



Healthy People. Healthy Communities.

Public Health
and Human Services



Welcome to the Montana
Department of Public Health
and Human Services
Richard H. Opper, Director

Healthy Montana Kids Plus and Medicaid Dental Program

April 2014

Presenter: Jan Paulsen, Program Officer



Provider Rate change

Beginning July 1, 2014, the legislature appropriated a 2% provider rate increase. For a copy of the newest fee schedule, and the newest provider manual reflecting the rate increase and any program changes, go to:

www.mtmedicaid.org click on 'resources by provider type'



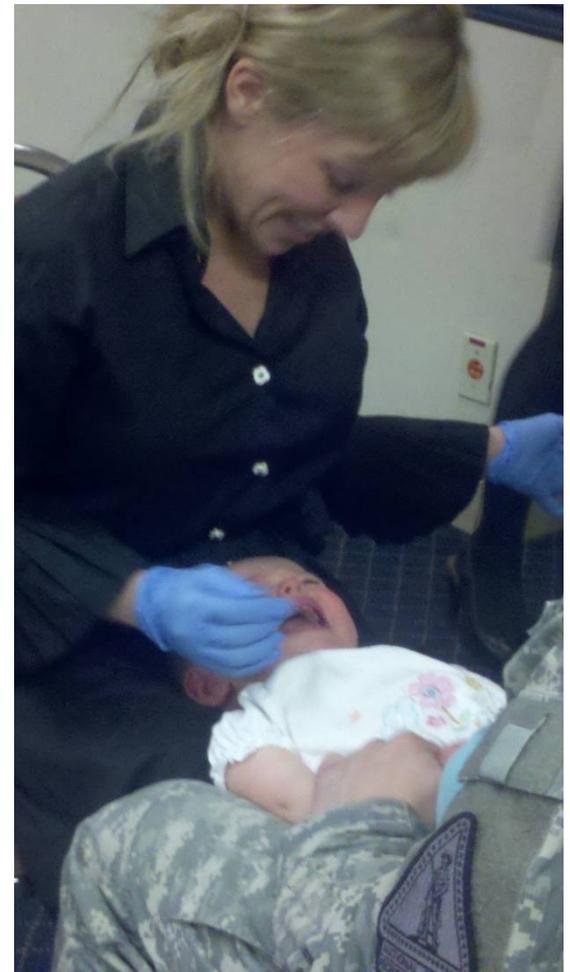
MT Medicaid supports a new practice standard: AbCd

*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 171 Medicaid AbCd trained dentists



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 clients 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 Web Portal, Montana Access to Health. An updated list of dental providers who are currently accepting Medicaid patients is also on the Departments web site, www.mtmedicaid.org and updated quarterly.*

TOP 3 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.**



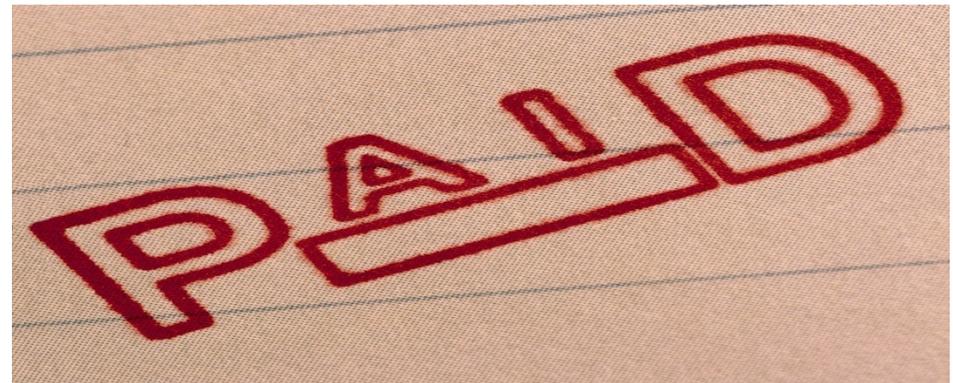
2. Minimize Administrative Hassles

- Use the ADA form dated 2012.
- Attach special forms, such as Essential for Employment, Emergency Dental form or EOB for other insurance. Staple any form on top of the claim.
- Document disability or the reason for exceeding limits in box 35.
- Include PA# in box #2, do not attach the approval notice.
- Consider filing electronically.
- Follow-up eSOR sooner than later.



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 # in box 2.



Other barriers identified

- Limited availability of dental providers;
- Lack of clear information for beneficiaries explaining their dental benefits;
- Transportation;
- Cultural and language competency;
- Need for consumer education about the benefits of dental care.



Verifying Client Eligibility

- Fax Back: 800-714-0075

- Automated
Voice Response:
800-714-0060



- Web Portal: <https://mtaccesstohealth.acs-shc.com/mt/secure/home.do>
- ACS Provider Relations: 800-624-3958

Websites:



Department Website

- www.mtmedicaid.org

• Resources by Provider

Type (manuals, fee schedules, notices, etc.).

