

Affected Programs: BadgerCare Plus, Medicaid

To: Dentists, Federally Qualified Health Centers, HealthCheck Providers, Rural Health Clinics, HMOs and Other Managed Care Programs

2016 Procedure Code Changes for Dental Services

Effective for dates of service on and after January 1, 2016, ForwardHealth has updated dental coverage and policies to reflect 2016 *Current Dental Terminology* procedure code changes.

Effective for dates of service (DOS) on and after January 1, 2016, ForwardHealth has updated dental coverage and policies to reflect 2016 *Current Dental Terminology* (CDT) procedure code changes. These changes include the following:

- Discontinued procedure codes
- New procedure codes
- Code descriptions
- New ForwardHealth policy
- Copayments for sedation services

Discontinued Procedure Codes

The following CDT procedure codes have been discontinued and are no longer reimbursed by ForwardHealth:

- D9220 (Deep sedation/general anesthesia—first 30 minutes)
- D9241 (Intravenous moderate [conscious] sedation/analgesia — first 30 minutes)

New Procedure Codes

ForwardHealth now covers the following CDT procedure codes, which have replaced procedure codes D9220 and D9241:

- D9223 (Deep sedation/general anesthesia — each 15 minute increment)
- D9243 (Intravenous moderate [conscious] sedation/analgesia — each 15 minute increment)

The reimbursement maximum of 30 minutes remains; providers may submit claims for a maximum of two 15-minute unit increments.

Prior Authorization Policy for Discontinued and New Procedure Codes

The same prior authorization (PA) requirements that applied to discontinued procedure codes D9220 and D9241 now apply to new procedure codes D9223 and D9243. Refer to the Services Requiring Prior Authorization topic (topic #2734) in the Services Requiring Prior Authorization chapter of the Prior Authorization section of the Dental service area of the ForwardHealth Online Handbook for more information.

At this time, ForwardHealth will not be updating the ForwardHealth Portal or paper Prior Authorization/Dental Attachment 1 (PA/DA1) form, F-11010 (04/15). Providers may add justification for sedation services under the Section

IV — Additional Information field of the PA/DA1 in lieu of checking the procedure code boxes under Section II of the form.

ForwardHealth will convert previously **approved** PA requests and **pending** PA requests that were submitted with procedure codes D9220 and/or D9241 with grant dates prior to January 1, 2016, and expiration dates on and after January 1, 2016, to the new corresponding procedure code (D9223 or D9243, respectively) and units. For example, an approved PA request with one unit of 30 minutes will be converted to reflect two 15-minute units. **No action is required on the provider's part.**

Providers who submitted PA requests with procedure codes D9220 and/or D9241 will receive a decision notice communicating the changes to their approved and pending PA requests:

- Providers with a Portal account who submitted a paper Prior Authorization Request Form (PA/RF), F-11018 (05/13), by fax or by mail will receive a decision notice via their Portal account and by mail.
- Providers who submitted a PA request on the Portal will receive a decision notice via their Portal account only.

No action is required on the provider's part.

Claims Reminder for Procedure Codes

Providers are reminded to indicate covered current procedure codes on claims submitted to ForwardHealth and to adhere to ForwardHealth's coverage policy for dental claims.

Description Changes

The following procedure codes have a description change that includes "per tooth":

- D5630 (Repair or replace broken clasp-**per tooth**)
- D5660 (Add clasp to existing partial denture-**per tooth**)

Therefore, effective on and after January 1, 2016, providers are required to indicate tooth numbers for procedure codes D5630 and D5660 on claim submissions.

Policy Changes

New ForwardHealth Policy

The following procedure codes are now covered by ForwardHealth:

- D0277 (Vertical bitewings — 7 to 8 radiographic images):
 - ✓ Service is reimbursable **only** for adults ages 21 and older once per 12 months.
 - ✓ Service is not payable with any other bitewings on the same DOS.
- D2929 (Prefabricated porcelain/ceramic crown — primary tooth) — service is covered by ForwardHealth and reimbursable at the same rate and with the same code limitations as D2930 (Prefabricated stainless steel crown-primary tooth).
- D7241 (Removal of impacted tooth-completely bony, with unusual surgical complications) — service is covered by ForwardHealth and reimbursable at the same rate and with the same code limitations as D7240 (Removal of impacted tooth-completely bony).

Refer to the maximum allowable fee schedule on the Portal for current reimbursement rates.

Copay Changes for Sedation Services

Copayments are no longer applied to any covered dental sedation/anesthesia services, which includes the following procedure codes:

- D9223 (Deep sedation/general anesthesia — each 15 minute increment)
- D9230 (Inhalation of nitrous oxide/analgesia, anxiolysis)
- D9243 (Intravenous moderate [conscious] sedation/analgesia — each 15 minute increment)
- D9248 (Non-intravenous conscious sedation)

Claims filed and processed with a copayment for DOS on and after January 1, 2016, will be adjusted to reflect appropriate provider reimbursement. **No action is required on the provider's part.** Providers may review remittance information for adjusted sedation claims.

Providers who have already collected member copayments related to paid sedation claims are required to return or credit the copayment amount to members.

Information Regarding Managed Care Organizations

This *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 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 website at www.forwardhealth.wi.gov/.

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This *Update* was issued on 03/09/2016 and information contained in this *Update* was incorporated into the Online Handbook on 03/30/2016.