



Louisiana Department of Health and Hospitals Bayou Health Informational Bulletin 12-25 Revised November 24, 2015

Issue: Claims Payment for Dental Services by an Oral Surgeon

Effective Feb. 1, 2015, claims billed by an oral surgeon (Provider Type 27, Provider Specialty 67) for medically necessary oral and maxillofacial medical procedures for **Bayou Health members** will be the responsibility of the Health Plan. Procedures can include medically necessary oral surgery, reconstructive dental surgeries, any associated pre- and post-operative services including laboratory or radiological services that may be required. The appropriate Current Procedural Terminology (CPT) codes should be used for these services and billed on the CMS 1500 or electronic 837P. Providers should refer to the appropriate Health Plan's policies and billing instructions on oral surgery related services.

Non-Bayou Health members' oral and maxillofacial surgery related claims submitted by an oral surgeon (Provider Type 27, Provider Specialty 67) should continue to be submitted to Molina using the appropriate CPT code and billed on the CMS 1500 or electronic 837P.

Hospital facility fees as a result of any dental procedures performed in an outpatient setting will also be the responsibility of the Health Plan. Hospitals should refer to the appropriate Health Plan's policies and billing instructions on inpatient/outpatient services for patients enrolled in a Health Plan.

All Medicaid Early Periodic Screening Diagnostic and Treatment (EPSDT) Dental and/or Adult Denture Program claims containing Current Dental Terminology (CDT) codes are to be submitted to Managed Care of North America (MCNA) Dental. Visit www.MCNAla.net for Dental Plan polices and billing instructions.