

This Update has been revised since its original publication. Revised information appears in red text on page 7.

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ForwardHealth UPDATE

Wisconsin serving you

Your First Source of ForwardHealth Policy and Program Information



DENTAL THERAPISTS MAY ENROLL WITH WISCONSIN MEDICAID AND BILL AS SEPARATE PROVIDERS

Beginning January 1, 2026, dental therapists may separately enroll with Wisconsin Medicaid to provide covered services and submit claims under [2023 Wisconsin Act 87](#).

Overview

Dental therapists may provide services in the State of Wisconsin through 2023 Wisconsin Act 87, which expands access to dental services in the state, especially in dental shortage areas.

Medicaid-enrolled dental therapists will:

- Provide preventive, restorative, and periodontal dental services.
- Be eligible for reimbursement for providing covered dental services.

This ForwardHealth Update covers these topics:

- [Practice settings](#)
- [Provider enrollment](#)

AFFECTED PROGRAMS

BadgerCare Plus, Medicaid

TO

Dentists, HMOs and Other Managed Care Programs

The information provided in this ForwardHealth Update is published in accordance with 2023 Wisconsin Act 87.

- [Covered dental services](#)
- [Requesting approval for services provided by dental therapists](#)
- [Claims and reimbursement](#)
- [Resources](#)
- [Record retention](#)

Practice Settings

A dental therapist licensed in Wisconsin may provide dental services in the state only under the direct or indirect supervision of a qualifying dentist that they have a written collaborative management agreement with. Per Wis. Stat. § [447.06\(3\)\(dm\)](#), dental therapists may provide dental services only as an employee of one or more of the following:

- A dentist with whom the dental therapist has entered into a collaborative management agreement
- A dental practice
- A school district or the operator of a private school, as defined in Wis. Stat. § [115.001\(3r\)](#), or a Tribal school, as defined in Wis. Stat. § [115.001\(15m\)](#)
- The operator of a school for the education of dentists or dental hygienists
- A state or federal prison, a county jail, or other federal, state, county, or municipal correctional or detention facility, or a facility established to provide care for terminally ill patients
- A local health department, as defined in Wis. Stat. § [250.01\(4\)](#)
- A charitable institution open to the general public or to members of a religious sect or order
- A nonprofit home health care agency that is Medicaid enrolled
- The operator of a nonprofit dental care program serving primarily indigent, economically disadvantaged, or migrant worker populations
- A health care employer, as defined in Wis. Stat. § [440.094\(1\)\(b\)](#)

Dental Therapist Provider Enrollment

On and after January 1, 2026, dental therapists may enroll separately in Wisconsin Medicaid to receive reimbursement for dental services provided to Medicaid members.

Enrollment for Dental Therapist Providers in Dental Service Groups

Dental therapists who work in dental service groups must also enroll separately in Wisconsin Medicaid and list their National Provider Identifier (NPI) as rendering provider on claims for payment.

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Provider Enrollment Criteria

Dental therapists must be licensed by the Wisconsin Department of Safety and Professional Services (DSPS). They must operate within the scope of practice defined by DSPS regulations. To enroll in Wisconsin Medicaid, dental therapists must be licensed to practice dental therapy per Wis. Stat. § [447.06\(3\)\(dm\)](#).

Dental therapists who want to enroll in Wisconsin Medicaid are not required to submit the DSPS licensure qualifying documentation to Wisconsin Medicaid. DHS accepts a DSPS license as confirmation that the dental therapist meets the statutory requirements to practice in the State of Wisconsin.

Refer to the [DSPS website](#) and Wis. Stat. § [447.06\(3\)\(e\)](#) for more information about dental therapist licensing.

Wisconsin Medicaid Enrollment Process

Beginning January 1, 2026, dental therapists can enroll with Wisconsin Medicaid. The enrollment and reenrollment fees for all dental providers are waived.

Providers have 10 business days to complete their application. If it's not completed within 10 business days, the dental therapist will need to start the application process again.

