

Dental Programs WebEx December 2015

Healthy Montana Kids Plus and Medicaid Dental Program

Reviews and Updates
December 2015

Presented by Jan Paulsen, Program Officer

HELP ACT CHANGES

During the 64th Legislative Session, the Health and Economic Livelihood Partnership (HELP) Plan, commonly referred to as Medicaid Expansion, was enacted. New members and current Basic Medicaid (now referred to as **Standard Medicaid**) will receive full dental benefits up to a \$1,125 cap per benefit year (July 1–June 30). Services excluded from the annual \$1,125 cap include diagnostic, preventive, denture, and anesthesia services. Periodic service limits apply. It is important to note the following exclusions:

- ▶ Adults determined categorically eligible for **Aged, Blind, and Disabled Medicaid (current Medicaid, not HELP)** are not subject to the annual limit, although service limits apply.
- ▶ **Children age 0–20** are not subject to the annual limit.

MONTANA MEDICAID SUPPORTS A NEW PRACTICE STANDARD: AbCd

Access to Baby and Child Dentistry – AbCd First Birthday, First Dental Appointment

Dentists must receive continuing education in early pediatric dental techniques to qualify as an AbCd specialist. This specialty endorsement will allow AbCd dentists to be reimbursed for the following procedures:

- ▶ D0145, Oral evaluation (age 0–2),
- ▶ D0425, Caries Susceptibility Test (age 0–2)
- ▶ D1310, Nutritional Counseling (age 0–5),
- ▶ D1330, Oral Hygiene Instruction (age 0–5).

Currently there are 190 Medicaid AbCd trained dentists.

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FREQUENTLY ASKED QUESTIONS

- 1. Can I limit the numbers of Medicaid patients I see in my office?**
Yes, simply make a business decision as to how many Medicaid members your office can handle. Many offices do this.
- 2. Can I accept or reject them on a case-by-case basis?**
Yes, as long as you do not discriminate. When you sign up as a Medicaid provider you agree not to discriminate on the grounds of race, creed, religion, color, sex, national origin, marital status, age or disability.
- 3. Will I be listed anywhere as a Medicaid provider?**
Yes, the Department does maintain a list of participating providers on the Montana Access to Health web portal. An updated list of dental providers who are currently accepting Medicaid patients is also on the Department's website, www.medicaprovider.mt.gov, and is updated quarterly.

TOP THREE FRUSTRATIONS

1. No Show/Broken Appointments

- ▶ Each office is encouraged to have a general office procedure for reminders.
- ▶ All patients need to be treated the same in terms of reminders and no shows.
Cannot bill patient.
- ▶ There are a variety of best practices; find what works for your office.
- ▶ Consistency is important.
- ▶ No show, no procedure performed, nothing to claim. **Cannot bill patient.**



2. Minimize Administrative Hassles

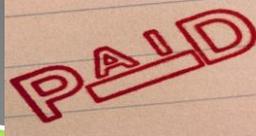
- ▶ Use the ADA form dated 2012.
- ▶ Attach special forms, such as EOBs for other insurance or a blanket denial letter. Staple any form on top of the claim.
- ▶ Document disability or the reason for exceeding limits in box 35.
- ▶ Include PA number in box 2; do not attach the approval notice.
- ▶ Consider filing electronically.
- ▶ Follow up on e!SOR sooner rather than later.



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3. Reimbursement Too Low?

- ▶ File claims with your usual and customary fee.
- ▶ Get paid for what you do, verify eligibility, check fee schedule, be aware of allowable procedures, limits, etc.
- ▶ If prior authorization is required make sure you go through the process and put the PA number in box 2.



OTHER BARRIERS IDENTIFIED

- ▶ Limited availability of dental providers
- ▶ Lack of clear information for beneficiaries explaining their dental benefits
- ▶ Transportation (1-800-292-7114)
- ▶ Cultural and language competency
- ▶ Need for consumer education about the benefits of dental care



VERIFYING MEMBER ELIGIBILITY

- FaxBack: 800-714-0075
- Integrated Voice Response (IVR): 800-714-0060
- MATH Web Portal
<https://mtaccesstohealth.acs-shc.com/mt/secure/home.do>
- Xerox Provider Relations: 800-624-3958



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WEBSITES

Provider Information Website
(open to the public)
www.medicaidprovider.mt.gov

- Member information link
- Provider Information page
- Claim Jumper newsletter
- Provider Enrollment link (new or existing providers).
- MATH Web Portal link
- Provider Locator link (user is brought to web portal)
- Resources by Provider Type (manuals, fee schedules, notices)

Montana Access to Health Web Portal
(requires login)
<https://mtaccesstohealth.acs-shc.com/mt/secure/home.do>

- ▶ Check eligibility
- ▶ Claim status
- ▶ Payment summary
- ▶ e!SOR

MONTANA DENTAL RATE SETTING PROCESS

- ▶ The Department reimburses dental and denturist services on a fee-for-service basis. Reimbursement rates are established by multiplying a nationally recognized unit value for each procedure by the Department's conversion factor.
- ▶ *Relative Values for Dentists (RVD)* is an accurate and comprehensive relative value system. The relative values for each procedure are determined by dental practitioner input.
- ▶ Six criteria are used to rate each procedure.