- Provider Information Page.
- Claim Jumper newsletter.
- Link to log onto to MT Access to Health Web Portal.
- Link to update provider file.
- Client information, how to locate a healthcare provider.

Montana Access to Health (aka Web Portal)

- <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.
- 6 Criteria are used to rate each procedure.



The six criteria used to rate a procedure's 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





Dept. 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 \$ amount is divided by previous year's utilization of all procedures.
5. The result determines the MT Medicaid Dental conversion factor (CF) = \$31.89 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 = \$47.84.
 - (b) D2140 has an assigned unit value of 2.0 times CF = \$63.78.

Who is eligible for Dental Services

- Patients on FULL Medicaid
 - Aged, Blind, Disabled, 20 yrs. and under and Pregnant woman.
- Patients on BASIC Medicaid

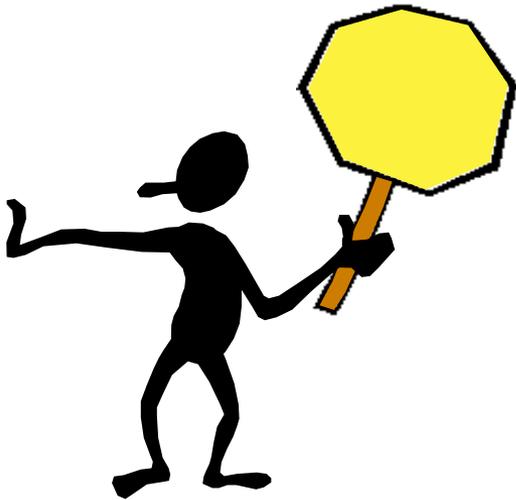
IF:

- They are approved under Essential for Employment or Emergency Services.



What needs Special Processing

- Prior Authorizing (PA)
 - All Orthodontia
 - **Crowns: NO PA effec 8-1-12**
 - Veneers
- Check limits
 - Diagnostics
 - Radiographs
 - Prophys and Fluoride
 - Crowns
 - Periodontics
 - Dentures, full/partial



CAUTION

Orthodontia Services



Prior Authorization Process: HLD-Index, pano, ceph and photos.
Banding fee, Periodic visits, de-band and final retention.
Eligibility must be on-going, private pay agreement.
TPL-Blanket Denial.

FORMS: www.mtmedicaid.org

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

Forms

Health Improvement Program



ICD-10 Information

Medicaid Fraud and Abuse

Medicaid Information

National Provider Identifier

Nurse First

Passport to Health

Provider Locator Search

Resources by Provider Type
(manuals, fee schedules,
notices, etc)

Site Map

Team Care

Training

Upcoming Events

Web Links

Online Enrollment Tutorial

Online Montana Access to
Health Tutorial

[UB-04 CMS-1450 Claim Form \(03/2007\)](#)

[CMS-1500 Claim Form 08/05 \(03/2007\)](#)

[CSCT Team Enrollment/Re-Enrollment \(04/2013\)](#)

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Forms D-F (09/2013)

[Dental Claim Form \(11/2007\)](#)

[Dental Emergency Services Form \(01/2008\)](#)

[Dental - Orthodontia HLD Index and Prior Authorization Treatment Plan \(09/2013\)](#)

[Dental Prior Authorization Form \(01/2008\)](#)

[Direct Deposit Sign-Up Form \(08/2012\)](#)

This is the version approved for use. (Rev. 06/1987)

[DME CMN Augmentative Communication Devices \(01/2008\)](#)

Orthodontia Rules & Fees

- 1) Full band orthodontia for recipients 21 and younger who have malocclusion caused by traumatic injury or needed as part of treatment for a medical condition with orthodontic implications are covered in the department's Dental and Denturist Program Provider Manual.
- 2) Interceptive orthodontia is limited to children 12 years of age or younger with one or more of the following conditions:
 - (a) posterior crossbite with shift;
 - (b) anterior crossbite.
- 3) **All full band orthodontia** for cleft lip/palate, congenital anomalies, cases related to malocclusion caused by traumatic injury and cases related to **interceptive orthodontia** must receive **prior authorization** from the department's designated peer reviewer to determine individual eligibility for such orthodontia services.

D8050	Interceptive Primary Dentition
D8060	Interceptive Transitional Dentition
D8070	Comprehensive Transitional
D8080	Comprehensive Adolescent
D8090	Comprehensive Adult
D8670	Periodic Visit (<u>27 days apart</u>)
D8680	Retention

Crowns for Adults

- D2751
- With prior authorization (PA)
- 2 per calendar year per person
- Second Molars:
#2-15-18-31= D2791
- **Effective 8-1-12, NO PA 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:
Medicaid does not
cover cosmetic
dental services.