Both new and existing Medicaid-enrolled providers must begin new applications to enroll as dental therapists.

To enroll with Wisconsin Medicaid:

1. Access the [ForwardHealth Portal](#) (the Portal).
2. Click [Become a Provider](#) under the Providers quick links box on the Portal homepage to display the Provider Enrollment Information homepage.
3. Click [Start or Continue Your Enrollment Application](#) from the top of the sidebar on the Provider Enrollment Information homepage.
4. Click [Medicaid/Border Status Provider Enrollment Application](#) in the To Start a New Medicaid Enrollment box.
5. Read the instructions, then click **Next**.
6. Select Individual, then click **Next**.
7. Enter or select the applicable information and click **Next** to continue.
8. Select **Dental Provider** on the Provider Type panel.

THE KEY MESSAGE

The provider enrollment application is complete when all required information is correctly submitted, including all supplemental documents.

RESOURCES

[Wisconsin Department of Safety and Professional Services \(DSPS\)](#)

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9. Select **Dental Therapist** on the Provider Specialties panel.
10. Continue through the enrollment panels to complete the application.
11. Click **Submit**.

Dental therapists should keep their application tracking number for reference.

ForwardHealth assigns dental therapists a “limited” risk level classification for both enrollment and revalidation. Information on provider risk level classification can be found on the [Risk Level Classification by Provider Type](#) enrollment page of the Portal.

Notice of Enrollment Decision

ForwardHealth usually notifies an applicant of their enrollment status within 10 business days (and no longer than 90 days) after receiving the complete enrollment application.

- If approved, ForwardHealth enrolls the dental therapist as a Wisconsin Medicaid provider.
- If denied, ForwardHealth gives the dental therapist the reason(s) for the denial in writing.

ForwardHealth sends a welcome letter to new Medicaid-enrolled providers.

The welcome letter includes:

- A copy of the provider agreement.
- Important program details, such as effective dates and their assigned provider type and specialty.

Dental therapists should save and refer to this letter when doing business with Wisconsin Medicaid.

Enrollment Effective Date

The effective date of a provider’s enrollment is based on the date ForwardHealth receives the complete and correct enrollment application materials. **To avoid delays, providers should upload their supplemental documents during the enrollment process.**



When initially accessing Online Handbook topic links available throughout this Update, providers need to click the **“I Accept”** button at the bottom of the licensure agreement page of the Online Handbook. After 30 minutes of inactivity, providers will need to click **“I Accept”** again before going to their intended topic.

QUICK LINKS

- [Risk Level Classification by Provider Type](#)
- [ForwardHealth Provider Portal Account User Guide \(PDF\)](#)

The information provided in this ForwardHealth Update is published in accordance with 2023 Wisconsin Act 87.

Note: Before they are enrolled, dental therapists may be reimbursed for services provided on and after January 1, 2026.

The earliest possible effective date is the date the applicant submits their complete online provider enrollment application to ForwardHealth if the following statements are true:

- The applicant meets all applicable screening, licensure, certification, authorization, or other credential requirements on the date of submission.
- ForwardHealth receives all required supplemental documents within 30 calendar days of the date the application was submitted.

If ForwardHealth receives the required supplemental documents more than 30 calendar days after the provider has submitted the application, the provider's effective date will be the date when ForwardHealth receives all supplemental documents.

Establishing a Portal Account

Once the dental therapist is enrolled in Wisconsin Medicaid, they are encouraged to establish a Portal account. Providers use their Portal account to update their information, check a member's eligibility, and submit claims.

To establish Portal access and request the necessary PIN:

- Click the [Providers](#) icon on the Portal homepage.
- Click [Request Portal Access](#) in the Quick Links box.
- Enter the provider's NPI in the NPI Number field in the NPI Information section.
- Click **Search**. The ForwardHealth Enrollment for Requested NPI section will auto-populate with the provider's information on file with ForwardHealth. If the NPI is not found, the page will refresh without filling in the provider's information.
- Click the appropriate row from the ForwardHealth Enrollment for the Requested NPI section. The Selected NPI section will auto-populate with the selected information.
- Enter the provider's Social Security number (SSN) or Tax Identification Number (TIN) in the SSN or TIN field in the Selected NPI section.
- Click **Submit**. A confirmation page will display if the request is successful.

