Listed below are the required and optional boxes for completing the CMS 1500 (08/05) for Oral and Maxillofacial Surgeons (OMS) only. Effective September 1, 2004, OMS dental claims submitted on paper and in electronic format are required to be filed on the claim form that applies to the procedure codes submitted as follows: Current Dental Terminology (CDT) procedure codes are to be filed on the ADA 2006 claim form and Current Procedure Terminology (CPT) procedure codes are to be filed on the CMS 1500 (08/05) Claim Form.

Beginning January 1, 2000 dental providers were no longer required to file with a patient’s private dental insurance prior to filing with Medicaid. DHHS provides boxes on this claim form (9a, 9c, 9d, 10d, 11, 11b and 11c and Amount Paid) for you to report a private carrier or Medicare payment, if applicable. If you are reporting to Medicaid that you have billed another insurance or Medicare, complete the boxes indicated to show the primary payment or denial. If you have NOT billed another insurance or Medicare, leave these boxes blank. If you put information in the TPL boxes, your claim is subject to TPL validity and consistency edits and may reject with insurance edit codes. An EOB from the private insurance or Medicare is not required except for claims with a Medicare covered procedure that Medicare has denied or claims that have received Edit Code 151, which indicates multiple insurance policies/not all filed – call TPL. Contact your Dental Program Coordinator if you receive this edit. A primary insurance payer should only be listed once on the CMS 1500 claim form.

**Required Boxes**

**Box 1a**

*Insured’s ID Number*

Enter the beneficiary’s ten-digit Medicaid ID number exactly as it appears on the Medicaid identification card.

**Box 9a**

*Other Insured’s Policy Or Group Number*

This box is designated for private insurance or Medicare information. If you have billed a private insurance or Medicare, then enter the policy number of the insured in this box. Do not use a hyphen or space as a separation within the policy number. **Leave this box blank if not reporting a private insurance or Medicare payment or denial.**

**Box 9c**

*Employer’s Name Or School Name*

This box is designated for private insurance or Medicare information. Enter the amount paid by the private insurance or Medicare policy. If the private insurance or Medicare denies payment, put $0.00 in this box and a “1” in Box 10d. **Leave this box blank if not reporting a private insurance or Medicare payment or denial.**

**Box 9d**
Insurance Plan Name
Or Program Name

This box is designated for private insurance or Medicare information. Enter the carrier code number for the private insurance policy or Medicare in this box. Carrier codes are located in your Medicaid Dental Provider Manual or you can visit the DHHS website at www.scdhhs.gov for the most recent carrier code listing. Leave this box blank if not reporting a private insurance or Medicare payment or denial.

Box 10d
Reserved for Local Use

This box is designated for private insurance or Medicare information. Enter “1” for a private insurance or Medicare denial or “6” if this person is a crime victim. Leave this box blank if not reporting a private insurance or Medicare payment or denial.

Box 11
Insured’s Policy Group or FECA Number

This box is designated for private insurance or Medicare information. Report the private insurance or Medicare policy number in this box. Do not use a hyphen or space as a separation within the policy number. Leave this box blank if not reporting a private insurance or Medicare payment or denial.

Box 11b
Employer's Name Or School Name

This box is designated for private insurance or Medicare information. Enter the amount the private insurance company or Medicare has paid to you. If the primary insurance company denies payment, put $0.00 in this box and a “1” in Box 10d. Leave this box blank if not reporting a private insurance or Medicare payment or denial.

Box 11c
Insurance Plan Name or Program Name

This box is designated for private insurance or Medicare information. Enter the carrier code number of the private insurance or Medicare in this box. Carrier codes are located in your Medicaid Dental Provider Manual or you can visit the DHHS website at www.scdhhs.gov for the most recent carrier code listing. Leave this box blank if not reporting a private insurance or Medicare payment or denial.

Box 12
| Box 24a | Date(s) of Service  
(Unshaded Section) |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter the month, day and year in the UNSHADED section of the line for each procedure. Information has to appear in the “To” section.</td>
<td></td>
</tr>
</tbody>
</table>

| Box 24b | Place of Service  
(Unshaded Section) |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter the appropriate two-digit place of service code in the UNSHADED section of the line. 11-Office, 12-Home, 21-Inpatient Hospital, 22-Outpatient Hospital, 23 – Emergency Room – Hospital, 24- Ambulatory Surgical Center, 31 – Skilled Nursing Facility, 32 – Nursing Facility, 33 – Custodial Care Facility, 71 – State or Local Public Health Clinic, 72 – Rural Health Clinic, 99 – Other Unlisted Facility</td>
<td></td>
</tr>
</tbody>
</table>

| Box 24c | EMG (Emergency)  
(Unshaded Section) |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Entering a “Y”, if applicable, in the UNSHADED section of this line or the corresponding field on the electronic claim record indicates an emergency. Emergency patients are exempt from a co-payment. If not an emergency, leave blank.</td>
<td></td>
</tr>
</tbody>
</table>

| Box 24d | Procedures, Services or Supplies  
CPT/HCPCS  
(Unshaded Section) |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter the appropriate CPT procedure code in the unshaded section of the line. Oral surgeons must file only CPT procedure codes on the CMS 1500 (08/05) Claim Form. CDT procedure codes must be filed on the ADA Claim Form (this includes procedure code D9999). Filing procedures on the wrong claim form will result in a rejected claim.</td>
<td></td>
</tr>
</tbody>
</table>

| Box 24f | Charges  
(Unshaded Section) |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>You must enter your usual and customary charge in the UNSHADED section in this box for each procedure code listed.</td>
<td></td>
</tr>
</tbody>
</table>
From January 1, 2007 to May 22, 2007 enter in the SHADED section of the line “1D” for Medicaid provider in this box. On May 23, 2007 and afterwards use qualifier “ZZ” for the taxonomy code.

