



May 22, 2020

Web Announcement 2206

Attention Provider Type 22 (Dentist):

Update Regarding Denial of Dental Claims with Radiology Codes

Some claims for dental radiology codes denied when billed with dental exam codes. Effective January 27, 2020, the Medicaid Management Information System (MMIS) was updated to link the radiology codes to the appropriate exam codes and the claims will no longer deny in error.

The impacted claims that processed on or after February 1, 2019, through January 27, 2020, and denied with error code 6508 (Paid dental exam code not on file) have been automatically reprocessed. Results of the reprocessed claims appear on the remittance advice dated May 29, 2020.

Please note: When claims are reprocessed, please be aware that all system and clinical claim editor edits are applicable. As a result, there may be no additional payment, and other claim denials may be received. Providers have the right to appeal denied claims, including those denied upon reprocessing. Please refer to [Medicaid Services Manual Chapter 100](#) and the [Billing Manual](#) for information concerning the claim appeal process and time frames.

The impacted dental exam codes are:

Procedure Code	Code Description
D0120	Periodic oral evaluation - established patient
D0140	Limited oral evaluation - problem focused
D8660	Pre-orthodontic treatment examination to monitor growth and development
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician

The impacted dental radiology codes are:

Procedure Code	Code Description
D0220	Intraoral - Periapical First Radiographic Image
D0230	Intraoral - Periapical each additional Radiographic Image
D0270	Bitewing - Single Radiographic Image
D0272	Bitewings - Two Radiographic Images
D0273	Bitewings - Three Radiographic Images
D0274	Bitewings - Four Radiographic Images
D0330	Panoramic Radiographic Image