After a dental therapist successfully requests Portal access, ForwardHealth sends a PIN letter. Dental therapists must have a PIN to access their secure ForwardHealth Provider Portal account.

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The PIN letter also includes a portion of the provider’s login ID, which is a dental therapist’s NPI or provider ID. For security purposes, the login ID only shows digits three–six of the ID. Dental therapists should not share their login information with anyone except appropriate staff. ForwardHealth recommends that dental therapists change their login information when their staff changes.

Refer to the [ForwardHealth Provider Portal Account User Guide \(PDF\)](#) for more information on creating a secure Provider Portal account.

Enrollment Resources

Wisconsin Medicaid policy and billing information is available in the [ForwardHealth Online Handbook](#). The Online Handbook is updated when new policy changes go into effect. Dental therapists can find relevant information in the Dental service area after January 1, 2026.

Providers can access policy information in the Online Handbook without a secure Provider Portal account.

Refer to the ForwardHealth Portal Basics/Navigation drop-down menu on the [Trainings](#) page for guidance and instructions on using the Portal.

Providers may contact Provider Services at 800-947-9627 with questions about the enrollment process.

Covered Dental Services

ForwardHealth will cover certain preventive, restorative, and periodontal services provided by dental therapists to adults and children who are eligible Medicaid members.

Refer to the [interactive maximum allowable fee schedule](#) on the Portal for a complete list of allowable dental procedures and related coverage information.

Preventive Services

ForwardHealth covers the following preventive services provided by dental therapists:

- Dental prophylaxes
- Topical fluoride treatment
- Space maintenance
- Other select preventive services

Refer to the [Preventive Services](#) chapter of the Online Handbook for more information about allowable dental preventive services.

QUICK LINKS

- Online Handbook topic [#4459](#)
- ForwardHealth Portal Basics/Navigation section of the [Trainings](#) page

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Restorative Services

ForwardHealth covers the following restorative services provided by dental therapists:

- Amalgam restorations
- Resin-based composite restorations
- Crowns, **limited to:—single restorations**
 - Fabrication and placement of single-tooth temporary crowns
 - Preparation and placement of preformed crowns on primary teeth
 - Recementing of a permanent crown
- Other select restorative services

Refer to the [Restorative Services](#) chapter of the Online Handbook for more information about allowable dental restorative services.

Periodontal Services

ForwardHealth covers the following periodontal services provided by dental therapists if all requirements are met:

- Surgical
- Nonsurgical
- Other select periodontal

Refer to the [Periodontics](#) chapter of the Online Handbook for more information about allowable dental restorative services.

Documentation Requirements

In addition to following documentation requirements for all Medicaid-enrolled providers, dental therapists and the public health entities they work for are required to maintain written documentation of:

- The relationship between the dental therapist and the public health entity.
- Any referral of a member with a condition that cannot be treated within the dental therapist's scope of practice to any entity that is under the supervision of a licensed dentist (for example, a private dental practice or a federally qualified health center [FQHC] that provides dental services).
- All consultations made with a licensed dentist.
- Notifications made to the [contracted public health entity](#).

Refer to the [Documentation](#) chapter of the Provider Enrollment and Ongoing Responsibilities section of the Online Handbook for requirements that apply to all Medicaid-enrolled providers.

QUICK LINKS

- [Interactive maximum allowable fee schedule](#)
- [Preventive Services](#) chapter
- [Restorative Services](#) chapter
- [Periodontics](#) chapter

Note: Some topics in these Online Handbook chapters will be updated on January 2, 2026.

