

Affected Programs: BadgerCare Plus, Medicaid
To: Dentists, HMOs and Other Managed Care Programs

Clarification of Reimbursement of Dental Services under the BadgerCare Plus Core Plan for Childless Adults

A limited number of dental services are covered under the BadgerCare Plus Core Plan for Childless Adults when performed as an emergency service. These dental services are reimbursed fee-for-service, regardless of place of service.

This *ForwardHealth Update* clarifies reimbursement of dental services under the Core Plan and republishes the *Current Dental Terminology* codes covered under the Core Plan when performed as emergency services.

Reimbursement of Covered Core Plan Dental Services

As previously published, non-emergency dental services are not covered under the BadgerCare Plus Core Plan for Childless Adults. However, a limited number of dental services are covered under the Core Plan when performed as an emergency service only. Under the Core Plan, covered emergency dental services billed with *Current Dental Terminology* (CDT) codes are reimbursed fee-for-service, not by the BadgerCare Plus HMO, regardless of place of service.

Refer to the Attachment of this *ForwardHealth Update* for CDT codes that are reimbursed fee-for-service for Core Plan members when performed as emergency services.

ForwardHealth defines emergency dental care as an “immediate service that must be provided to relieve the member from pain, an acute infection, swelling, trismus, fever, or trauma.” By indicating the designated CDT procedure codes on claims for Core Plan services, emergency service is implied. Providers should retain documentation of emergency services in case of a future audit.

Providers will be reimbursed at the current Wisconsin Medicaid rate of reimbursement for covered services. Because the Core Plan covers emergency dental services only, there are no copayments for dental services under the Core Plan.

Refer to the December 2008 *Update* (2008-206), titled “Dental Services Covered under the BadgerCare Plus Core Plan for Childless Adults,” or the Online Handbook at www.forwardhealth.wi.gov/ for more information on Core Plan dental services.

Core Plan Members

The information in this *Update* applies to all Core Plan members, whether they were transitioned into the Core Plan on January 1, 2009, from Milwaukee County’s General Assistance Medical Program and other counties’ general assistance medical programs or newly enrolled as of July 15, 2009.

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/.

P-1250

ATTACHMENT

Dental Procedures Covered Under the BadgerCare Plus Core Plan for Childless Adults

The *Current Dental Terminology* codes in the table below are covered under the BadgerCare Plus Core Plan for Childless Adults only when performed as an emergency service, regardless of place of service. These dental services are reimbursed fee-for-service.

Code	Description of Service
Clinical Oral Evaluations	
D0140	Limited oral evaluation — problem focused
Radiographs/Diagnostic Imaging (Including Interpretation)	
D0210	Intraoral — complete series (including bitewings)
D0220	periapical first film
D0230	periapical each additional film
D0240	occlusal film
D0250	Extraoral — first film
D0260	each additional film
D0270	Bitewing(s) — single film
D0272	two films
D0274	four films
D0290	Posterior-anterior or lateral skull and facial bone, survey film
D0322	Tomographic survey
D0330	Panoramic film
D0340	Cephalometric film
Extractions (Includes Local Anesthesia, Suturing, if Needed, and Routine Postoperative Care)	
D7111	Extraction, coronal remnants — deciduous tooth
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
Surgical Extractions (Includes Local Anesthesia, Suturing, if Needed, and Routine Postoperative Care)	
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth
D7220	Removal of impacted tooth — soft tissue
D7230	partially bony
D7240	completely bony
D7241	completely bony, with unusual surgical complications
D7250	Surgical removal of residual tooth roots (cutting procedure)