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# ForwardHealth UPDATE

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## ROOT CANAL THERAPY PRIOR AUTHORIZATION POLICY CLARIFICATIONS

ForwardHealth is clarifying dental policy for anterior (Current Dental Terminology procedure code D3310), bicuspid (D3320), and molar (D3330) root canal therapies.

This ForwardHealth Update explains the qualifying criteria for root canal therapy and when prior authorization (PA) is required.

### Reimbursement and When PA Is Required

PA is not required for providers to receive reimbursement for root canal therapy if a member meets these criteria:

- Evidence shows that the tooth is clinically restorable following standards of practice.
- A member's dental record identifies that no more than three teeth require root canal therapy, including molars, within a six-month period from the time of their most recent exam. This includes:
  - Periodic oral evaluation (D0120)
  - Limited oral evaluation (D0140)
  - Comprehensive oral evaluation (D0150)

**AFFECTED PROGRAMS**
BadgerCare Plus, Medicaid

**TO**
Dentists, HMOs and Other Managed Care Programs

**QUICK LINKS**
- Anterior, Bicuspid, and Molar Root Canal Therapy topic #2881
- Forms page, refer to Prior Authorization/Dental Attachment 1 (PA/DA1), F-11010 (01/2019)

The information provided in this ForwardHealth Update is published in accordance with Wis. Admin. Code §§ DHS 107.07(1), (2), and (3).

WISCONSIN DEPARTMENT of HEALTH SERVICES

Providers must obtain PA to receive reimbursement for root canal therapy for:

- A member of any age if four or more teeth need root canal therapy on any combination of anterior, premolar, and molar teeth per PA.
- A member who is 21 or older, regardless of the number of teeth that require root canal therapy.

Note: PA is **not** required for **fewer than four** anterior or bicuspid teeth, unless those are requested in a group of four or more teeth.

Refer to the ForwardHealth Online Handbook Anterior, Bicuspid, and Molar Root Canal Therapy topic #2881 for more information.

## Documentation Retention

Providers are reminded that they must follow the documentation retention requirements per Wis. Admin. Code § DHS 106.02(9). Providers are required to produce or submit documentation, or both, to DHS upon request. Per Wis. Stat. § 49.45(3)(f), providers of services shall maintain records as required by DHS for verification of provider claims for reimbursement. DHS may audit such records to verify the actual provision of services and the appropriateness and accuracy of claims. DHS may deny or recoup payment for services that fail to meet these requirements. Refusal to produce documentation may result in denial of submitted claims, recoupment of paid claims, application of intermediate sanctions, or termination from the Medicaid program.

## Information Regarding Managed Care Organizations

This Update applies to root canal therapy that members receive on a fee-for-service basis and through BadgerCare Plus, Medicaid SSI, and other managed care programs. For information about managed care implementation of the updated policy, contact the appropriate managed care organization (MCO). MCOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

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