

Affected Programs: BadgerCare Plus, Medicaid

To: Ambulatory Surgery Centers, Dentists, Hospital Providers, HMOs and Other Managed Care Programs

Clarifications and Changes to Dental Services for Members Enrolled in Medicaid and BadgerCare Plus

ForwardHealth is expanding dental coverage for members enrolled in Medicaid and BadgerCare Plus in an effort to increase access to oral health in Wisconsin. This *ForwardHealth Update* explains these changes to dental services for members and clarifies coverage of dental services for BadgerCare Plus Benchmark Plan members.

Clarifications to Coverage of Dental Services for Benchmark Plan Members

Certain dental services are covered under the BadgerCare Plus Benchmark Plan for children under 19 years of age. This is a correction to the December 2007 *BadgerCare Plus Update* (2007-109), titled “Dental Services Under BadgerCare Plus,” which incorrectly stated that Benchmark Plan members are covered for certain dental services under 18 years of age.

Services provided by a dentist for traumatic injuries may be covered — subject to review by a dental consultant — under the Benchmark Plan for children under 19 years of age. This is a correction to *Update* 2007-109, which incorrectly stated that services provided by a dentist for traumatic injuries may be covered under the Benchmark Plan for children under 18 years of age.

Benchmark Plan members who are children under 19 years of age are responsible for payment of a deductible of the first \$200.00 for covered dental services per

enrollment year, based on the Benchmark Plan maximum allowable fee schedule, and 50 percent of the maximum allowable fee for each dental service once the \$200.00 deductible is met. Preventive and diagnostic services are exempt from the \$200.00 deductible but are subject to the 50 percent cost-sharing requirement. This is a correction to *Update* 2007-109, which stated that Benchmark Plan members under 18 years of age are subject to the deductible and cost-sharing requirements for dental services under the Benchmark Plan.

Dental providers should submit claims to BadgerCare Plus for dental services provided to Benchmark Plan members under age 19 that may be reimbursable due to this policy clarification. These claims will be processed and paid in accordance with the policy stated in *Update* 2007-109. Dental providers are required to reimburse Benchmark Plan members for any charges collected that are reimbursable by BadgerCare Plus under the Benchmark Plan.

Coverage of dental services under the Benchmark Plan for pregnant women is not changing from what was published in *Update* 2007-109.

Procedure Code D0120

Effective for dates of service (DOS) on and after March 1, 2008, procedure code D0120 (periodic oral evaluation

for established patient) is allowable once every six months for all BadgerCare Plus Standard Plan members and Medicaid members under the age of 21 and for all Benchmark Plan members under the age of 19.

BadgerCare Plus will review claims received with procedure code D0120 indicated for DOS on and after March 1, 2008, and will adjust payments as necessary.

Dental Procedures Provided in an Ambulatory Surgery Center

Effective for DOS on and after January 1, 2008, BadgerCare Plus is revising the list of dental procedures for which Ambulatory Surgery Centers (ASC) can claim reimbursement. Refer to the interactive fee schedule on the ForwardHealth Portal for a complete list of dental procedures reimbursable for ambulatory surgery centers by Medicaid and BadgerCare Plus.

Enhanced Reimbursement of Dental Services Provided to Young Children in Inpatient and Outpatient Hospital Settings and Ambulatory Surgery Centers

Claims received on and after November 19, 2007, for selected services provided to BadgerCare Plus Standard Plan members and Medicaid members 7 years of age and younger in a hospital setting or ambulatory surgery center are reimbursed at an enhanced rate. The enhanced reimbursement rate reflects the complex nature of providing these services. See Attachment 1 of this *Update* for a list of applicable procedure codes that qualify for enhanced reimbursement. This policy does not apply to Benchmark Plan members.

BadgerCare Plus has reviewed many claims received on and after November 19, 2007, and has adjusted payments as necessary. If providers believe claims they submitted were not correctly reimbursed at the enhanced rate, they may contact the Dental Consultant at (608) 221-4746, extension 80130.

Effective immediately, to receive enhanced reimbursement, a claim must meet all of the following criteria:

- It is for a service(s) provided to a Standard Plan member or Medicaid member age 7 or younger.
- It is for a service(s) provided in an inpatient or outpatient hospital or an ambulatory surgery center.
- It contains the procedure code D9420.
- For multiple-page claims, “Final Page of Claim” is written in the upper right corner of the final page of the claim.
- The claim is submitted on paper and sent to the following address:

ForwardHealth
Multiple-Page Dental Claims
Ste 22
6406 Bridge Rd
Madison WI 53784-0022

Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy and applies to providers of services to members who receive their dental benefits on a fee-for-service basis. For managed care organization (MCO) policy, contact the appropriate MCO. State contracted MCOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

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 Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

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

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ATTACHMENT

Procedure Codes for Dental Services Provided to Children 7 Years of Age and Younger in a Hospital Setting or Ambulatory Surgery Center for which Enhanced Reimbursement Is Available

Effective for claims received on and after November 19, 2007, providers can receive enhanced reimbursement for the services listed in the table below provided to BadgerCare Plus Standard Plan members and Medicaid members 7 years of age and younger in a hospital setting or ambulatory surgery center.

Procedure Code	Description
D0120	Periodic oral evaluation — established patient
D0140	Limited oral evaluation — problem focused
D0150	Comprehensive oral evaluation — new or established patient
D0210	Intraoral; complete series (including bitewings)
D0220	Periapical — first film
D0230	Periapical — each additional film
D0240	Occlusal film
D0250	Extraoral — first film
D0270	Bitewing(s); single film
D0272	Two films
D0273	Three films
D0274	Four films
D1120	Prophylaxis — child
D1203	Topical application of fluoride (prophylaxis not included); child
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients
D1351	Sealant —per tooth
D1510	Space maintainer; fixed-unilateral
D1515	Fixed-bilateral
D2140	Amalgam; one surface, primary or permanent
D2150	Two surfaces, primary or permanent
D2160	Three surfaces, primary of permanent
D2161	Four or more surfaces, primary or permanent
D2330	Resin-based composite; one surface, anterior
D2331	Two surfaces, anterior
D2332	Three surfaces, anterior
D2335	Four or more surfaces or involving incisal angle (anterior)
D2390	Resin-based composite crown, anterior

D2391	Resin-based composite — one surface, posterior
Procedure Code	Description
D2392	Resin-based composite — two surfaces, posterior
D2393	Resin-based composite — three surfaces, posterior
D2394	Resin-based composite — four or more surfaces, posterior
D2920	Recement crown
D2930	Prefabricated stainless steel crown; primary tooth
D2931	Permanent tooth
D2932	Prefabricated resin crown
D2933	Prefabricated stainless steel crown with resin window
D2934	Prefabricated esthetic coated stainless steel crown – primary tooth
D3220	Therapeutic pulpotomy (excluding final restoration); removal of pulp coronal to the dentinocemental junction and application of medicament
D3221	Pulpal debridement, primary and permanent teeth
D4210	Gingivectomy or gingivoplasty — four or more contiguous teeth or bounded teeth spaces per quadrant
D6985	Pediatric partial denture, fixed
D7111	Extraction, coronal remnants — deciduous tooth
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth
D7240	Removal of impacted tooth; completely bony
D7280	Surgical access of an unerupted tooth
D7510	Incision and drainage of abscess; intraoral soft tissue
D9220	Deep sedation/general anesthesia; first 30 minutes
D9420	Hospital call
D9910	Application of desensitizing medicament