

ForwardHealth **UPDATE**

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FORWARDHEALTH COVERS DENTAL CASE MANAGEMENT FOR MEMBERS WITH SPECIAL HEALTH CARE NEEDS

Beginning October 1, 2026, ForwardHealth will cover dental case management for members with special health care needs.

Introduced in the [Comparative Summary of Provisions \(PDF\)](#) for the 2025–2027 biennial budget, this coverage is described in Current Dental Terminology (CDT) as “special treatment considerations for patients/individuals with physical, medical, developmental, or cognitive conditions resulting in substantial functional limitations or incapacitation, which require that modifications be made for delivery of treatment to provide customized or comprehensive oral health care services.”

Members with special health care needs may have to get their dental services customized, and providers may have to modify their treatment to provide services to them.

AFFECTED PROGRAMS

BadgerCare Plus, Medicaid

TO

Advanced Practice Nurse Prescribers With Psychiatric Specialty, Community Health Centers, Dentists, Intensive In-Home Mental Health and Substance Abuse Treatment Services for Children Providers, Intensive Outpatient Program Providers, Master’s-Level Psychotherapists, Nurse Practitioners, Oral Surgeons, Outpatient Mental Health Clinics, Physician Assistants, Physician Clinics, Physicians, Psychologists, Qualified Treatment Trainees, Tribal Federally Qualified Health Centers, HMOs and Other Managed Care Programs

The information provided in this ForwardHealth Update is published in accordance with 2025 Wisconsin Act 15.



Reimbursement for dental case management addresses the additional time, tools, and resources providers may need to treat members with special health care needs. ForwardHealth encourages providers to use dental case management services as a way to reduce the use of moderate to deep sedation for members with special health care needs. Dental providers, excluding dental hygienists and dental therapists, may render this service.

Examples of dental case management for members with special health care needs may include:

- Modifying the amount of time for an appointment and customizing services.
- Modifying the environment and the structure of an appointment, including the use of visual supports, sensory adaptations, or audiovisual distractions.
- Coordinating with other health care providers when consultation is necessary to safely plan and deliver dental treatment.
- Coordinating referrals, interdisciplinary services, or transitions of care for successful treatment.

This ForwardHealth Update covers:

- [Diagnoses](#).
- [Place of service \(POS\) codes](#).
- [Prior Authorization \(PA\)](#).
- [Reimbursement](#).

Diagnoses

To qualify for dental case management services related to CDT procedure code D9997 (Dental case management – patients with special health care needs), members with special health care needs must have at least one of several diagnoses of physical or developmental conditions that require specialized treatment that would qualify them to receive these services. The diagnoses are listed in the [Attachment](#) to this Update.

As dental providers don't determine these diagnoses, they should coordinate with the members' primary, treating, and licensed health care provider (for example, physician, physician assistant, nurse practitioner, or other qualified health care professional).

Place of Service Codes

Dental case management services can only be reimbursed in these settings. On the claim, providers should note the appropriate POS code.

PLACE OF SERVICE CODE	DESCRIPTION
02	Telehealth Provided Other Than in Patient's Home
05	Indian Health Service Free-Standing Facility
06	Indian Health Service Provider-Based Facility
07	Tribal 638 Free-Standing Facility
08	Tribal 638 Provider-Based Facility
10	Telehealth Provided in Patient's Home
11	Office
31	Skilled Nursing Facility
50	Federally Qualified Health Center
54	Intermediate Care Facility/Individuals With Intellectual Disabilities
71	Public Health Clinic

Prior Authorization

PA for Dental Case Management

When PA Is Required

Providers must get PA for CDT code D9997 when:

- A provider is billing for more than one visit for a member within a six-month (180 days) period.
- A provider bills D9997 along with moderate to deep dental sedation services within that six-month period (180 days).
- A member has a diagnosis that isn't one of the qualifying diagnosis codes, but the provider can show documentation of medical necessity.
- The POS code is 15 (Mobile Unit).

When PA Is Not Required

ForwardHealth does not require PA for the first visit of dental case management services per member, per provider, every six months (180 days).

