

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 be itemized on the authorization submission on the ADA claim form in on lines 1-10. 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
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- **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

D9944	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 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).