Requesting Approval for Dental Services Provided by Dental Therapists

ForwardHealth requires approval in advance for certain dental services through a prior authorization (PA) request:

- A PA is valid for one year once approved.
- ForwardHealth will deny payment after a PA expires.

Providers must submit PA requests for services that require it. Refer to the Online Handbook Categories of Enrollment topic [#3969](#) for descriptions of rendering and billing providers and the Renewal Requests topic [#442](#) for more information on PA renewal requests.

Resources for Submitting Dental PA Requests

Refer to these resources for guidance and information about which dental codes require PA and how to submit PA requests for dental services:

- BadgerCare Plus/Medicaid Diagnostic, Preventive, Restorative, Endodontics, Periodontics, General Codes topic [#2808](#)
- Services Requiring Prior Authorization topic [#2734](#)
- [Submission Options](#) chapter of the Online Handbook
- [Submitting Prior Authorization Forms for Dental Procedures](#) training video

PA Request Approval Process

Wisconsin Medicaid determines a member's eligibility for dental services provided by a dental therapist based on the information submitted in the PA request. PA requests submitted via the Portal are immediately approved, denied, or sent for manual review based on the submitted information and member eligibility.

Refer to the Change in Billing Providers topic [#452](#) and the Examples topic [#453](#) for information about billing provider changes and PA requests.

PA Requests and Grant Date

The start date, also called a grant date, of an approved or modified PA request is the first date services are authorized and may be reimbursed under that PA number. Providers may request a specific grant date on a PA request to begin providing services. If no grant date is requested or the grant date is illegible, the grant date will typically be the date ForwardHealth reviews the PA request.

QUICK LINKS

- Renewal Requests topic [#442](#)
- BadgerCare Plus/Medicaid Diagnostic, Preventive, Restorative, Endodontics, Periodontics, General Codes topic [#2808](#)
- Services Requiring Prior Authorization topic [#2734](#)
- [Submission Options](#) chapter
- [Submitting Prior Authorization Forms for Dental Procedures](#) training

Note: These topics will be updated on January 2, 2026.

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Claims and Reimbursement

Medicaid-enrolled dental therapists may be both billing and rendering providers.

To receive payment for covered services, dental therapists must bill ForwardHealth for covered services on a professional claim using one of these options:

- An electronic 837 Health Care Claim: Dental transaction
- Direct Data Entry on the Portal
- A paper American Dental Association 2024 Claim Form

ForwardHealth only reimburses medically necessary services as defined under Wis. Admin. Code § [DHS 101.03\(96m\)](#). ForwardHealth may deny or recoup payment if a service does not meet Medicaid requirements.

Claims for dates of service on and after January 1, 2026, must include place of service codes and Healthcare Common Procedure Coding System (HCPCS) procedure codes, as appropriate. Refer to the [Preventive Services](#) and [Restorative Services](#) chapters of the Online Handbook for reimbursable codes.

Procedure Codes

Once enrolled with Wisconsin Medicaid, providers will use HCPCS or Current Dental Terminology codes for certain preventive, restorative, or periodontal services on claims for services provided by dental therapists.

Refer to the BadgerCare Plus/Medicaid Diagnostic, Preventive, Restorative, Endodontics, Periodontics, General Codes topic [#2808](#) for procedure codes.

Federally Qualified Health Center Encounter Reimbursement

ForwardHealth will apply the Prospective Payment System rate for the encounter type to the claim detail associated with HCPCS procedure code T1015 (Clinic visit/encounter, all-inclusive) for dental services provided by dental therapists at an FQHC. All other payable claim details for direct and indirect services on the claim associated with the encounter will process in a paid status with a \$0 allowed amount.

Resources for Claims Submission and Billing Requirements

Dental therapists may refer to these resources for submitting claims and billing requirements:

- Claims section of the Dental service area in the Online Handbook

IN THE KNOW

Stay current by [signing up](#) for ForwardHealth's email subscription service. Select from a list of service areas to receive policy, training, and benefit information specific to those areas.

