

# ICD Codes in State Medicaid Dental Claims Submission

Dental Informatics  
Center for Informatics and Standards  
Practice Institute

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**ADA** American Dental Association®

# Disclaimer

This presentation is for educational purposes only and is not intended to be used as legal or billing advice. If you have legal questions or concerns please consult with your appropriate legal counsel.

Dentists should refer to their State Medicaid Websites for more current and complete information on dental claims submission and diagnostic codes requirements.

# ICD Reporting in Dental Claims - Rationale

Some State Medicaid Programs are requiring diagnostic codes in dental claims submission

## Rationale

- Through the ICD reporting, it is hoped that there will be a benefit to the provider/patient over time by improving the tracking of treatment and associated ICD
- To capture clinical data to support public health activities, development of evidence-based benefits plans and to support efforts for increased funding
- To facilitate payment for services related to the oral - systemic connection and coverage for additional dental services for certain medical conditions

# State Medicaid that Require Diagnosis Codes

STATE MEDICAID	REQUIREMENTS *
<b>ARIZONA</b>	Diagnosis code(s) required when the patient's underlying medical condition is the reason for the services provided on the claim.
<b>IOWA</b>	V22.2 (Pregnancy) and V49.89 (Disabled) must be reported whenever a patient has either of these conditions, regardless of services provided. Note that Iowa is still accepting the 2006 claim form and there is no cutoff date planned at this time.
<b>MAINE</b>	Diagnosis code required on dental claims for procedure code D4341 for all patients whose diagnosis is ICD-9 code 101 (Acute Necrotizing Ulcerative Gingivitis) or ICD-10 code A69.0 (necrotizing ulcerative stomatitis) or A69.1 (other Vincent's infections). For patients with no ICD-9 code 101 or ICD-10 codes A69.0 or A69.1 diagnosis, claims for this procedure code require Prior Authorization.
<b>MICHIGAN</b>	Diagnosis codes are required for all oral and maxillofacial surgery and/or anesthesiology services
<b>NEVADA</b>	New 2012 ADA form with valid diagnosis codes, diagnosis pointers and place of treatment.
<b>VERMONT</b>	Will not require reporting of ICD codes until October 1, 2015 at the earliest.

# What Does ICD-9-CM Mean?

- ICD = International Classification of Disease
- Number indicates the version: Ninth Release
- CM = Clinical Modification
- International Classification of Disease, Ninth Release, Clinical Modification

# Reporting Diagnostic Codes to State Medicaid

## When Required

- A dentist must report an appropriate ICD diagnostic code along with the correct CDT code for the service performed
- The meaning of “appropriate” in relation to diagnostic codes may vary
  - It must be a valid and current code
  - It should be relevant and specific enough to provide a rationale for the service reported

# Diagnoses Codes in Medicaid Dental Claims

- For electronic filing, dentists may be able to use a state Medicaid web portal for dental claims submission
- The ADA 2012 Dental Claim Form can accommodate ICD diagnostic codes
- As with dental procedures, codes that are current for the date of service must be used
  - ❑ ICD-9-CM codes before October 1, 2015
  - ❑ ICD-10-CM codes on or after October 1, 2015

# 2012 ADA Claim Form

										21. Date of Birth (MM/DD/CCYY)		22. Gender <input type="checkbox"/> M <input type="checkbox"/> F		23. Patient ID/Account # (Assigned by Dentist)							
RECORD OF SERVICES PROVIDED										29. Procedure Code		29a. Diag. Pointer		29b. Qty.		30. Description		31. Fee			
24. Procedure Date (MM/DD/CCYY)		25. Area of Oral Cavity		26. Tooth		27. System		28. Tooth Face													
1																					
2																					
3																					
4																					
5																					
6																					
7																					
8																					
9																					
10																					
33. Missing Teeth Information (Place an "X" on each missing tooth.)										34. Diagnosis Code List Qualifier		ICD-9 = B; ICD-10 = AB )		31a. Other Fee(s)							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	34a. Diagnosis Code(s)		A _____ C _____		32. Total Fee	
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	(Primary diagnosis in "A")		B _____ D _____			
35. Remarks																					

Enter a letter ("A" through "D") to point to a diagnosis entered in 34a.

Enter "B" or "AB" in #34 to indicate either ICD-9 or ICD-10-CM codes

Enter ICD codes on lines A-D in box 34a.

