



# Emergency Dental Services Form

## For Basic Medicaid Adults Age 21 and Over

Member Name \_\_\_\_\_

Medicaid ID \_\_\_\_\_ Date of Injury/Infection \_\_\_\_\_

The above-named person has received emergency dental services. Describe in detail the reason for the emergency dental services and the treatment that was required.

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Provider Signature \_\_\_\_\_ NPI \_\_\_\_\_ Date \_\_\_\_\_

Emergency dental services are covered inpatient and outpatient services that are needed to evaluate and stabilize an emergency medical condition. An emergency medical condition is defined as a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in placing the health of the individual in serious jeopardy, serious impairment to body functions, or serious dysfunction of any bodily organ or part. If the Medicaid professional rendering the medical screening deems an emergency dental condition does exist, stabilization treatment is rendered.

### Emergency Dental Codes for Adults on Basic Medicaid

D0140	D0273	D2161	D3346	D7270	D9420
D0220	D0274	D2330	D7140	D7510	D9612
D0230	D0275	D2331	D7210	D7520	D9920
D0240	D0277	D2332	D7220	D7910	
D0250	D0330	D2335	D7230	D9110	
D0260	D2140	D2940	D7240	D9241	
D0270	D2150	D3310	D7241	D9242	
D0272	D2160	D3331	D7250	D9248	

All other program limits still apply. RHCs and FQHCs will continue to bill revenue code 512 for these services. Routine restorative or preventive treatments are specifically excluded from any emergency dental services.

**Document any delay between date of diagnosis and date of treatment. This timeframe must be within 30 days of initial date of exam. A copy of this form must be attached to the dental claim. Providers should retain the original copy in their files. Send a copy of the form and your claims to:**

Xerox State Healthcare, LLC  
 Claims Processing Unit  
 P.O. Box 8000  
 Helena, Montana 59604