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- [Submitting Dental Claims Through the ForwardHealth Portal](#) video under the Billing, Claims, & Payments drop-down menu on the [Trainings](#) page

Resources

Dental therapists are encouraged to use these resources to help them succeed in doing business with ForwardHealth.

ForwardHealth Updates and the Online Handbook

ForwardHealth Updates are the first source of provider information and announce the latest information on policy and coverage changes.

Providers should refer to the [Online Handbook](#) for current policy information. Policy changes published in Updates will be added to the Online Handbook when effective.

Portal Messaging and Email Subscription

ForwardHealth sends Portal account and email subscription messaging to notify providers about newly released Updates.

Providers who establish a secure Provider Portal account will automatically receive notifications from ForwardHealth in their Portal Messages inbox.

Providers and other interested parties may also [register](#) to receive email subscription notifications. Refer to the [ForwardHealth Portal Email Subscription User Guide \(PDF\)](#) for instructions on how to sign up for email subscriptions.

Provider Services

Providers should call Provider Services for questions about enrollment and policy. Provider Services offers program-specific and service-specific assistance to providers. Providers may contact Provider Services at 800-947-9627.

Additionally, WiCall is an automated voice response system that allows direct access to enrollment information for providers. Providers can reach WiCall at 800-947-3544, and press “1” to begin.

User Guides and Instruction Sheets

[Portal user guides and instruction sheets](#) give step-by-step instructions on how to work through various functional areas of the Portal. Refer to the ForwardHealth user guides for information about verifying member

CONTACT INFORMATION

Provider Services, 800-947-9627

WiCall, 800-947-3544

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enrollment; submitting electronic claims, adjustments, and PA requests; and viewing other reports and data.

Record Retention

According to Wis. Admin. Code § [DHS 106.02\(9\)\(d\)](#), providers are required to retain all evidence of billing information.

Most providers are required to retain documentation, including medical and financial records, for no less than five years from the date of payment.

Ending participation as a Medicaid provider does not end a provider's responsibility to retain and provide access to fully maintained records unless an alternative arrangement of record retention and maintenance has been established.

Maintaining Confidentiality of Records

A provider's responsibility to protect the confidentiality of health care and related records containing protected health information (PHI) continues after they stop participating in Wisconsin Medicaid.

Providers who no longer participate in Wisconsin Medicaid are responsible for ensuring that they and their business associates and partners continue to comply with all federal and state laws regarding protecting the confidentiality of members' PHI. To avoid penalties once record retention requirements expire, providers must securely destroy records so they cannot be reconstructed according to federal and state regulations. Refer to the Confidentiality and Proper Disposal of Records topic [#200](#) for more information on the proper disposal of records.

All Wisconsin Medicaid providers and their business associates or partners who cease practice or go out of business should ensure they have policies and procedures in place to protect all health care and related records from any unauthorized disclosure and use.

Availability of Records to Authorized Personnel

DHS has the right to inspect, review, audit, and reproduce provider records in compliance with Wis. Admin. Code § [DHS 106.02\(9\)\(e\)](#). DHS periodically requests provider records for compliance audits to match information against ForwardHealth's information on paid claims, PA requests, and enrollment.

These records include medical, clinical, and financial documents. Providers are

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obligated to ensure that the records are released to an authorized DHS staff member(s).

Wisconsin Medicaid reimburses providers \$0.06 per page for the cost of reproducing records requested by DHS to conduct a compliance audit. DHS will send a letter of request for records to a provider when records are required.

Reimbursement is not made for other reproduction costs included in the provider agreement between DHS and a provider, such as reproduction costs for submitting PA requests and claims.

Documentation Retention

Providers are reminded 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 service 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.

The information provided in this ForwardHealth Update is published in accordance with 2023 Wisconsin Act 83.

This Update was issued on 11/04/2025 and information contained in this Update was incorporated into the Online Handbook on 01/02/2026.

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 Medicaid Services within the Wisconsin Department of Health Services (DHS). The Wisconsin HIV Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health within DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at www.forwardhealth.wi.gov/.