

Division of Health Care Finance and Policy
Health Safety Net (HSN) Claim Update
Health Safety Net Dental Services
MassHealth and Commonwealth Care Members
July 1, 2010

The Division of Health Care Finance and Policy has adopted the following Health Safety Net (HSN) policy regarding dental services for individuals covered by MassHealth Standard, MassHealth Basic, MassHealth Essential, MassHealth CommonHealth, MassHealth Family Assistance/Direct Coverage, and Commonwealth Care Plan Type 1. For MassHealth members, this policy applies to individuals ages 21 and older who are not developmentally disabled. For Commonwealth Care members, this policy applies to all members in Plan Type 1.

For dates of service on or after July 1, 2010, the Health Safety Net will pay for the following services for these individuals at Community Health Centers, Hospital-Licensed Health Centers and Satellite Clinics :

- Restorative (fillings);
- Endodontic (root canal);
- Periodontic (deep scaling);
- Crowns;
- Dentures (full, partial, or repair);
- Surgical procedures related to full or partial dentures.

Providers may only bill for allowable service codes per the HSN CHC Billable Procedure Codes list and Hospital Covered Codes list posted on July 1 or as subsequently amended.

Community Health Centers (CHC's) will be submitting dental claims via the 837D format. All CHC's are expected to transition to the 837D claim format no later than September 1, 2010. CHC's that have not transitioned to the 837D claim format by September 1, 2010 may have a withhold applied to their dental payments. Providers should refer to the June 23, 2010 837D Provider Notice distributed by the Division for information pertinent to 837D testing and transition.

Dental services provided by CHC's during the period between July 1 – August 31, 2010 may be billed via the Payment Reporting Form (PRF). CHC's should continue to file the PRF as they currently do for dental billing. The Division will conduct post payment audit reviews to ensure that all PRF submissions comply with this update as well as Division regulations governing the payment of dental services for MassHealth and HSN only eligible individuals.

837D claim and PRF submissions will be required for dental services provided to HSN-only eligible individuals as well as members eligible for MassHealth Standard, MassHealth Basic, MassHealth Essential, MassHealth CommonHealth, MassHealth Family Assistance/Direct Coverage, and Commonwealth Care Plan Type 1. The HSN will not pay for any medical services provided to the above mentioned MassHealth or Commonwealth Care eligible individuals. Providers should bill MassHealth or Commonwealth Care for medical services provided to this group. Cases involving a medical and dental visit for HSN-only eligible individuals must be submitted on the 837P (medical services) and 837D (dental services) respectively.

837D Secondary Dental claims must be coded in accordance with current HSN secondary claim requirements. For 837D Secondary Dental claims, providers will be required to code required information via the NTE field. This is a free text field where providers must indicate the HSN Estimated Amount Due.

The HSN Estimated Amount Due will be required in all instances where SBR01 = S or T. Providers will be required to code for full usage of dollars and cents as outlined in the example below. NTE fields not coded in this format would result in a claim denial where SBR01 = S or T.

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The HSN will always pay the lower of the HSN Primary Payment Total (less any amount paid by the primary payer or patient) or the HSN Estimated Amount Due. Post payment claim audits may occur at the Division's discretion to validate the accuracy of claim submissions.

Questions regarding this notice should be forwarded to the Division's Claims Customer Support Center at HSNHelpLine@PublicSectorPartners.com or (866) 697-6080.