

Decoding the Codes

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Step 1 – Verify Patient Eligibility

- Once the provider determines the participant may have or has MO HealthNet eligibility, it is the provider's responsibility to check the participant's eligibility.
- Providers can check eligibility online through eMOMED.com and clicking on Participant Eligibility or call Provider Communications (573) 751-2896.
- This must be done before every visit. Eligibility is updated daily. The participant must be eligible on the date of service. Eligibility is Date of Service (DOS) specific, try to refrain from spanning dates.
- MO HealthNet is the payer of last resort. Providers must bill all other payers as primary.

[3 Steps to Determining Eligibility and Reimbursement](#)



Step 1 – Verify Patient Eligibility

- Once logged in to eMOMED, locate your patient using one of the following data sets to check eligibility;
 - Participants DCN (Found on MO HealthNet or Managed Care card), OR
 - Participant Last Name, First Name and Date of Birth, OR
 - Participant Social Security Number and Date of Birth.
- Verify their Active Coverage, Plan Code, and Insurance Type (MHN or Managed Care)

Eligibility / Benefit Information 2 of 3								
Eligibility / Benefit Code	Service Type	Plan Code	Time Period Qualifier	Monetary Amt	Insurance Type	Medicare Nbr	Date Qualifier	From Date Thru Date
1 - Active Coverage	30 - Health Benefit Plan Coverage	13	7 - Day		MC - MO HealthNet	291		02/02/2020 02/02/2020

Step 2 – Check the Coverage Levels

Use the ME code to determine the level of coverage (Comprehensive or Limited) your patient receives by referencing the [Dental Benefit Table](#) found on the MO HealthNet Provider Page.

Coverage Group/ME Code	Dental Coverage
MO HealthNet for Adults 05, 10,19, 21, 24, 26, E2	Limited*
MO HealthNet for Pregnant Women 18, 43, 44, 61, 95, 96, 98	Yes
MO HealthNet for Kids 06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62, 64, 65, 66, 68, 70	Yes
CHIP Kids 71, 72, 73, 74, 75, 97	Yes
Uninsured Women's Health Services 80, 89	No
Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86	Limited*
BCCCP 83, 84	Limited*
Blind Programs 02, 03, 12, 15	Yes
Children's Programs 23, 28, 33, 34, 41, 49, 67, 88	Yes
Temporary Women's Assistance for Pregnant Women 58, 59, 94	Limited*
Presumptive Eligibility for Children 87	Yes
Qualified Medicare Beneficiary (QMB) 55	No
Missouri RX Plan (MORx) 82	No

Step 2 – Check the Coverage Levels

Comprehensive Dental

(Kids, Pregnant Women, Blind, Nursing Home)

- Periodic Exams
- Imaging
- Preventative
- Sealants
- Orthodontics
- Fillings
- Prophylaxis
- Root Canals
- Extractions
- Dentures

Limited Adult Dental

(Low Income Adults & Disabled Adults)

- Periodic Exams
- Imaging
- Extractions
- Prophylaxis
- Fillings
- Restoration

Refer to Section 5 of the [Dental Provider Manual](#)

*This is not an all-inclusive list of services



Step 3 – Learn What’s Covered

- Section 5 of the Dental Provider Manual list the procedures that are covered for both Comprehensive and Limited Coverage.
- If your patient has limited coverage, look in the column titled “Limited Adult Coverage”. Codes that have this box marked are also available to participants with limited coverage.
- You can also use this section to see if their needed service has age limits, additional requirements for billing, or requires a Prior Authorization (PA).
- If the needed service is not covered by MO Medicaid, then the provider may do a payment agreement with the participant for the non-covered service.

Refer to Section 5 of the [Dental Provider Manual](#)



Proc Code	Description	Age Limit	Limitations/ Requirements	Maximum Allowed Amount	Trauma/ Medical Condition Considered	Limited Adult Coverage	PA	Support	Dental Hygienist Program	Asst Surgeon
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Diagnostic: Clinical Oral Exams

D0120	Periodic oral evaluation		Twice within a calendar year	\$48.80						
D0140	Limited oral evaluation - problem focused		1 every 2 years	\$71.20		X				
D0145	Oral evaluation for a patient under 3 years of age and counseling with primary caregiver	0-2		\$63.20						
D0150	Comprehensive oral evaluation - new or established patient		1 consult per participant	\$83.20	X	X				
D0160	Detailed and extensive oral evaluation - problem focused, by report		Operative Report	\$136.00	X					
D0170	Re-evaluation—limited, problem focused (Established patient; not post-operative visit)		1 consult per participant	\$65.60	X					
D0171	Re-evaluation - post-operative office visit			\$66.40	X					

- **Proc Code:** Procedure Code for billing purposes
- **Description:** Description of the service
- **Age Limit:** Indicates further limitation
- **Limitation/Requirements:** Indicates additional limitations and/or requirements for coverage.
- **Maximum Allowed Amount:** Indicates the maximum allowed amount to be charged for the coverage
- **Trauma/Medical Condition Considered:** Indicates when trauma or a medical condition may provide additional coverage
- **Limited Adult Coverage:** Indicates there is additional limited adult coverage
- **PA:** Requires a Prior Approval Request for MO HealthNet
- **Support:** Dental services procedure codes considered support (billable only in conjunction with a trauma or medical code)
- **Dental Hygienist Program:** Covered under the Dental Hygienist Program
- **Asst Surgeon:** Assistant Surgeon is covered; CPT modifier 80 must be added to the code when billing as an assistant surgeon

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