

Appendix A – CMS-416 Dental and Oral Health Lines 12a – 12g

2700.4 Instructions for Completing Form CMS-416: Annual Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Participation Report Effective for the reporting period federal fiscal year 2020 (October 1, 2019 through September 30, 2020), with submission of Form CMS-416 by April 1, 2021.

NOTE A: For purposes of reporting the information on dental and oral health services in Lines 12a – 12g, “unduplicated” means that an individual may be counted only once on each line. However, an individual may be counted on two or more lines. For example, **individuals under the age of 21 may be counted once on Line 12a for receiving any dental service**, counted again on Line 12c for receiving a dental treatment service **and, if applicable, counted again on Line 12f for receiving an oral health service by a qualified health care practitioner or by a dental professional who is neither a dentist nor providing services under the supervision of a dentist.**

<p>Line 12a -- Total Eligibles Receiving Any Dental Services</p>	<p>Enter the unduplicated number of individuals under the age of 21 with at least 90 continuous days of enrollment during the federal fiscal year from Line 1b who received at least one dental service by or under the supervision of a dentist. These services are defined by HCPCS codes D0100 – D9999 (or equivalent CDT codes D0100 – D9999), or equivalent CPT codes, based on an unduplicated paid, unpaid, or denied 2700.4 Instructions for Completing Form CMS-416: Annual Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Participation Report Effective for the reporting period federal fiscal year 2020 (October 1, 2019 through September 30, 2020), with submission of Form CMS-416 by April 1, 2021 claim. All individuals reported on Lines 12b through 12e should be reported on this line, though an individual should be counted only once on this line regardless of how many dental services he or she received during the reporting period. See Notes A, B, and C, above.</p>
<p>Line 12b -- Total Eligibles Receiving Preventive Dental Services</p>	<p>Enter the unduplicated number of individuals under the age of 21 with at least 90 continuous days of enrollment during the federal fiscal year from Line 1b who received at least one preventive dental service by or under the supervision of a dentist. These services are defined by HCPCS codes D1000 - D1999 (or equivalent CDT codes D1000 – D1999), or equivalent CPT codes that are for preventive dental services and only if provided by or under the supervision of a dentist, based on an unduplicated paid, unpaid, or denied claim. See Notes A, B, and C above.</p>
<p>Line 12c -- Total Eligibles Receiving Dental Treatment Services</p>	<p>Enter the unduplicated number of individuals under the age of 21 with at least 90 continuous days of enrollment during the federal fiscal year from Line 1b who received at least one dental treatment service by or under the supervision of a dentist. These services are defined by HCPCS codes D2000 – D9999 (or equivalent CDT codes D2000 – D9999), or equivalent CPT codes that include only those that involve periodontics, maxillofacial prosthetics, implants, oral and maxillofacial surgery, orthodontics, adjunctive general services, and only if provided by or under the supervision of a dentist, based on an unduplicated paid, unpaid, or denied claim. See Notes A, B, and C, above.</p>
<p>Line 12d -- Total Eligibles Receiving a Sealant on a Permanent Molar Tooth</p>	<p>Enter the unduplicated number of individuals with at least 90 continuous days of enrollment during the federal fiscal year from Line 1b, in the appropriate age categories of 6-9 and 10-14, who received a sealant on a permanent molar tooth. Sealants are defined by HCPCS code D1351 (or equivalent CDT code D1351), based on an unduplicated paid, unpaid, or denied claim. For this line, include sealants placed by any dental professional for whom placing a sealant is within his or her scope of practice. Permanent molars are teeth numbered 2, 3, 14, 15, 18, 19, 30, 31, and additionally, for those states that cover sealants on third molars, also known as wisdom teeth, the teeth numbered 1, 16, 17, 32. See Notes A, B, and C, above.</p>

<p>Line 12e -- Total Eligibles Receiving Diagnostic Dental Services</p>	<p>Enter the unduplicated number of individuals under the age of 21 with at least 90 continuous days of enrollment during the federal fiscal year from Line 1b who received at least one diagnostic dental service by or under the supervision of a dentist. These services are defined by HCPCS codes D0100 – D0999 (or equivalent CDT codes D0100 – D0999), or equivalent CPT codes that are for diagnostic dental services, and only if provided by or under the supervision of a dentist, based on an unduplicated paid, unpaid, or denied claim. See Notes A, B, and C, above.</p>
<p>12f -- Total Eligibles Receiving Oral Health Services Provided by a Non- Dentist Provider</p>	<p>Enter the unduplicated number of individuals under the age of 21 with at least 90 continuous days of enrollment during the federal fiscal year from Line 1b who received at least one oral health service by a non-dentist provider. These services are defined by HCPCS codes D0100 – D9999 (or equivalent CDT codes D0100 – D9999), or equivalent CPT codes that are for oral health 2700.4 Instructions for Completing Form CMS-416: Annual Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Participation Report Effective for the reporting period federal fiscal year 2020 (October 1, 2019 through September 30, 2020), with submission of Form CMS-416 by April 1, 2021. services, and only if provided by a non-dentist provider, based on an unduplicated paid, unpaid, or denied claim. <u>A “non-dentist provider” is any qualified health care practitioner who is neither a dentist nor providing services under the supervision of a dentist.</u> NOTE: Due to the variance in state practice acts and reimbursement policies, some states may not have data to report on this line. See Notes A, B, and C, above.</p>
<p>12g -- Total Eligibles Receiving any Preventive Dental or Oral Health Service</p>	<p>Enter the unduplicated number of individuals under the age of 21 with at least 90 continuous days of enrollment during the federal fiscal year from Line 1b who received either a preventive “dental service” by or under the supervision of a dentist or a preventive “oral health service” by a qualified health care practitioner who is neither a dentist nor providing services under the supervision of a dentist. These services are defined by HCPCS codes D1000 - D1999 (or equivalent CDT codes D1000 – D1999), or equivalent CPT codes that are for preventive dental or oral health services, based on an unduplicated paid, unpaid, or denied claim. <u>All individuals reported on Line 12b, as well as only those individuals from Line 12f who received preventive services, should also be reported on this line.</u> While some individuals may appear on both Lines 12b and 12f, an individual should be counted only once on this line regardless of how many preventive dental services and/or preventive oral health services he or she received during the reporting period. See Notes A, B, and C, above.</p>