



## To dental providers

# All Medicaid dental services to be subject to \$600 limitation

The Office of Medicaid Policy and Planning (OMPP) is implementing policy changes to avoid an anticipated budgetary shortfall and to remain within the available Medicaid appropriation. As a result, effective January 1, 2011, all dental services, except emergency services, will be counted toward the annual cap of \$600.

This change affects all adults age 21 or above in all Indiana Health Coverage Programs (IHCP), including traditional Medicaid, Hoosier Healthwise, and *Care Select*.

An emergency situation is defined as “A medical condition of sufficient severity (including severe pain) that the absence of medical attention could result in placing the member’s health in serious jeopardy, serious impairment of bodily functions, or serious dysfunction of an organ or part.”

Providers may bill procedure code D0140 for emergency services. If there is a corresponding procedure code, providers should bill that code for the procedure. For example, if a provider performs an emergency incision and drainage of an abscess or intraoral soft tissue procedure, the provider may bill code D7510 with code D0140. If you perform services that are not related to the emergency condition at the same visit, those services should be billed on a separate claim. Claims will be subject to post-payment review to assure emergency services are accurately billed.

Additional information will be available in the *IHCP Provider Manual*. The OMPP appreciates your cooperation and your continued participation as providers in the IHCP.

## QUESTIONS?

If you have questions about this bulletin, please contact Customer Assistance at (317) 655-3240 in the Indianapolis local area or toll-free at 1-800-577-1278.

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