THE SIX CRITERIA USED TO RATE A PROCEDURES VALUE

1. Time
2. Skill
3. Risk to the patient
4. Risk to the dentist (medico-legal)
5. Severity of the problems (i.e., emergent, acute, chronic, prophylactic)
6. Unique supplies not separately billable



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DEPARTMENT CALCULATION OF RATE



1. Determine utilization of each procedure from previous year.
2. Multiply each procedure code's utilization by its unit value based on the Relative Values for Dentists.
3. Obtain the upcoming year's budget amount.
4. Total budgeted dollar amount is divided by previous year's utilization of all procedures.
5. The result determines the Montana Medicaid Dental conversion factor (CF) = \$32.53 for SFY14.
6. The rate for each procedure is determined by multiplying the unit value by the conversion factor.
7. Examples:
 - (a) D1110 has a unit value of 1.50 multiplied by the CF = \$48.80.
 - (b) D2140 has an assigned unit value of 2.0 times CF = \$65.06.

WHO IS ELIGIBLE FOR DENTAL SERVICES

- ▶ Patients on Standard Medicaid
 - ▶ Aged, Blind, Disabled;
 - ▶ 20 years and under;
 - ▶ Pregnant woman; and
 - ▶ HELP Expansion group.



WHAT NEEDS SPECIAL PROCESSING

- ▶ Prior Authorizing (PA)
 - ▶ All Orthodontia
 - ▶ Veneers
- ▶ Check limits
 - ▶ Diagnostics
 - ▶ Radiographs
 - ▶ Prophys and Fluoride
 - ▶ Crowns
 - ▶ Periodontics
 - ▶ Dentures, full/partial



▶ Crowns: No prior authorization effective August 1, 2012.

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Orthodontia Services



Prior Authorization Process

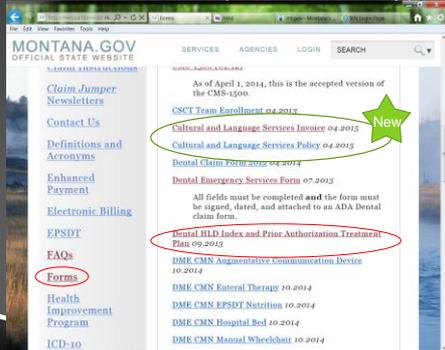
HLD-Index, pano, ceph and photos.
Banding fee (D8050, D8060, D8070, D8080, and D8090,
Periodic visits (D8670), de-band and final retention (D8680).
Eligibility must be on-going, private pay agreement in place. TPL-Blanket Denial.

FORMS

www.medicaprovider.mt.gov

- ADA Dental Claim Form, Prior Authorization box checked
- Handicapping Labio-Lingual Deviations Form (HLD Index)
- Revised 9/2013, added posterior impactions and anterior crossbite

www.medicaprovider.mt.gov



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CROWNS FOR ADULTS

- ▶ D2751
- ▶ 2 per calendar year per person
- ▶ Second Molars:
#2-15-18-31= D2791
- ▶ **Effective August 1, 2012,**
no prior authorization needed;



EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT – EPSDT

When a Medicaid-eligible child (20 and under) requires medically necessary services, those services **may be** covered under Medicaid even if they are not typically covered services or if periodic limits need to be waived.

Documentation of medical necessity is **VITAL.**



MEDICAL NECESSITY DEFINITION

ARM 37.79.102 (23) "Medically necessary" or "medically necessary covered services" means services and supplies which are necessary and appropriate for the diagnosis, prevention, or treatment of physical or mental conditions as described in this subchapter and that are not provided only as a convenience.

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Medical Necessity
Medicaid does not cover
cosmetic dental services.



BE IN THE KNOW!

