

Affected Programs: BadgerCare Plus, Medicaid

To: Dental Hygienists, Dentists, Federally Qualified Health Centers, HealthCheck Providers, Nurse Practitioners, Physician Assistants, Physician Clinics, Physicians, Rural Health Clinics, School-Based Services Providers, HMOs and Other Managed Care Programs

2013 Procedure Code Changes for Dental Services

Effective for dates of service on and after January 1, 2013, ForwardHealth is updating dental coverage and policies to reflect 2013 *Current Dental Terminology* (CDT) procedure code changes. These changes include discontinuing current CDT procedure codes and adding new CDT procedure codes.

Discontinued Procedure Codes

Effective for dates of service (DOS) on and after January 1, 2013, *Current Dental Terminology* (CDT) procedure codes D1203 (Topical application of fluoride [prophylaxis not included]; child) and D1204 (Topical application of fluoride [prophylaxis not included]; adult) have been discontinued and will no longer be reimbursed by ForwardHealth.

New Procedure Codes

Effective for DOS on and after January 1, 2013, ForwardHealth will reimburse CDT procedure code D1208 (Topical application of fluoride), which replaces procedure codes D1203 and D1204. Procedure code D1208 may be used for both children and adults. Refer to the maximum allowable fee schedule on the ForwardHealth Portal at www.forwardhealth.wi.gov/ for the current reimbursement rate.

New Exam Code for Dental Hygienists

Effective for DOS on and after January 1, 2013, ForwardHealth will reimburse CDT procedure code D0191 (Assessment of a patient) when used to indicate a preliminary oral exam or screening conducted by a dental

hygienist. Procedure code D0191 is intended to replace the generic CDT procedure code D0999 (Unspecified diagnostic procedure, by report), which dental hygienists have indicated to date. Dental hygienists may continue to use procedure code D0999 with the description “preliminary examination” or “oral screening” until December 31, 2013. Only one of these codes should be used on a claim to indicate a preliminary oral exam or screening conducted by a dental hygienist. Refer to the maximum allowable fee schedule for the reimbursement rate for procedure codes D0191 and D0999.

Reminder

Dental services are covered for members enrolled in Wisconsin Medicaid and the BadgerCare Plus Standard Plan. Coverage under the BadgerCare Plus Benchmark Plan is limited to specific services within the following categories for children under 19 years of age and pregnant women:

- Diagnostic.
- Preventive.
- Simple restorative.
- Periodontal.
- Surgical.

Non-emergency dental services are not covered for members enrolled in the BadgerCare Plus Core Plan or the BadgerCare Plus Basic Plan.

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 AIDS/HIV Drug Assistance Program and the Wisconsin Well Woman Program are 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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