See the chart below for dental taxonomy codes that may be used.

<table>
<thead>
<tr>
<th>Category/Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentists: A dentist is a person qualified by a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.) licensed by the state to practice dentistry and practicing within the scope of that license.</td>
<td>122300000X</td>
</tr>
<tr>
<td>Dental Specialty (see following list)</td>
<td>Various</td>
</tr>
<tr>
<td>Prosthodontics</td>
<td>1223P0700X</td>
</tr>
<tr>
<td>Oral &amp; Maxillofacial Pathology</td>
<td>1223P0106X</td>
</tr>
<tr>
<td>Oral &amp; Maxillofacial Radiology</td>
<td>1223D0008X</td>
</tr>
<tr>
<td>Oral &amp; Maxillofacial Surgery</td>
<td>1223S0112X</td>
</tr>
</tbody>
</table>

From January 1, 2007 to May 22, 2007 enter in the SHADED section of the line the Medicaid individual provider ID number who rendered the service. Effective on and after May 23, 2007 enter the 10-character taxonomy number of the individual provider who rendered the service.

Enter in the UNSHADED section of the line the NPI number of the rendering individual provider. If the provider is billing as a member of a group, the rendering individual provider’s 10-character NPI number may be entered. The NPI number may be reported as early as January 1, 2007, but must be reported on and after May 23, 2007.

Enter the total amount from all the charges in Box 24f in this box.

This box is designated for private insurance or Medicare information. Leave this box blank if you are billing Medicaid as the primary payer. Enter the total amount from other insurance sources if you have filed with a private insurance or
Medicare as primary payers. If the private insurance or Medicare denies payment, put $0.00. Required, if reporting a private insurance or Medicare payment or denial.

Box 30
Balance Due

Enter the balance due in this box.

Box 32
Service Facility Location Information

IF APPLICABLE, enter the name, address, and ZIP+4 code of the location where the services were rendered if the address is different from the address in Field 33.

Box 32a
National Provider Identification (NPI)

IF APPLICABLE, enter the NPI number of the service facility location in Field 32. The NPI may be reported as early as January 1, 2007, but must be reported on and after May 23, 2007.

Box 32b
(Shaded Section)

IF APPLICABLE, on and before May 22, 2007, enter the two-byte qualifier “1D” followed by the Medicaid Provider ID number of the service facility location in Field 32. There should be no spaces or separation between them. On or after May 23, 2007, enter the two-byte qualifier “ZZ” followed by the taxonomy code of the service facility (no spaces).

Box 33
Billing Provider Information & Phone Number

Enter the provider of service/supplier’s billing name, address, ZIP+4 code, and telephone number. Do not use commas, periods, or other punctuation in the address. When entering a 9-digit zip code (ZIP+4), include the hyphen. Do not use a hyphen or space as a separator within the telephone number. Claims will be paid to the provider number submitted in this box. This pay-to provider number is indicated on the Remittance Advice and check.

Box 33a
National Provider Identifier (NPI)

Effective May 23, 2007, you MUST enter the NPI of the billing provider or group. If the provider rendering the services is a member of a group, the 10-character NPI group/organization number must be entered.
If not billing as a member of a group, then enter the 10-character individual NPI number. The NPI may be reported as early as January 1, 2007.

Box 33b  
(Other Identification Numbers) (Shaded Section)  

Prior to May 23, 2007 enter the two-byte qualifier “1D” followed by the Medicaid group provider number (no spaces) if you are billing for a group or organization. Example: 1DZAXXXX.

If billing for an individual provider, enter the two-byte qualifier “1D” followed by the Medicaid individual provider ID number. Example: 1DZX0000.

On or after May 23, 2007, enter the two-byte qualifier “ZZ” followed by the taxonomy code (no spaces). Example: ZZ1223S0112X.

Optional Boxes

Box 1  
Medicare, Medicaid, Tricare Champus, Champ VA, Group Health Plan, Feca BLK Lung, Other  

Check Medicaid.

Box 4  
Insured’s Name  

Enter the insured’s name (Last Name, First Name Middle Initial).

Box 21  
Diagnosis or Nature of Illness or Injury  

This box is not required, but you may enter a diagnosis code and your claim will not reject. Enter the diagnosis of the patient indicated by the current edition of the International Classification of Diseases, Ninth Edition, Clinic Modification (ICD-9-CM) code number.

Box 24d  
Procedures, Services or Supplies Modifier Section (Unshaded Section)  

Modifiers are not required.

Box 26  
Patient’s Account Number  

Put the beneficiary’s chart number or account number in this box. The first nine characters will be keyed. The account number is helpful in tracking the claim if the beneficiary’s Medicaid ID number is invalid or incorrect. The patient account number
Box 27
Accept Assignment

Complete this box to indicate that the provider accepts assignment of Medicaid benefits. Submitting a claim to SC Medicaid automatically indicates the provider accepts assignment.

Box 31
Signature of Physician or Supplier Including Degrees and Credentials

Not required.