NEW 8-1-2011

Veneer's require prior
authorization (PA)

D2960

D2961

D2962



BE IN THE KNOW!

- PA means prior authorization NOT periapical.
- What are the first two questions JAN will ask you when you call?
 1. Client ID (SS or Medicaid)
 2. Date of service.
- Resources by Provider Type: www.mtmedicaid.org
- Multiple units.
- Pay to dentist and Rendering dentist.



What's New 2014

- Caries risk assessment finding: Use like Diagnosis codes at the line level: D0601 Low risk, D0602 Moderate risk, D0603 High risk. No reimbursement.
- ADA deleted D0363 three-dimensional cone beam, new code with Medicaid D0367, similar scope of service.
- 'By Report' codes will go away D2999, D4999, D5899, D6999, D7999. D9999 will be payable with PA only.



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**.

NEW Claim System coming 2016

- Montana Health Care Programs will be supported by Health Enterprise Claim Payment system. This new claim payment system will be able to accept claims electronically; on-line or transmitted through your software.
- Provider enrollment and payment will also be updated providing for a “Provider Inbox” to receive your important documents.
- Letter generation to members, eligibility check, claim status, etc. will all be made more efficient.

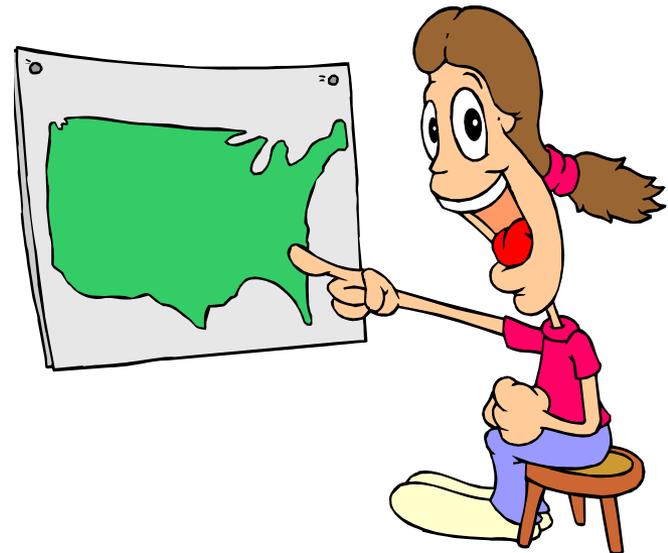
CHIPRA LEGISLATION

- 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.



Montana Statistics SFY13

1. 409 Enrolled Dentists, Denturist and Hygienists.
 2. Dental related expenditures SFY13: \$23 million+
 3. Served 42,094 recipients
 4. Personal Transportation SFY13: 2.7 million+
- Call center 1-800-292-7114



How do we Communicate with your office

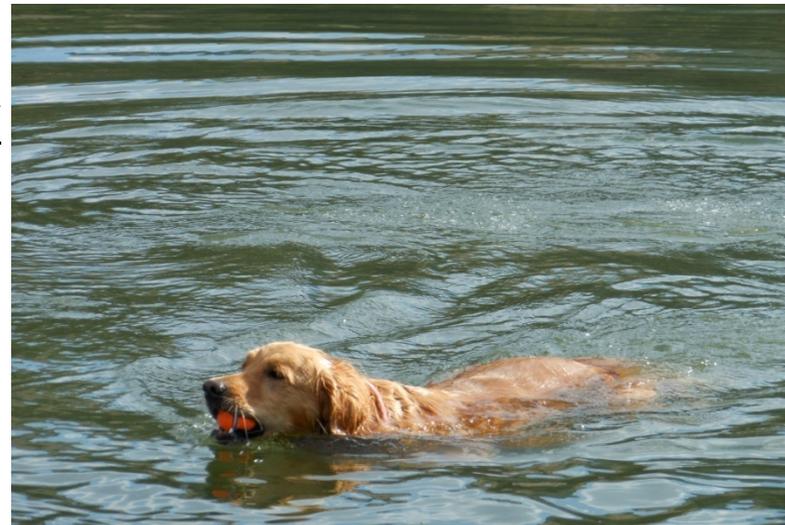
- Notices from MMIS
- www.mtmedicaid.org
 - Provider Notices
 - Fee Schedules
 - Provider Manuals
 - Remittance Advice
 - Claim Jumper
 - Web Portal <https://mtaccessstohealth.acs-shc.com/mt/secure/home.do>



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 on-line for current reimbursement rates.
- ⚠ Additional resources can be found at: www.mtmedicaid.org click on 'resources by provider type'.
- ⚠ ACS Provider Relations:
1-800-624-3958



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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