

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

Dental Services Covered Under the BadgerCare Plus Basic Plan

The Department of Health Services will begin accepting applications for enrollment in the BadgerCare Plus Basic Plan on June 1, 2010, with benefits starting on July 1, 2010. This *ForwardHealth Update* describes the coverage and policies for dental services under the Basic Plan.

Refer to the June 2010 *Update* (2010-42), titled "Introducing the BadgerCare Plus Basic Plan," for general information about covered and noncovered services, reimbursement, copayment, and enrollment.

Overview of BadgerCare Plus Basic Plan Implementation

In October 2009, enrollment in the BadgerCare Plus Core Plan was closed. Enrollment applications submitted to the Core Plan after the cutoff date are not processed, but the individuals are put on a waitlist.

Individuals on the waitlist for the Core Plan can begin enrolling in the BadgerCare Plus Basic Plan on June 1, 2010, with benefits starting on July 1, 2010. The Basic Plan is a self-funded plan that focuses on providing the Core Plan waitlist members with access to vital, cost-effective primary and preventive care. This option will allow members to have some minimal form of coverage until space becomes available in the Core Plan and will help prevent bankruptcy due to excessive medical debt.

Member participation or non-participation in the Basic Plan does not affect an individual's status on the Core Plan waitlist.

Services for the Basic Plan will be covered under fee-for-service. Basic Plan members will not be enrolled in state-contracted HMOs.

Covered and Noncovered Services

A limited number of dental services are covered under the Basic Plan when performed as emergency services. Refer to the Attachment of this *ForwardHealth Update* for *Current Dental Terminology* (CDT) codes that are covered under the Basic Plan 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 Basic Plan dental services, emergency service is implied. Providers should retain documentation of emergency services in case of a future audit.

The Basic Plan does not cover non-emergency dental services.

Reimbursement

Providers will be reimbursed for services provided to members enrolled in the Basic Plan at the current Wisconsin Medicaid rate of reimbursement for covered services.

Copayments

Dental services under the Basic Plan have a \$10 copayment per visit.

Enrollment Verification

It is imperative that providers verify a member's enrollment to determine if they are covered and in which plan the member is enrolled. Providers are reminded to *always* verify a member's enrollment *before* providing services, both to determine that the individual is enrolled for the current date and to discover any limitations to the member's coverage.

Providers have several options to obtain enrollment information through Wisconsin's Enrollment Verification System and should refer to the Online Handbook for more information. Refer to the December 2008 *Update* (2008-200), titled "Member Enrollment Verification for BadgerCare Plus Core Plan for Childless Adults," for more information.

For More Information

For more information or questions regarding the Basic Plan, providers may call Provider Services at (800) 947-9627.

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

Dental Procedures Covered Under the BadgerCare Plus Basic Plan

The following *Current Dental Terminology* codes are covered under the BadgerCare Plus Basic Plan when performed as emergency services.

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 — single film
D0272	Bitewings — 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	
D7111	Extraction, coronal remnants — deciduous tooth
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
Surgical Extractions	
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)