

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

New Billing Requirement for Fixed Bilateral Space Maintenance Procedure

Effective for dates of service on and after May 1, 2010, providers are required to indicate the applicable area of the oral cavity value when billing for fixed bilateral space maintainers.

For dates of service (DOS) on and after May 1, 2010, providers are required to indicate on the claim the applicable area of the oral cavity (AOC) value when billing for space maintenance therapy, *Common Dental Terminology* (CDT) procedure code D1515 (Space maintainer-fixed bilateral). Providers are required to indicate either upper (01 — maxillary) or lower (02 — mandibular) arch in Element 25 (Area of Oral Cavity) of the ADA 2006 claim form, or in the Oral Cavity Designation element of the 837 Health Care Claim: Dental (837D) electronic claims submission form.

For DOS before May 1, 2010, providers are encouraged to indicate on the claim the applicable AOC value when billing for fixed bilateral space maintainers. Additionally, for DOS before May 1, 2010, if a provider already has a previously paid claim for procedure code D1515 (with or without the AOC indicated), and a second procedure was performed on the other arch, a second claim may be submitted for the same procedure code with the appropriate AOC indicated.

Reimbursement Requirements

Reimbursement for procedure code D1515 is allowable only for services that meet all program requirements, including:

- The service is only allowable once per year, per arch.
(*Note:* A narrative is required to be submitted with the claim in order to exceed the frequency limitation.)

- The service is only allowable for members up to age 20.
- Providers are required to indicate the applicable AOC when billing for the service.
- Providers are required to document the medical necessity of services in the member's medical record.

Information Regarding Managed Care Organizations

This *ForwardHealth Update* contains fee-for-service policy and applies to members who receive their dental benefits on a fee-for-service basis. For managed care policy, contact the appropriate managed care organization. Managed care organizations 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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