



DELAY IN PAYMENT WILL OCCUR IN CERTAIN SITUATIONS RELATED TO THE DENTAL RATE INCREASE AND EPSDT DENTAL PROGRAM POLICY REVISIONS EFFECTIVE FOR DATES OF SERVICE ON AND AFTER 11/01/07

The majority of dental claims related to the dental rate increase will be reimbursed at the new increased rates effective for dates of service on and after November 1, 2007 without delay. However, a delay in payment will occur in the following situations:

- Amalgams, Primary Tooth (D2140, D2150 and D2160) will continue to pay at the fee on file as of October 31, 2007 until programming changes can be made. When programming changes are complete, Medicaid will automatically recycle all claims for primary teeth for procedure codes D2140, D2150 and D2160 with dates of service November 1, 2007 through the date of the programming change in order to correct payment. Providers who bill their usual and customary fee as is required by Medicaid should not have to take any further action. Providers who do not bill their usual and customary fee will be responsible for their own claim adjustments.
- The fee for a second amalgam or resin-based restoration within a single 12-month period for the same patient, same tooth will continue to be cutback to the fee for the larger restoration on file as of October 31, 2007 until programming changes can be made. Once the programming changes are in place, Medicaid will automatically recycle all involved claims with dates of service November 1, 2007 through the date of the programming change in order to correct reimbursement. Providers who bill their usual and customary fee as is required by Medicaid should not have to take any further action. Providers who do not bill their usual and customary fee will be responsible for their own claim adjustments.
- Refer to the document entitled "Dental Rate Increases and EPSDT Dental Policy Revisions Effective for Dates of Service on or after November 1, 2007" on the www.lamedicaid.com website under the "New Medicaid Information" link under the section for "Dental Providers". Reimbursement for the specific services detailed in this document that will be allowed once per six months will be delayed until programming changes can be made. Until the programming changes are made, claims for these services when billed at the six month interval will deny.

However, once the programming changes are in place, Medicaid will automatically recycle these claims with dates of service November 1, 2007 through the date of the programming change in order to provide reimbursement for these services. Providers who bill their usual and customary fee as is required by Medicaid should not have to take any further action. Providers who do not bill their usual and customary fee will be responsible for their own claim adjustments.

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