

**WISCONSIN MEDICAID
URGENT CARE DENTAL IN-STATE EMERGENCY PROVIDER DATA SHEET**

Instructions: Type or print clearly. Before completing this form, read the Urgent Care Dental In-State Emergency Provider Data Sheet Completion Instructions, F-11013A. This is required in order to submit claims for urgent dental services. Attach this data sheet to a claim form currently accepted by Wisconsin Medicaid. Submit the completed form with any applicable attachments to ForwardHealth, In-State Emergency Claims, 6406 Bridge Road, Madison, WI 53784-0011.

Dental providers may call Provider Services at (800) 947-9627 with any questions.

SECTION I — PRACTICE LOCATION INFORMATION

1. Name — Provider		2. National Provider Identifier	
3. Address Line 1		4. Address Line 2	
5. City	6. State	7. ZIP+4 Code	
8. County — County of Provider's Practice		9. License Number	
10. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	11. Name — Contact Person		12. Telephone Number — Contact Person

SECTION II — TAXONOMY CODE

13. Primary Taxonomy Code

SECTION III — PROVIDER FINANCIAL INFORMATION

Taxpayer Information

14. Taxpayer Identification Number (TIN)		15. Name — Taxpayer	
16. TIN Type <input type="checkbox"/> EIN <input type="checkbox"/> SSN	17. TIN Effective Date	18. TIN End Date	

Checks and Remittance Advice Information

19. Address Line 1		20. Address Line 2	
21. City	22. State	23. ZIP+4 Code	
24. Name — Financial Contact Person		25. Telephone Number — Financial Contact Person	

Continued

SECTION III — PROVIDER FINANCIAL INFORMATION (Continued)

IRS Form 1099 Mailing Address

26. Address Line 1

27. Address Line 2

28. City

29. State

30. ZIP+4 Code

SECTION IV — MAILING INFORMATION

31. Name — Mail To

32. Name — Attention Line

33. Address Line 1

34. Address Line 2

35. City

36. State

37. ZIP+4 Code

SECTION V — MEMBER INFORMATION

38. Name — Member

39. Member Identification Number

SECTION VI — AUTHORIZED SIGNATURE INFORMATION

I affirm that services provided are medically indicated and necessary to the patient's health. The services are within the scope of my (our) licensure. I understand that any false claims, settlements, documents, or concealment of material fact may be prosecuted under applicable federal and state law. I further affirm that to the best of my knowledge the information presented here is accurate and complete.

40. **SIGNATURE** — Provider or Authorized Agent (Required)

41. Date Signed (Required)

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The following services are covered in emergency situations.

EMERGENCY PROCEDURE CODES FOR DENTAL CARE	
CODE	DESCRIPTION
D0140	Limited oral evaluation — problem focused
D0220, D0230	Intraoral; periapical — first films / each additional film
D0250	Extraoral; first film
D0260	Extraoral; each additional film
D0270	Bitewing(s); single film
D0330	Panoramic film
D2140-D2394	Restorative services
D2930	Prefabricated stainless steel crown; primary tooth
D2931	permanent tooth
D2932	Prefabricated resin crown
D2940	Sedative filling
D3220	Therapeutic pulpotomy (excluding final restoration); removal of pulp coronal to the dentinocemental junction and application of medicament
D3221	Pulpal debridement, primary and permanent teeth
D5510	Repair broken complete denture base
D5520	Replace missing or broken teeth — complete denture (each tooth)
D5610	Repair resin denture base
D7111, D7140	Extractions
D7210, D7220, D7230, D7240	Surgical extractions
D7250	Surgical removal of residual tooth roots (cutting procedure)
D7260	Oroantral fistula closure
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth
D7510	Incision and drainage of abscess; intraoral soft tissue
D7520	extraoral soft tissue
D7610-D7780	Treatment of fractures
D7820	Closed reduction of dislocation
D7830	Manipulation under anesthesia
D7910-D7912	Sutures
D9110	Palliative (emergency) treatment of dental pain — minor procedures
D9220	Deep sedation/general anesthesia; first 30 minutes
D9241	Intravenous conscious sedation/analgesia; first 30 minutes
D9248	Non-intravenous conscious sedation
D9420	Hospital call