



# MEDICAL ASSISTANCE BULLETIN

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF PUBLIC WELFARE

**ISSUE DATE**

June 16, 2008

**EFFECTIVE DATE**

August 1, 2008

**NUMBER**

17-08-02, 19-08-02, 20-08-03  
21-08-03, 27-08-05

**SUBJECT**

ADA Claim Form- Version 2006 and Discontinuance  
of P.O. Box 8186

Michael Nardone, Deputy Secretary  
Office of Medical Assistance Programs

**IMPORTANT REMINDER:** Have you obtained and registered your **National Provider Identifier (NPI) number**? Don't delay! **Payments will deny on May 23, 2008** if you are a health care provider and you have not registered your NPI with the Department of Public Welfare.

**PURPOSE:**

The purposes of this Medical Assistance (MA) Bulletin are to:

1. remind dental providers that all dental claims and prior authorization (PA) requests must be submitted on the American Dental Association (ADA) Claim Form- Version 2006, effective with dates of service on and after August 1, 2008; and
2. notify dental providers that effective August 1, 2008, P.O. Box 8186 is no longer to be used when submitting PA requests.

**SCOPE:**

This MA Bulletin applies to all dental providers enrolled in the MA Program who render services to MA recipients in the fee-for-service delivery system. Dental providers who render services to MA recipients in the managed care delivery system should direct any questions regarding PA or claim submission to the appropriate managed care organization.

**BACKGROUND/DISCUSSION:**

MA Bulletin 27-08-01, et al, titled "Implementation of ADA Claim Form- Version 2006 and Elimination of Dental Prior Authorization Forms", issued January 11, 2008, and effective February 1, 2008, announced that effective with dates of service on and after August 1, 2008, the MA Program will require the ADA Claim Form- Version 2006 for dental claim submissions and PA requests and that the MA Program will no longer accept the ADA Claim Form –Version 2000, the MA Orthodontic PA Form (MA-96), or the MA Dental PA Form (MA-98).

In addition, the Office of Medical Assistance Programs determined that effective with dates of service on or after August 1, 2008, P.O. Box 8186, which is used by dental schools for

**COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:**

The appropriate toll-free number for your provider type.  
Visit the Office of Medical Assistance Programs website at [www.dpw.state.pa.us/omap](http://www.dpw.state.pa.us/omap)

the submission of PA requests, will no longer be used.

**PROCEDURE:**

Effective with dates of service on and after August 1, 2008:

- dental providers must use the ADA Claim Form- Version 2006 when submitting dental claims or PA requests;
- the MA Program will no longer accept the ADA Claim Form- Version 2000, the MA-96 or the MA-98 Forms; and
- the MA Program will no longer accept submission of dental PA requests to P.O. Box 8186.

Providers should continue to use the following P.O. Boxes for dental claims submissions and PA requests:

- PO Box 8187 for dental prior authorization requests;
- PO Box 8115 for orthodontic prior authorization requests; and
- PO Box 8015 for dental claims.