If a member with special health care requires nitrous oxide, CDT code D9997 is allowable when also billing CDT code D9230 (Administration of nitrous

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oxide) and doesn't require PA. Providing nitrous oxide alone, with no other behavioral modification efforts, doesn't constitute dental case management.

Note: Providers cannot bill procedure code D9997 with D9222–D9225, D9239, or D9243–D9247 unless approved by PA.

PA for Dental Sedation Services

Documenting Medical Necessity for Dental Sedation

For PA requests with moderate to deep dental sedation services, ForwardHealth **requires documentation** that a provider has tried other behavioral management methods before resorting to sedation services.

Providers must:

- Document previous interventions such as use of a papoose board, nitrous oxide, or assisted animal therapy. Refer to the American Academy of Pediatric Dentistry's [Behavior Guidance for the Pediatric Dental Patient \(PDF\)](#) for more information about animal therapy.
- Enter the Frankl score (or similar tool).
- Include preoperative notes related to sedation with:
 - The procedure name.
 - The signed consent form.
 - Notes about pre-procedural fasting.
 - Member history and physical exam including:
 - Allergies.
 - Current medications.
 - Airway classification.
 - Pulmonary and cardiovascular assessment.
 - American Society of Anesthesiologists classification.
 - The sedation plan. (Providers must describe sedation procedure, medication, monitoring, and resuscitation equipment.)

Documenting Medical Necessity for Dental Sedation

A provider must document the medical necessity for dental case management services. Such documentation includes:

- A medical attestation from a qualified health care provider who is treating the member (for example, a physician, nurse practitioner, or physician assistant) that is signed and dated within 12 months of the requested date of service. The diagnosis must be made by a health care specialist who is

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credentialed to make that particular diagnosis, such as a developmental pediatrician.

- A medical attestation from a qualified mental health professional, as defined by Wis. Admin. Code §§ DHS [35.03\(11\)](#) and [35.03\(10\)](#), who is treating the member that is signed and dated within 12 months of the requested service.

PA Forms

For additional visits of dental case management and for moderate to deep sedation, providers must fill out both of these forms:

- Prior Authorization Dental Request Form (PA/DRF), [F-11035 \(06/2024\)](#)
- Prior Authorization/Dental Attachment 1 (PA/DA1), [F-11010 \(01/2019\)](#)

Reimbursement for Dental Case Management Services

ForwardHealth will reimburse dental case management services under **CDT procedure code D9997** at a rate of \$100 per visit. This CDT code covers any special accommodations or modifications that members with special health care needs may need. This rate was established in the 2025–2027 biennial budget. For more information, refer to the [maximum allowable fee schedule](#).

Documentation Requirements for Dental Case Management Claims

Dental providers must submit documentation of the members' diagnoses and a clinical narrative to justify the medical necessity for case management with the claim. As dental providers don't determine these diagnoses, they should coordinate with the members' primary, treating, and licensed health care provider (for example, physician, physician assistant, nurse practitioner, or other qualified health care professional) to obtain any supporting documentation. The diagnoses are listed in the [Attachment](#).

How to Submit Claims

For claims, dental providers must submit CDT code D9997 on the American Dental Association (ADA) 2024 claim form or via the ForwardHealth Portal (the Portal). For the most efficient claims submission, providers should submit claims electronically through the Portal. Refer to the ForwardHealth Online Handbook Direct Data Entry of Professional and Institutional Claims on the Portal topic [#4997](#) for more information.

DID YOU KNOW?

Providers can search for forms on the [Forms](#) page of the ForwardHealth Portal.

REMINDER

Dental providers can find many answers to their questions and concerns on the [Resources for Dentists](#) page.

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Documentation Retention

As a reminder, providers 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 the Wisconsin Department of Health Services (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 dental case management services 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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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/.

ATTACHMENT

Dental Case Management Diagnoses

Members with special health care needs must have one of several diagnoses that would qualify them to receive dental case management services using Current Dental Terminology procedure code D9997 (Dental case management—patients with special health care needs). This table lists these International Classification of Diseases diagnoses.

