

HERITAGE HEALTH MULTI-VISIT PROCEDURE PPS ENCOUNTER BILLING

- All dental services rendered are billed with the appropriate CDT codes and T1015 when a Medicaid covered procedure code is included with the claim.
- Place of Service (POS) must reflect PPS-reimbursed clinic location. Dental services that require prior authorization (PA) must include the number of planned visits on the authorization submission on the ADA claim form in box 29b. The PA is applied to the CDT code not the T1015*
- Requests to exceed stated limits must be submitted in advance of service(s) and are subject to medical necessity review.
- Multi-visit benefits will be reimbursed as follows:

Restorative (permanent crowns) – up to two (2) visits*, use of same restorative code included below on both visits

D2710	D2720	D2721	D2722	D2740	D2750
D2751	D2752	D2790	D2791	D2792	

Endodontics (root canals) – up to two (2) visits*, use of same endodontic code included below on both visits

D3310	D3320	D3330	D3346	D3347	D3348
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Prosthodontics, removable (denture) – up to five (5) visits*, use of same prosthodontic code included below on five visits

D5110	D5120	D5130	D5140	D5211	D5212
D5213	D5214	D5810	D5811	D5820	D5821

Occlusal Guards – up to two (2) visits*, use of same CDT code included below on both visits

D9943	D9945	D9946
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- Reimbursement will be based on provider’s encounter rate, regardless of dollar amount submitted.
- Encounter payment is made on T1015 only; individual services pay at zero.
- Please ensure any non-billable services are documented in the chart are in alignment with existing guidance.
- Please ensure that the CDT and T1015 code is billed on the ADA claim form on the billing lines 1-10 (box 24-31).