

ForwardHealth UPDATE

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REIMBURSEMENT RATES FOR ORTHODONTIC SERVICES INCLUDED IN MAXIMUM ALLOWABLE FEE SCHEDULE AND DENTAL TARGETED REIMBURSEMENT RATE POLICY CLARIFICATION

ForwardHealth has established maximum allowable fees for orthodontic services. The assigned max fees reflect current reimbursement amounts for orthodontic services. **Effective for dates of service (DOS) on and after January 1, 2022, ForwardHealth updated the reimbursement rates for certain orthodontic services. ForwardHealth will be aligning the current reimbursement rates for orthodontic services in the claims processing system and the maximum allowable fee schedule. As part of this process, ForwardHealth will reprocess fee-for-service claims for orthodontic services submitted with dates of service on and after January 1, 2022, and to apply the new max fees. Max fees will only be reflected once the associated claim has processed. The max fee will not**

AFFECTED PROGRAMS

BadgerCare Plus, Medicaid

TO

Ambulatory Surgery Centers, Dentists, End-Stage Renal Disease Service Providers, Medical Equipment Vendors, Physician Clinics, Physicians, HMOs and Other Managed Care Programs

QUICK LINKS

- [Maximum Allowable Fee Schedules](#)
- [Provider Enrollment](#) page of the ForwardHealth Portal

The information provided in this ForwardHealth Update is published in accordance with Wis. Admin. Code §§ DHS 107.01(1) and 107.22(4).

be reflected on the approved prior authorization (PA) request. Refer to the [maximum allowable fee schedule](#) for current reimbursement rates.

As a reminder, providers should indicate their [usual and customary charges](#) when submitting claims for services to receive full reimbursement. Providers who do not bill their usual and customary amount of at least the maximum allowable fee will need to adjust their own claims in order to receive appropriate reimbursement.

Additionally, ForwardHealth has removed lifetime dollar and unit limits specific to orthodontic claims and encounters.

Claims Adjustment Process

By July 31, 2024, ForwardHealth will systematically reprocess previously submitted claims for orthodontic services to reflect the new max fee amounts. Claims that will be reprocessed will be those submitted with DOS on and after January 1, 2022.

As of March 15, 2024, claims will be reimbursed at the new max fee when the claim is processed; however, the new max fee amount will not be reflected on the approved PA request.

Reprocessing and adjustments will happen automatically. System-generated adjustments will appear on the provider's Remittance Advice.

Change in Prior Authorization Requirements for CDT Procedure Code D8670

ForwardHealth is changing the prior authorization (PA) requirement for Current Dental Terminology procedure code D8670 (Periodic orthodontic treatment visit [as part of contract]). Effective January 1, 2024, providers may submit claims for up to 24 units of D8670 without a PA; however, PA is still required for banding procedure codes (for example, procedure code D8080).

Providers must submit a PA request for the 25th unit or more of D8670. If an initial PA request is submitted for 24 units or fewer for D8670, the PA request will be returned.

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Information for Managed Care Plans and Providers Servicing Managed Care Members

Reimbursement Rate Resource Revised

The Orthodontic and Manually Priced Dental Rates table has been revised to remove the orthodontic services that are now included in the fee schedule. This table is available by clicking the Orthodontic and Manually Priced Dental Rates link on the [Reimbursement and Capitation page](#) of the ForwardHealth Portal.

Removal of Lifetime Dollar Limit on Encounters for Orthodontic Services

Effective January 1, 2022, ForwardHealth removed the lifetime dollar limit for managed care encounters when providing certain orthodontic services to members enrolled in a managed care plan.

Claim Adjustments

Providers are required to work directly with managed care plans regarding claims adjustments related to the January 1, 2022, orthodontic max fee effective date.

Dental Targeted Reimbursement Rate Policy Clarification

ForwardHealth is clarifying the existing criteria for providers who are eligible to receive the enhanced dental targeted reimbursement rate, which was implemented in accordance with 2015 Wisconsin Act 55. Note: The current reimbursement rates in the fee schedule apply to both target and non-target counties.

The targeted reimbursement rate increase applies to all Medicaid-enrolled provider types eligible to render dental services and applies to services rendered in Brown, Marathon, Polk, and Racine counties. The rendering provider's practice location is considered the county where services are rendered, not the county of the billing provider or the member.

If the rendering provider practices in both a target county and a non-target county, the rendering provider is required to obtain separate Medicaid enrollment for both the target county and the non-target county. The address of the rendering provider should be indicated in the appropriate field on submitted claims, including the zip code matching the Medicaid enrollment address.

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Rendering providers who need to set up separate Medicaid enrollment for [separate locations](#) can begin the process as follows:

- Go to the [Provider Enrollment](#) page of the ForwardHealth Portal.
- Click the Start or Continue Your Enrollment Application link to begin a new Medicaid enrollment.

Providers with questions regarding the enrollment process can call ForwardHealth Provider Services at 800-947-9627.

Documentation Retention

Providers are reminded that they must follow the documentation retention requirements per Wis. Admin. Code § [DHS 106.02\(9\)](#). Providers are required to produce or submit documentation, or both, to the Wisconsin Department of Health Services (DHS) upon request. Per Wis. Stat. § [49.45\(3\)\(f\)](#), providers of services shall maintain records as required by DHS for verification of provider claims for reimbursement. DHS may audit such records to verify the actual provision of services and the appropriateness and accuracy of claims. DHS may deny or recoup payment for services that fail to meet these requirements. Refusal to produce documentation may result in denial of submitted claims, recoupment of paid claims, application of intermediate sanctions, or termination from the Medicaid program.

Information Regarding Managed Care Organizations

This ForwardHealth Update applies to dental services that members receive on a fee-for-service basis and through BadgerCare Plus, Medicaid SSI, and other managed care programs. For information about managed care implementation of the updated policy, contact the appropriate managed care organization.

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The ForwardHealth Update is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Medicaid Services within the Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health within DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at www.forwardhealth.wi.gov/.