The ADA's comprehensive claim form completion instructions are posted online at

<http://www.ada.org/en/publications/cdt/ada-dental-claim-form>

Please check with your State Medicaid: they may have additional instructions available on their website



# Completing the 2012 ADA Claim Form

- Item 34 on the 2012 ADA Dental Claim Form is used to identify the source of diagnosis codes listed in Item 34a
- ICD-9-CM is the current source of diagnosis codes and is identified by the letter “B” in Item 34

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# Completing the 2012 ADA Claim Form

## **Before October 1, 2015:**

- Indicate ICD-9-CM in Item 34 by entering “B”

## **After the ICD-10 CM Transition:**

- On or after October 1, 2015 use of ICD-10 CM for reporting diagnoses is required
- Indicate ICD-10 CM in Item 34 by entering “AB”

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# Completing the 2012 ADA Claim Form

- You should enter the appropriate diagnosis codes for the service you are providing based on the existing ICD-9-CM diagnosis codes
- “A” is always the primary diagnosis
- Item 34a is where up to four diagnosis codes may be entered, with the primary diagnosis code always reported on line “A”

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# The Diagnosis Cross Reference (Pointer)

- When diagnosis codes are required, another associated field will also be required - the pointer
- The purpose of pointer (Item 29a) is to associate the procedure with one of four of the diagnosis codes you have listed on Item 34a
- Enter a letter (A, B, C, or D) to point to a diagnosis entered in item 34a
- Enter only one pointer per line item
- When multiple services are performed, enter the primary pointer for each service

# Dental Procedure Codes (CDT) and ICD-9 CM

ADA has developed some tables to associate common CDT procedure codes with likely diagnoses and their suggested ICD-9 CM

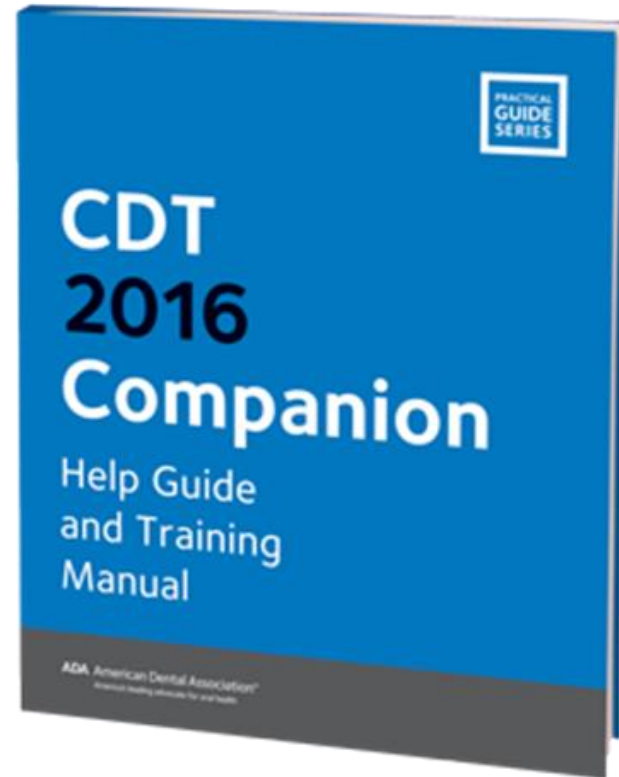
These examples are not assumed to be complete nor are they prescriptive

# Tips for Dental Providers

- Stay alert for State Medicaid communications about diagnostic codes requirements
- Ensure that the billing systems can support use of diagnostic codes
- Visit [ADA.org](http://ADA.org) and ADA Center for Professional Success and keep current with ADA dental coding reference materials CDT and CDT Companion
- Educational seminars and materials are also available from a number of sources, possibly including your state and/or local dental societies

# ADA Dental Coding Reference Materials

- The CDT Companion publication has extensive ICD coding suggestions for commonly reported CDT coded services



# Resources

ICD-9 CM and ICD-10 CM codes are available for download free of cost from the Centers for Disease Control and Prevention (CDC) website at: <http://www.cdc.gov/nchs/icd/icd9.htm> and <http://www.cdc.gov/nchs/icd/icd10cm.htm>



# Resources

- American Dental Association
  - <http://success.ada.org/en/>
- Looking up ICD codes
  - [www.icd10data.com](http://www.icd10data.com)
  - [www.icd9data.com](http://www.icd9data.com)
- Arizona State Medicaid
  - [http://www.azahcccs.gov/commercial/Downloads/FFSProviderManual/FFS\\_Chap07.pdf](http://www.azahcccs.gov/commercial/Downloads/FFSProviderManual/FFS_Chap07.pdf)
- Vermont State Medicaid
  - <http://vtmedicaid.com/>

# Contact Information

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