Internet Version

FQHC dental encounter billing change

The Medical Service Board has approved a rule change for FQHCs. Effective February 1, 2000 a Medicaid client eligible for dental care may have a medical encounter and a dental encounter on the same day. Each encounter must be billed and reimbursed a two separate encounters.

For reimbursement of *both* hospital-based and freestanding dental encounters the provider must:

- Bill each encounter on a separate UB-92 claim form.
- Show a principal dental diagnosis code on the UB-92 Form Locator 67, PRNC. DIAG. CD. (Principal Diagnosis Code). The code must contain one of the ICD-9-CM codes in the range of 520 to 529 (Diseases of Oral Cavity, Salivary Glands and Jaws). ICD-9-CM dental codes must be entered properly on the claim and must be related to the services for which charges are being submitted. The dental diagnosis code must be specific and indicate an appropriate cause and a relationship to the services provided.
- Use diagnosis code V72.2 if an EPSDT dental screening,

Use Revenue Code of 529 for FQHC freestanding services only.

Note: Please remember that freestanding FQHCs are reimbursed at an encounter rate and all dental services are included in that encounter rate.

Example of dental encounter diagnosis

Example of EPSDT dental encounter diagnosis

Example of revenue code for dental and medical encounters

42 REV CD.	43 DESCRIPTION	44 HCPCS/RATES	45 SERV. DATE	46 SERV. UNITS
529	**Free Standing Clinic-General**		**2/1/00**	**1**
2				
3				
4 **001**	**Grand Total**			
5				