



ATTENTION DENTAL - ORAL SURGEON - PROVIDERS CORRECTION to 12/1/2015 Remittance Advice

DHH has identified Dental Services claims (for Provider Type 27-Dentist; Provider Specialty 67-Oral Surgeon) that were inappropriately paid by fee-for-service Medicaid beginning with date of service 2/1/2015. These claims became the responsibility of the Managed Care Organizations (MCOs) effective 2/1/2015. These claims were to be voided on the RA of 12/01/15. The voids did not occur for that RA and, therefore, they will appear on the Remittance Advice or 12/08/2015. Molina will void these inappropriately paid claims with edit 507 - submit claim to BYU Health Plan, and they will carry ICN Julian day 5333. Providers are required to verify linkage thru eMEVS or REVS and submit these claims to the recipients' MCO for payment.

Should you have questions related to the voids, please contact Molina Providers Relations at 1-800-473-2783. Questions regarding submission of claims to/payment by the correct entity should be directed to the member's MCO.

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