



## ALASKA MEDICAID DENTAL CLAIMS COMMON ERRORS and EFFECTIVE SOLUTIONS

As part of its ongoing provider support efforts, the Alaska Division of Health Care Services (HCS) recently conducted an analysis of dental claims, identified common errors and error trends, and recommended steps providers can take to ensure claims are submitted accurately.

During March 2010, 38,674 dental claims were submitted to Alaska Medicaid. The majority (35075, or 90.6%) of those claims were accurate, which resulted in successful and prompt adjudication/payment. Of the 3599 claims that were denied, most were a result of 10 common coding or claims submission errors:

| ERROR CODE | DESCRIPTION   | TOTAL DENIED CLAIMS |
|------------|---|---------------------|
| 551        | CLAIM PROVIDER DOES NOT MATCH PA PROVIDER                         | 842                 |
| 258        | RECIPIENT NOT ELIGIBLE ON DATES OF SERVICE- NO STICKER/ATTACHMENT | 510                 |
| 257        | RECIPIENT NOT ON FILE - NO STICKER/ATTACHMENT                     | 378                 |
| 840        | DUPLICATE OF PREVIOUSLY PAID CLAIM                                | 362                 |
| 376        | RECIPIENT OVER 21 REQUIRES PA FOR THESE DENTAL CODES              | 237                 |
| 288        | PROCEDURE/ITEM NOT COVERED FOR MEDICAID                           | 142                 |
| 552        | CLAIM RECIPIENT DOES NOT MATCH PA RECIPIENT                       | 136                 |
| 023        | PATIENT NAME IS MISSING   | 122                 |
| 233        | PROCEDURE NOT COVERED ON DOS                                      | 110                 |
| 234        | PROCEDURE/FORMULARY AGE RESTRICTION                               | 108                 |

### WHAT DOES THIS MEAN?

More than 41% of denials were caused by errors related to Prior Authorizations (PA) (i.e., the provider failed to obtain a required PA, the provider or recipient number on the claim does not match that of the Prior Authorization request).

An additional 34% of denials were the result of claims submitted with incorrect recipient information (i.e., recipient name and ID number mismatch, recipient name missing) or for recipients who were not eligible on the date of service.

More than 12% of denials were the result of a claim submitted for a procedure that is not covered or is age-restricted.



## HOW CAN THESE COMMON ERRORS BE PREVENTED?

- Obtain a PA when required. Dental services that require a PA are annotated in the Dental Fee Schedule. NOTE: ALL Adult Enhanced Dental services require a PA.
- For GROUP practices, request the PA under the GROUP practice DDG### number, and submit the related claim with the GROUP NPI number in field 49.
- Submit claim with the same procedure code(s) and surface code(s) requested on the PA. If procedure or surface code changes are required, request an update of the PA prior to submission of the claim.
- Accurately record the PA number on the claim; be sure that the PA matches the recipient for whom it was obtained.
- Verify recipient eligibility; ensure that the recipient is eligible on the date of service.
- Accurately record the recipient's ID number and name on the claim form.
- Verify that the procedure is a Medicaid covered service and that the procedure is covered based on the recipient's age. The current dental fee schedule of covered services is available at: <http://medicaidalaska.com/providers/FeeSchedule.asp>.

**Questions?** Contact Affiliated Computer Services' Provider Inquiry Unit at (907) 644-6800, option 1, or toll free in Alaska at (800) 770-5650, option 1, 1.

## DENTAL SERVICES TRAINING

Alaska Medical Assistance is pleased to announce a new class specifically for dental providers. Training is presented by Affiliated Computer Services (ACS), and the first scheduled class is on June 17, 2010 in Anchorage. A second training via WebEx will follow on July 7, 2010.

In-depth information and instruction will be included on the following topics:

- Remittance Advice/Resubmission Turnaround Document: What is it? What do I need to do with it? Why is it important to me?
- Prior Authorization: Why are PAs necessary? How do PAs affect claims?
- Fee Schedule, Covered Services, and Service Limitations.
- Dental Regulations.
- ADA Dental Claim Form completion: Helpful hints and problematic areas.
- Common error codes: How to avoid them.
- YOUR TURN! Discussion, questions, and concerns.

To register for this course, or any other course, or to view the training schedule, please visit [www.medicaidalaska.com](http://www.medicaidalaska.com) and select one of the drop-down options under the *Training* tab.

Additional Dental classes will be offered later in the year. Please watch your RA messages and monthly newsletter for more details on times, locations, and registration information.