>
</tbody>
</table>

**Other Field Changes**

The following fields were also changed with the 2012 ADA Dental Claim form and effective for dates of service on or after January 1, 2014:

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<tr>
<td>4</td>
<td>Other Dental or Medical Coverage</td>
<td>Check No if no other dental or medical coverage (skip blocks 5-11). Check Yes if dental or medical coverage is available other than Texas Medicaid coverage, and complete Blocks 5-11.</td>
</tr>
<tr>
<td>19</td>
<td>Reserved for Local Use</td>
<td>Leave blank and skip to Item 20.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Field was previously used to report “Student Status”.)</td>
</tr>
<tr>
<td>29b</td>
<td>Procedure Quantity</td>
<td>Enter the number of times (01-99) the procedure identified in Item 29 is delivered to the patient on the date of service shown in item 24. The default value is “01”.</td>
</tr>
<tr>
<td>30</td>
<td>Description</td>
<td>Provide a brief description of the service provided (e.g., abbreviation of the procedure code’s nomenclature).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Field length reduced by 8 characters to provide space for added items 29a and 29b.</td>
</tr>
<tr>
<td>31a</td>
<td>Other Fee(s)</td>
<td>When other changes applicable to dental services provided must be reported, enter the amount here. Charges may include state tax and other charges imposed by regulatory bodies. Identify the source of each payment date in Block 11.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If the client makes a payment, the reason for the payment must be identified in Block 11.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Field number changed to enable addition of added items 34 and 34a.</td>
</tr>
<tr>
<td>Field on ADA Dental Claim Form</td>
<td>Field Type</td>
<td>Instructions</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-----------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>32</td>
<td>Total Fee</td>
<td>Enter the sum of all fees in Block 31. For multi-page claims, enter “continue” on initial and subsequent claim forms. Indicate the total of all charges on the last claim. <strong>Note:</strong> Indicate the page number of the attachment (for example, page 2 of 3) in the top right-hand corner of the form. Field number changed to enable addition of added items 34 and 34a.</td>
</tr>
<tr>
<td>33</td>
<td>Missing Teeth Information</td>
<td>Mark an “X” on the number of the missing tooth. For identifying missing permanent detention only. Report missing teeth when pertinent to Periodontal, Prosthodontic (fixed and removable), or Implant Services procedures on a particular claim. Field number changed to enable addition of added items 34 and 34a. Field size shortened to indicate the reporting of missing teeth is now limited to Permanent detention.</td>
</tr>
</tbody>
</table>
| 38                             | Place of Treatment | Enter the 2-digit place of service (POS) code for professional claims, which is a Health Insurance Portability and Accountability Act (HIPAA) standard. Frequently used POS codes include the following:  
  - 11=Office  
  - 12=Home  
  - 21=Inpatient hospital  
  - 22=Outpatient hospital  
  - 31=Skilled nursing facility  
  - 32=Nursing facility  
  Field was changed to enable more accurate location identification using the HIPAA standard code set for place of service. |
| 39                             | Enclosures      | Enter a “Y” or “N” to indicate whether or not there are enclosures of any type included with the claim submission (e.g., radiographs, oral images, models). Field changed to report Yes/No instead of types and quantities of enclosures. |
**Note:** *All current POS codes are available online from the [Centers for Medicare & Medicaid Services (CMS)](https://www.cms.gov).*

Providers can refer to the ADA website at [www.ada.org/7119.aspx](http://www.ada.org/7119.aspx) for additional information about the new field requirements of the 2012 ADA dental claim form.

For more information, call the TMHP Contact Center at 1-800-925-9126.