DIAGNOSES	DESCRIPTION	DIAGNOSIS CODE OR CODE RANGE
INTELLECTUAL AND DEVELOPMENTAL DISABILITIES		
Alzheimer's Disease	Alzheimer's Disease	G30.0–G30.9
Autism (also see Developmental Delay, Not Otherwise Specified [NOS] and Craniofacial Abnormalities)	Specific developmental disorder of motor function	F82
	Pervasive developmental disorders	F84.0
	Pervasive developmental disorder, unspecified	F84.9
	Macrocephaly	Q75.3
	Other abnormalities of gait and mobility	R26.89

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DIAGNOSES	DESCRIPTION	DIAGNOSIS CODE OR CODE RANGE
Developmental Delay, NOS (also see Environmental and Congenital)	Malignant neoplasm of unspecified kidney, except renal pelvis	C64.9
	Other immunodeficiencies	D84.89
	Mild intellectual disabilities	F70
	Other disorders of branched-chain amino-acid metabolism	E71.19
	Other disorders of sulfur-bearing amino-acid metabolism	E72.19
	Other specified metabolic disorders	E88.89
	Severe intellectual disabilities	F72
	Profound intellectual disabilities	F73
	Other intellectual disabilities	F78
	SYNGAP1-related intellectual disability	F78.A1
	Other genetic related intellectual disability	F78.A9
	Unspecified intellectual disabilities	F79
	Other childhood disintegrative disorder	F84.3
	Other pervasive developmental disorders	F84.8
	Conduct disorder, unspecified	F91.9
	Epilepsy, unspecified, not intractable, without status epilepticus	G40.909
	Other hereditary and idiopathic neuropathies	G60.8
Dementia	Unspecified dementia	F03.90–F03.91

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DIAGNOSES	DESCRIPTION	DIAGNOSIS CODE OR CODE RANGE
ENVIRONMENTAL OR CONGENITAL		
Fetal Alcohol Syndrome	Fetal Alcohol Syndrome (dysmorphic)	Q86.0
Cerebral Palsy	Other genetic related intellectual disability	F78.A9
	Unspecified intellectual disabilities	F79
	Cerebral palsy	G80.0–G80.9
	Microcephaly	Q02
	Other specified congenital malformations of brain	Q04.8
Head Trauma	Other chorea	G25.5
Congenital Syphilis	Clutton's joints	A50.51
	Hutchinson's triad	A50.53
	Late congenital cardiovascular syphilis	A50.54
	Late congenital syphilitic osteochondropathy	A50.56
	Disturbances in tooth formation	K00.4

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DIAGNOSES	DESCRIPTION	DIAGNOSIS CODE OR CODE RANGE
Congenital, NOS (also see Chromosomal and Craniofacial Abnormalities)	Congenital and hereditary thrombocytopenia purpura	D69.42
	Congenital hypotonia	P94.2
	Choanal atresia	Q30.0
	Craniosynostosis, unspecified	Q75.009
	Metopic craniosynostosis	Q75.03
	Other specified congenital malformation syndromes, not elsewhere classified	Q87.89
CHROMOSOMAL		
Trisomy 21	Trisomy 21	Q90.0–Q90.2
	Down syndrome, unspecified	Q90.9
	Partial trisomy	Q92.2
	Other microdeletions	Q93.88
Trisomy 18	Trisomy 18, translocation	Q91.2
	Trisomy 18, unspecified	Q91.3
Trisomy 13	Trisomy 13, nonmosaicism (meiotic nondisjunction)	Q91.4
	Trisomy 13, mosaicism (mitotic nondisjunction)	Q91.5
	Trisomy 13, translocation	Q91.6
	Trisomy 13, unspecified	Q91.7

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DIAGNOSES	DESCRIPTION	DIAGNOSIS CODE OR CODE RANGE
Deletion Syndromes	Other congenital malformation syndromes predominantly associated with short stature	Q87.19
	Other specified chromosome abnormalities	Q99.89