- ▶ PA means prior authorization NOT periapical.
- ▶ What are the first two questions JAN will ask you when you call?
 1. Member ID (Use Medicaid ID not SS #)
 2. Date of service
- ▶ Resources by Provider Type
www.medicicaidprovider.mt.gov
- ▶ Multiple units
- ▶ **Pay to dentist and Rendering dentist.**



REVIEW OF WHAT WAS NEW IN 2015

- ▶ Caries risk assessment finding: Use like diagnosis codes at the line level: D0601 Low risk; D0602 Moderate risk; D0603 High risk. Now has a reimbursement fee.
- ▶ D2740 crown anterior **AND** posterior age 20 and younger.
- ▶ By Report codes have gone away – D2999, D4999, D5899, D6999, D7999, D9999 will be payable with PA only (for anesthesia travel).



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NEW IN 2015

Dental Advisory Committee (DAC)

- ✓ General Dentist
- ✓ Denturist
- ✓ Pediatric Dentist
- ✓ Orthodontist
- ✓ Oral Surgeon
- ✓ Dental Hygienist
- ✓ MT Dental Association
- ✓ DPHHS



PRIVATE PAY AGREEMENT

The agreement to pay privately must be in writing and based upon definite and specific information given by the provider to the member prior to the services being delivered/performed indicating that the service will not be paid by Medicaid. This gives them the option to deny the service. The private pay agreement must be in writing per occasion. This does not include routine and general contracts signed by the member at the time of acceptance into the office. Providers can not pick and choose which codes to have members privately pay. If it is a covered service by Medicaid they must accept the fee in full. If it is not on the fee schedule it can be pre-agreed for private pay.

ARM 37.85.406 (11)(1)



REVISED ADA CLAIM FORM 2012

- ▶ The ADA Dental Claim Form has been revised to incorporate key changes to the HIPAA standard electronic dental claim transaction. Some of the changes include the reporting of diagnosis codes and diagnosis code pointers, place of service codes, and other medical and dental coverage. It also includes a column for units of service.
- ▶ Begin using the form **now**. Required 1/2015.

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RECORD KEEPING

The dental record must be:

- ▶ Authentic
- ▶ Legible
- ▶ Objective
- ▶ Clear on the disease condition that made the treatment necessary



#1 Rule of Documentation

- ▶ If you didn't write it, it didn't happen!

NEW IN 2016

- ▶ New to the adult benefit package will be Fluoride Varnish (D1206) delivered by dentists, dental hygienists, physicians, and now mid-level practitioners. Adults will also have the added benefit of Sealants (D1351) on the 1st and 2nd molars.
- ▶ The American Dental Association has deleted codes D9220 and D9221, General Anesthesia, 30 minutes and additional 15 minutes. It is replaced with D9223, 15-minute unit. A maximum of 14 units will pay per claim. This code has been priced at \$76.31.
- ▶ The American Dental Association has also deleted codes D9241 and D9243, IV Sedation, 30 minutes and additional 15 minutes. It is replaced with D9233, 15-minute unit. A maximum of 10 units will pay per claim. This code has been priced at \$86.27.
- ▶ With Medicaid Expansion (HELP) comes 'Standard' Medicaid (no more Basic). The financial limit for adults is \$1,125 per benefit year, for treatment services. Not included in the cap are diagnostic, preventive, denture and anesthesia services. Exempt from the cap are aged blind disabled Medicaid members. Frequency/service limits apply.
- ▶ The new fee schedule and provider manual dated January 1, 2016.

CHIPRA LEGISLATION

- ▶ List of dental providers who are currently accepting Medicaid for under age 21 will be posted.
- ▶ Updated quarterly, expect an e-mail!
- ▶ www.insurekidsnow.gov
- ▶ CMS/HRSA/IKN completes annual survey to verify data.



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MONTANA STATISTICS SFY 15

1. 464 enrolled dentists, denturist and hygienists.
2. Dental-related expenditures SFY 15: \$22 million+
3. Served 53,251 members
4. Personal Transportation SFY 15: \$3 million+
Call center 1-800-292-7114



HOW WE COMMUNICATE WITH YOUR OFFICE

- ▶ Notices from MMIS
- ▶ www.medicaidprovider.mt.gov
 - ▶ Provider notices
 - ▶ Fee schedules
 - ▶ Provider manuals
 - ▶ Remittance advice
 - ▶ Claim Jumper
 - ▶ Web Portal
<https://mtaccessstohealth.acs-shc.com/mt/secure/home.do>



Again, proceed with caution. Refer to the provider manual.



- ▶ There may be limits per procedure, per tooth, per quadrant, anterior/posterior, or prior authorization requirements.
- ▶ See the fee schedule and provider manual online for reimbursement rates.
- ▶ Additional resources are found at www.medicaidprovider.mt.gov. Click the Resources by Provider Type link.
- ▶ Xerox Provider Relations
800-624-3958.



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Thank you for your time!

I am a resource as well. Feel free to contact me with any further questions or unique issues to discuss.

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