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In reply, please refer to:

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Governor's Referral No.:

November 20, 2003

MEMORANDUM

AGS M03-22

TO: Providers of Dental Services

FROM: Aileen Hiramatsu, Med-QUEST Division Administrator *AH*

SUBJECT: CLAIMS FILING INSTRUCTIONS FOR DENTAL PROCEDURE CODES D0230, D4210, D4240, D7310, D7320

To expedite the correct processing of claims submitted for dental procedures listed above, please follow these updated instructions. These instructions apply only to claim submissions when the above codes are performed more than one time, on the same date of service. Using these instructions will avoid the denial of the claim lines as "duplicates". All claims must be filed using the ADA 1999 v. 2000 claim form.

D0230-Intraoral Periapical, Each Additional Film

If the procedure referenced above is performed multiple times, for the same date of service, record the procedure code once in the "procedure code" column and the number of additional films in the "quantity" column of box 59. No more than four additional films will be paid per day.

D4210-Gingivectomy or Gingivoplasty-Per Quadrant

D4240-Gingival Flap Procedure, Including Root Planing-Per Quadrant

D7310-Alveoloplasty in Conjunction with Extractions-Per Quadrant

D7320-Alveoloplasty Not in Conjunction with Extractions-Per Quadrant

If any of the above four (4) procedure codes are used more than once for the same date of service, record the procedure code once in the "procedure code" column and the number of quadrant(s) treated in the "quantity" column of box 59. In the "remarks" section at the bottom of the claim form, please identify the quadrant(s) you are treating. (Examples: D4210 performed on two (2) quadrants, enter D4210 in the "procedure code" column and enter 2 in the "quantity" column of box 59. D7310 is performed on one quadrant and D7320 is performed on another quadrant on the same day, enter D7310 on one line in the "procedure code" column and enter 1 in the "quantity" column of box 59.

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Enter D7320 on another line in the "procedure code" column and enter 1 in the "quantity" column of box 59).

The above information, applies only to the above procedure codes performed multiple times on the same date of service. If you performed the above procedures multiple times on different dates of service, you must list the procedure code individually, by date of service on the claim form.

The dollar amount billed for each line on the claim form, must reflect the number of x-rays, quadrants, or units performed. Payments to providers will not exceed billed amounts.

Do not resubmit claims for the denied claim lines when any of these above dental procedures were performed more than once per day. All claims previously filed with ACS that were not paid, will be reprocessed.