CRANIOFACIAL ABNORMALITIES

Severe Orofacial Clefting	Congenital malformation syndromes predominantly affecting facial appearance	Q87.0
Pierre Robin Syndrome	Unspecified intellectual disabilities	F79
	Contracture, unspecified joint	M24.50
	Other specified congenital malformations of skull and face bones	Q75.8
	Congenital malformation syndromes predominantly affecting facial appearance	Q87.0
Microsomia (also see Environmental and Congenital)	Mandibulofacial dysostosis	Q75.4
	Other specified congenital malformations of skull and face bones	Q75.8
	Congenital malformation of skull and face bones, unspecified	Q75.9
	Congenital malformation syndromes predominantly affecting facial appearance	Q87.0
Micrognathia (also see Developmental Delay NOS; Environmental and Congenital; and Other)	Mandibular hypoplasia	M26.04
	Other specified anomalies of jaw size	M26.09
	Congenital malformations of corpus callosum	Q04.0

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DIAGNOSES	DESCRIPTION	DIAGNOSIS CODE OR CODE RANGE
OTHER		
Holoprosencephaly (also see Environmental and Congenital)	Holoprosencephaly	Q04.2
	Other specified congenital malformations of spinal cord	Q06.8
Neural Tube (also see Environmental and Congenital)	Other specified congenital malformations of nervous system	Q07.8
	Congenital malformation of nervous system, unspecified	Q07.9
Other	Familia dysautonomia (Riley-Day)	G90.1
	Central auditory processing disorder	H93.25
	Anencephaly	Q00.0
	Craniorachischisis	Q00.1
	Iniencephaly	Q00.2
	Frontal encephalocele	Q01.0
	Nasofrontal encephalocele	Q01.1
	Occipital encephalocele	Q01.2
	Encephalocele of other sites	Q01.8
	Encephalocele, unspecified	Q01.9
	Malformations of aqueduct of Sylvius	Q03.0
	Atresia of foramina of Magendie and Luschka	Q03.1
	Other congenital hydrocephalus	Q03.8

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DIAGNOSES	DESCRIPTION	DIAGNOSIS CODE OR CODE RANGE
Other (continued)	Congenital hydrocephalus, unspecified	Q03.9
	Arhinencephaly	Q04.1
	Other reduction deformities of brain	Q04.3
	Megalencephaly	Q04.5
	Congenital cerebral cysts	Q04.6
	Cervical spina bifida with hydrocephalus	Q05.0
	Thoracic spina bifida with hydrocephalus	Q05.1
	Lumbar spina bifida with hydrocephalus	Q05.2
	Sacral spina bifida with hydrocephalus	Q05.3
	Unspecified spina bifida with hydrocephalus	Q05.4
	Cervical spina bifida without hydrocephalus	Q05.5
	Thoracic spina bifida without hydrocephalus	Q05.6
	Lumbar spina bifida without hydrocephalus	Q05.7
	Sacral spina bifida without hydrocephalus	Q05.8
	Spina bifida, unspecified	Q05.9
	Amyelia	Q06.0
	Hypoplasia and dysplasia of spinal cord	Q06.1
	Diastematomyelia	Q06.2
	Other congenital cauda equina malformations	Q06.3

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DIAGNOSES	DESCRIPTION	DIAGNOSIS CODE OR CODE RANGE
Other (continued)	Hydromyelia	Q06.4
	Congenital malformation of spinal cord, unspecified	Q06.9
	Arnold-Chiari syndrome without spina bifida or hydrocephalus	Q07.00
	Arnold-Chiari syndrome with spina bifida	Q07.01
	Arnold-Chiari syndrome with hydrocephalus	Q07.02
	Arnold-Chiari syndrome with spina bifida and hydrocephalus	Q07.03
	Prader-Willi syndrome	Q87.11
	Congenital malformation syndromes predominantly involving limbs	Q87.2
	Congenital malformation syndromes involving early overgrowth	Q87.3
	Other congenital malformation syndromes with other skeletal changes	Q87.5
	Alport syndrome	Q87.81
	Bardet-Biedl syndrome	Q87.83
	Marfan syndrome	Q87.4
	MED13L syndrome	Q87.85
	Kleefstra syndrome	Q87.86
	Other specified congenital malformation syndromes, not elsewhere classified	Q87.8
	Angelman syndrome	Q93.51

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DIAGNOSES	DESCRIPTION	DIAGNOSIS CODE OR CODE RANGE
Other (continued)	Phelan-McDermid syndrome	Q93.52
	Velo-cardio-facial syndrome	Q93.81
	Fragile X chromosome	Q99.2

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