

DENTAL HYGIENIST BILLING GUIDE

CDT Codes that may be performed without the supervision of a dentist (as described in 332.311.2 RSMo) in a public health setting (as defined in 19 CSR 10-4.040) are as follows:

CDT Code	Description	Age Limit	Allowable	Limits
D1110	Prophylaxis - Adult	13-20	\$28.29	1 per 6 months
D1120	Prophylaxis - Child	0-12	\$21.31	1 per 6 months
D1206	Topical application of fluoride varnish	0-20	\$13.58	1 per 6 months
D1208	Topical application of fluoride	0-20	\$11.63	1 per 6 months
D1351	Dental sealants	0-20	\$19.00	1 per 3 years
D9999	Unspecified procedure - for prophylaxis above limit; documentation required	0-20		

Paper claims must be filed on the 2002, 2004 American Dental Association claim form which may be found at http://manuals.momed.com/forms/Dental_Claim_Form.pdf . The following fields are required on all claims (with the exception of tooth number). Additional fields are required in certain situations. For complete claim filing instructions, reference [Section 15 of the MO HealthNet Dental Provider Manual](#).

Field number and name	Instructions for completion
3. Primary Payer Information	Enter Name, Address, City, State and Zip Code for the Insurance company or third-party payer
20. Patient Name	Enter the participant's last name, first name and middle initial as shown on the participant's MO HealthNet ID card
23. Patient ID Number	Enter the participant's eight-digit MO HealthNet identification number (DCN) exactly as shown on the participant's ID card
24. Procedure Date	Enter the actual date services were rendered in MM/DD/CCYY numeric format
27. Tooth Number	Enter the appropriate tooth number for sealants placed. Leave this field blank for all other services.
29. Procedure Code	Enter the five-digit CDT code for the service performed.
31. Fee	Enter the provider's usual and customary fee for the procedure(s) performed
33. Total Fee	Enter the total of the charges shown
48. Name, Address, City, State	Enter the name and complete address of the billing public health entity
49. Provider ID (billing)	Enter the NPI assigned to the billing public health entity
54. Provider ID (performing)	Enter the NPI of the performing dental hygienist
56. Name, Address, City, State	Enter the name and complete address of the treating dental hygienist
58. Treating Provider Specialty	If applicable, provide the treating dental hygienists taxonomy code

Mail claim form to: WIPRO Infocrossing Healthcare Services; P.O. Box 5300; Jefferson City, MO 65102

Electronic claim filing is available with MO HealthNet, but access must be granted through the public health entity. For assistance with establishing electronic billing, the public health entity may contact Wipro Infocrossing Health Services, Inc., Help Desk at 573-635-3559.

RESOURCES

MO HEALTHNET WEBSITE: www.dss.mo.gov

This website provides links to helpful information including the following:

[MO HealthNet Dental Provider Manual](#)
[2002, 2004 American Dental Association Claim Form](#)
[MO HealthNet Provider Bulletins](#)

PROVIDER COMMUNICATIONS: 573-751-2896

MO HealthNet providers can contact the Provider Communications Unit with inquiries, concerns or questions regarding proper claim filing, claims resolution and disposition, and participant eligibility questions and verification. The IVR (Interactive Voice Response) system is also accessed by calling the 573-751-2896 number. The IVR system can address participant eligibility, last two check amounts and claim status inquiries.

Providers may send and receive secure E-mail inquiries to the MO HealthNet Provider Communications and Technical Help Desk Staff. This application is available through the MO HealthNet web portal at emomed.com. For access, go to the www.emomed.com website to register or contact Wipro Infocrossing Healthcare Services, Inc., Help Desk at 573-635-3559. Once logged in and on the eProvider page, click on the 'Provider Communications Management' icon to open the 'Manage Provider Communications' page. From here, click on 'New Request' to open the 'Create New Request' form to enter and submit an inquiry. Providers are limited to one inquiry per E-mail. The user submitting the E-mail inquiry will be notified via E-mail when they have a response available to their inquiry.

The Provider Communications Unit also responds to written inquiries. Written inquiries should be sent to:

Provider Communications Unit
PO Box 5500
Jefferson City, Missouri 65102

PROVIDER ENROLLMENT

Providers are required to notify Missouri Medicaid Audit Compliance (MMAC), Provider Enrollment Section regarding changes to the Provider Master File. Changes include, but are not limited to, physical address, tax identification, ownership, individual's name or practice name, or NPI number.

Changes may be reported via E-mail at mmac.providerenrollment@dss.mo.gov or by mail to:
Missouri Medicaid Audit and Compliance
Provider Enrollment Section
PO Box 6500
Jefferson City, Missouri 65102

PROVIDER EDUCATION: 573-751-6683

Provider Education Unit staff are available to educate providers and other groups on proper billing methods and procedures for MO HealthNet claims. Contact the unit for training information and scheduling. Providers may also send E-mails to the unit at mhd.provtrain@dss.mo.gov .