

# Dental Services Program Update

**December 19, 2020**

*Jesse May, Program Officer*



# Teledentistry Codes

The American Dental Association (ADA) provided interim guidance for coding and billing during the COVID19 health emergency.

Per this guidance the Department temporarily activated the following codes:

- **D0171**- Re-evaluation-limited, problem focused (established patient; not postoperative visit) \$30.68
- **D0171**- Re-evaluation-postoperative office visit \$23.06
- **D9992**- Dental case management- care coordination \$34.09



# Teledentistry Codes continued..

- **D9995**- tele-dentistry- synchronous; real-time encounter; reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service. \$26.65
- **D9996**- tele-dentistry- asynchronous; information stored and forwarded to dentist for subsequent review; Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service. \$26.65



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# Deleted Dental Code D7960

- Effective January 1, 2021, the American Dental Association (ADA) updated the 2021 Current Dental Terminology (CDT) manual.
- The 2021 CDT manual made obsolete, the following procedure code from the Department's January 2021 Dental Fee Schedule.
  - *D7960 -frenulectomy*

# Replacement Dental Codes

The D7960 code will be replaced with the following:

- **D7961** –frenulectomy  
(buccal/labial)
- **D7962**- frenulectomy (lingual)

The allowance for these codes will remain the same at \$208.26.

*The Department will include these changes on the January 1, 2021 fee schedule.*

# Prior Authorizations for Orthodontia

When sending in a prior authorization request for orthodontia please send in the HLD index for filled out in their entirety. Once received these are reviewed.

The score has to be 30 unless 1, 2, 3 are marked with an X or the member has the area marked for 13-15 which is for kids 12 and younger.

Keep in mind only HMK+ covers orthodontia HMK/CHIP does not.

Once a Prior Authorization is worked the determination is sent out via the next remittance notice.



# 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 only be used when a member's third party insurance will not cover a procedure.
  - *Medicaid is always the payer of last resort.*



# Dental Blanket Denials Must Have:

- ❑ An attached Explanation of Benefits (EOB)
  - 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 *one year* 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 https://medicaidprovider.mt.gov](https://medicaidprovider.mt.gov)

- Provider notices
- Fee schedules
- Provider manuals
- Remittance advice
- Claim Jumper
- [Web Portal https://mtaccesstohealth.acs-shc.com/mt/secure/home.do](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.acshc.com/mt/secure/home.do>
- **Conduent Provider Relations: 800-624-3958**



Please Visit Our Website Regularly:

<https://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



Questions??



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