



## P R O V I D E R   B U L L E T I N

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**To:           All Dental Providers and Federally-Qualified Health Clinics**

**Subject:     Dental Procedure Codes D7999, D9999, and D9310**

## Overview

A review of a random sample of dental claims has shown that dental procedure code *D9999, unspecified adjunctive procedure, by report*, is being inappropriately used to bill for services that are either noncovered or are included in the reimbursement amount for another procedure or service. Procedure code D9999 should only have been used for supernumerary tooth extractions. Some examples of improper usage of billing code D9999 found during review include billing for infection control, sterilization control, surgical trays, or electrocardiogram monitoring. *405 IAC 5-14-12* states that infection control is not a covered service and all routine supplies and services should be included in the reimbursement amount for the procedure. *405 IAC 5-10-5(1)* states that noninvasive electrocardiogram monitoring is a noncovered service under Medicaid when provided in conjunction with anesthesia services. The *Current Dental Terminology Users Manual, Third Edition (CDT-3)*, defines intravenous sedation/analgesia and nonintravenous conscious sedation to include appropriate monitoring.

Recent Surveillance and Utilization Review (SUR) activity indicates the professional consultation code, D9310, *consultation, (diagnostic service provided by dentist or physician other than practitioner providing treatment)*, is being billed when providers render services to their own patients. This service should be billed in accordance with CDT-3 policy. This policy is consistent with *405 IAC 5-8*. Further, the American Dental Association (ADA) has indicated that a consultation is to be used as a second opinion, so either the D9310 or one of the oral evaluation codes should be used, not both on the same date of service, for the same member, by the same dentist.

## Supernumerary Teeth Extractions

Effective December 17, 2001, procedure code D9999 will be end-dated and noncovered. Claims submitted for dates of service on or after December 17, 2001, will be denied as noncovered. Effective December 17, 2001, dentists must submit code D7999, unspecified oral surgery procedure, by report, to denote supernumerary tooth extractions. A claim attachment (note of explanation) is required with the ADA Claim Form when billing D7999. The attachment should indicate the type of extraction performed and whether it is an erupted tooth or an impacted tooth. An impacted tooth must be documented as to whether it is soft tissue, partially bony, completely bony, with unusual complications, and so forth. The tooth number must be indicated by the appropriate tooth number, followed by "A."

Due to a two-character limitation for tooth number in the IndianaAIM system, the tooth number for supernumerary tooth cannot be utilized electronically in the claims database; therefore, written documentation is required for the correct processing and adjudication of the claim. D7999 is a manually priced dental code. Providers are required to bill their usual and customary fee for the type of extraction performed as indicated in the documentation submitted with the claim and maintained in the patient's record. Claims without an attachment will be denied for *EOB 4019, Attachment required for service rendered. Please verify and resubmit.*

## Additional Information

If there are questions about the information contained in this bulletin, please contact the EDS Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area, or 1-800-577-1276.

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