Appendix 31
Wisconsin Medicaid Dental Billing Requiring Additional Documentation

CATEGORY	ADA CODE RANGE	REQUIRED DOCUMENTATION
Diagnostic	00160 00250-00260 00330	- Copy of the office progress notes to document the medical necessity for a detailed and extensive problem-focused evaluation. - Covered only in dental emergency. - Mark "E" on claim form to indicate emergency.*
Restorative	02110-02387 02930-02933, 02951	- Time limitations (such as coverage of the procedure only once every 3 years) may be exceeded if narrative on claim justifies medical necessity for replacing a properly completed filling, non-prior authorized crown, or adding a restoration on any surface tooth.
Removable Prosthodontic	05510-05660	- Required modifier "UU" or "LL."
	05999	- Narrative. - Lab bill.
Fixed Prosthodontic	06545, 06940, 06980	- Lab bill.
Oral/Max Surgery	07210-07250, 07270	- Covered only in dental emergency. - Mark "E" on claim form to indicate emergency.*
	07280-07281, 07960	- HealthCheck referral required. For billing, check element 2 EPSDT (HealthCheck) on claim form.**
	07285-07431, 07820	- Frequency limitation of once per day may be exceeded if narrative on claim justifies medical necessity for additional services.
	07440-07461	- Pathology report.
	07470-07810, 07830	- Operative report.
	07910-07911	- Operative report. - Covered only in dental emergency. - Mark "E" on claim form to indicate emergency.*
	07912	- Operative report required if same day as surgery.
	07940, 07960	- HealthCheck referral required. For billing, check element 2, EPSDT (HealthCheck) on claim form.**
	07980, 07999	- Operative report.
Orthodontic	08110-08750 W7910-W7920	- HealthCheck referral required. For billing, check element 2, EPSDT (HealthCheck) on claim form.**
Adjunctive	09910 W7116-W7118	- Covered only in dental emergency. - Mark "E" on claim form to indicate emergency.*

* Put "E" in element "For Admin. Use Only." Retain documentation of emergency in patient's records. Emergency dental care is immediate service that *must* be provided to relieve the patient from pain, an acute infection, swelling, trismus, fever, or trauma.

** HealthCheck referral form, copy of HealthCheck card, or any other signed, dated documentation that a HealthCheck exam has occurred in the past year is required with prior authorization request only. Retain evidence of HealthCheck in patient files. (Do not submit HealthCheck form with claim.)

DO NOT SUBMIT THIS CHART WITH YOUR CLAIM. THIS IS FOR DENTAL OFFICE USE ONLY.