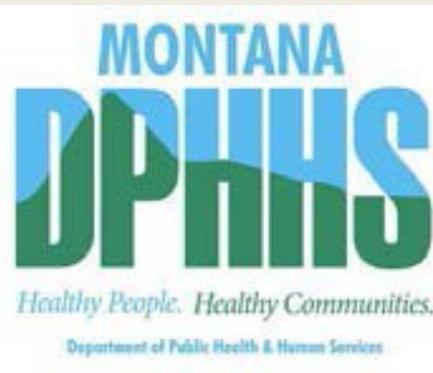# Restored Dental Services Program Update

March 2019

Kelly Aughney, Program Officer

Restored Adult Dental Services

- The Department increased reimbursement rates for denturists, oral surgeons, and dental hygienists retroactive to July 1, 2018.

- Adult dental services were restored effective October 1st 2018.

Restored Adult Dental Services

The restored dental services mirror the services that were covered prior to the March 2018 reduction (such as; coverage for dentures and crowns).

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Restored Adult Dental Services

On the Fee Schedule under Max Age (and on the cover sheet) you will notice a 999*

- This indicates the benefit is open to members though age 20 <u>ONLY</u> from July 1, 2018 through September 30, 2018.

Proc	Mod	Description	Effective	Method	Fees	PA	Min Age	Max age
D2929	-	PREFAB PORC/CERAM CROWN PRI	7/1/2018	FEE SCHED	$202.68	-	000	020
D2930	-	PREFAB STNLSS STEEL CRWN PRI	7/1/2018	FEE SCHED	$135.12	-	000	999*
D2931	-	PREFAB STNLSS STEEL CROWN PE	7/1/2018	FEE SCHED	$202.68	-	000	999*
D2932	-	PREFABRICATED RESIN CROWN	7/1/2018	FEE SCHED	$162.14	-	000	999*
D2933	-	PREFAB STAINLESS STEEL CROWN	7/1/2018	FEE SCHED	$152.01	-	000	999*

- 999* also indicates the benefit was opened for members of <u>all ages</u> effective October 1, 2018.

Deleted Dental Codes D1515 and D9940

- Effective January 1, 2019, the American Dental Association (ADA) updated the 2019 Current Dental Terminology (CDT) manual.

- The 2019 CDT manual made obsolete, the following two procedure codes from the Department's July 2018 Dental Fee Schedule.

  ❖ *D1515* -fixed bilateral space maintainer
  ❖ *D9940* -dental occlusal guard

Deleted Dental Codes D1515 and D9940

- To facilitate member access and third-party crossover billing for services, the Department enabled reimbursement for the replacement procedure codes with the rates and limitations as follows:

Procedure Code	Description	Fee	Max Age
D1516	space maintainer-fixed-bilateral, maxillary	$202.68	020
D1517	space maintainer-fixed-bilateral, mandibular	$202.68	020
D9944	occlusal guard-hard appliance, full arch	$290.51	020
D9945	occlusal guard-soft appliance, full arch	$239.84	020
D9946	occlusal guard-hard appliance, partial arch	$219.57	020

The Department will include these changes on the July 1, 2019 fee schedule.

Updated Process Dental Blanket Denials

- A Blanket Denial is designed to bypass the Third-Party Liability (TPL) edit that posts when a member has a primary insurance in the Medicaid claims processing system.

- It should be used when a member's third party insurance will pay for some but not all of a procedure.

  - *Medicaid is always the payer of last resort.*

Dental Blanket Denials Must Have:

❑ An attached Explanation of Benefits (EOB)

     o Note: Only valid EOB's will be accepted; (screenshots, notes and any other correspondence are not valid)

❑ Matching dates on the EOB and the date (s) of service.

❑ Matching procedure codes on the EOB and the Blanket Denial.

Dental Blanket Denial Reminders

- Previously approved blanket denials cannot be resubmitted.

- Blanket Denials are valid for **<u>one year</u>** and once expired, providers must resubmit a claim to the member's primary to initiate a new Blanket Denial.

- The Blanket Denial Letter **must** be attached to each dental claim form for that year.

Dental Blanket Denials Provider Letters

- TPL/Conduent will send a letter to the provider informing them if the blanket denial was either approved or rejected.

  - *If rejected, the provider letter will specify the necessary correction(s) requested.*

HOW WE COMMUNICATE WITH YOUR OFFICE

Notices from Medicaid www.medicaidprovider.mt.gov

- Provider notices
- Fee schedules
- Provider manuals
- Remittance advice
- Claim Jumper
- Web Portal https://mtaccesstohealth.acs-shc.com/mt/secure/home.do

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

- **Conduent Provider Relations:** 800-624-3958

Please Visit Our Website Regularly:

www.medicaidprovider.mt.gov

Go to 'Resources by Provider Type' on the left side,

Here you will find the newest information such as
- fee schedules,
- provider notices,
- provider manual, etc.

See headers per column identifying service categories

- Kelly Aughney
- Medicaid Dental Program Officer
- P.O. Box 202951
- Helena, MT   59620-2951
- 406-444-3182 Phone
- 406-444-1861 Fax
- kaughney@mt.gov