


STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
Med-QUEST Division
Health Coverage Management Branch
P. O. Box 700190
Kapolei, Hawaii 96709-0190

December 27, 2006

MEMORANDUM

ACS M06-20

TO: Dental Providers Not Practicing in a Federally Qualified Health Center

FROM: Mr. Wesley Mun, Acting Med-QUEST Division Administrator 

SUBJECT: ADULT DENTAL BENEFITS EFFECTIVE DECEMBER 1, 2006 (PREVENTIVE, RESTORATIVE AND DENTURES)

During the 2006 Legislative Session, an appropriation was requested by the Lingle-Aiona Administration and approved by the Legislature to restore some preventive and restorative dental benefits and some denture benefits for the adult population in the Medicaid program. Adults under Medicaid are persons 21 years of age and older. The benefits, which will be effective December 1, 2006, allow for up to \$500 per year (July 1 to June 30) per Medicaid recipient for certain preventive and restorative dental procedure codes and another \$1,000 per year (July 1 to June 30) per Medicaid recipient for certain denture procedure codes. A separate Memo will be released to Federally Qualified Health Center (FQHC) dental providers outlining appropriate billing guidelines.

The following procedure codes apply to the preventive and restorative dental benefits:

<u>Code</u>	<u>Description of Diagnostic Codes</u>	<u>Limitations</u>
D0120	Periodic Oral Examination	May be billed once per year
D0270	Single Bitewing films/images	
D0272	Set of 2 Bitewing films/images	
D0220	Periapical, First Film/Image	
D0230	Periapical, Additional Film/Image	

<u>Code</u>	<u>Description of Preventive Codes</u>	<u>Limitations</u>
D1110	Prophylaxis – adult	May be billed once per year

<u>Code</u>	<u>Description of Restorative Codes</u>	<u>Limitations</u>
D2140	Amalgam – 1 surface	
D2150	Amalgam – 2 surfaces	
D2160	Amalgam – 3 surfaces	
D2161	Amalgam – 4 or more surfaces	
D2330	Composite – 1 surface anterior *	Teeth 6 thru 11, 22 thru 27, c thru h and m thru r.
D2331	Composite – 2 surfaces anterior *	
D2332	Composite – 3 surfaces anterior *	
D2335	Composite – 4 or more surfaces anterior	
D2931	Stainless Steel Crown	

Coding for restorations is on a per tooth basis. Separate, multiple restorations per tooth are not covered. Example: An MO alloy and DO alloy on tooth # 18 = D2160 (3 surfaces).

Important: These preventive and restorative benefits are in addition to the emergency benefits that have always been available to the adult Medicaid population. The emergency benefits will not be counted against the \$500 restorative and preventive benefit limit nor the \$1,000 denture benefit. Emergency Dental Benefits are palliative and surgical dental services. That is, those services necessary for the control of pain, infection or bleeding. Medicaid does not cover elective dental services such as the extraction of non-pathologic third molars and teeth for orthodontic purposes.

<u>Code</u>	<u>Description of Emergency Dental Services Codes</u>	<u>Limitation</u>
D0140	Problem focused examination	Relating to a dental emergency, requires documentation of findings, diagnosis and treatment plan.
D7140	Single tooth extraction	
D7210	Surgical extraction, Erupted Tooth	Requires elevation of mucoperiosteal flap and bone removal
D7220	Extraction - Soft Tissue Impaction	If 3rd Molar, requires prior authorization
D7230	Extraction - Partial Bony Impaction	If 3rd Molar, requires prior authorization
D7240 and D7241	Extraction - Full Bony Impaction	If 3rd Molar, requires prior authorization
D7250	Surgical Extraction, Residual Roots	Requires elevation of mucoperiosteal flap and bone removal

D7260	Closure, Oro-antral Fistula	Applicable to fistulas. Not applicable to iatrogenic sinus exposure.
D7286 and D7286	Hard and Soft Tissue Biopsy	Requires the submission of a copy of the pathology report. Not applicable to the routine removal of peri-radicular inflammatory tissues.
D9110	Palliative Treatment	Requires the performance of a treatment intervention to alleviate pain. Billable only once per visit. May not be applied to consultation or issuance of prescription medication. May not be applied as a substituted code for an uncovered dental service. May not be billed with another treatment service.

Adult Denture Benefits

In addition to the preventive and restorative benefits, denture benefits have also been approved effective December 1, 2006 with limits, when deemed “medically necessary”. Review for these adult denture benefits will **liberally** take into consideration whether dentures may be deemed a necessary component of a recipient's medical management and/or whether the absence of dentures may be deemed a factor contributing to a recipient's less than optimal physical and medical condition.

Examples of medical conditions that would meet the requirements of medical necessity include but are not limited to the following:

- Oral cancer with tooth loss
- Poor oral intake and documented weight loss in persons unable to receive adequate nutrition related to tooth loss
- Traumatic injury to oral complex with tooth loss resulting in inability to receive adequate nutrition

Examples of individuals in which dentures would not be medically necessary include but are not limited to the following:

- Gastrostomy tube fed individuals who do not receive any oral feedings
- Persons who receive adequate nutrition from soft foods and are unable to chew due to dysphagia
- Persons who need caregivers to perform oral maintenance and whose caregivers are not willing or are not able to perform oral maintenance

Denture benefits allow recipients one (1) set of prosthetic appliances in any five (5) year period. Full dentures are defined as providing prosthetic replacement of all natural teeth. Partial dentures are defined as providing prosthetic replacement of teeth in partially edentulous individuals.

Limitations to coverage are as follows:

- Reimbursement shall not exceed \$1,000 per set of dentures. Coverage includes one set of removable dentures. Reimbursement includes all office visits related to denture services, including dental visits associated with denture preparation and all denture adjustment visits.
- Unilateral, free-saddle partials are not covered.
- Denture coverage requires the recipient to have lost 50% or more posterior occlusal contact; and/or lost three (3) or more anterior teeth.
- Dentures are not covered if a recipient has dentures that may be adjusted and/or relined; the adjustment and realign may be covered.
- Prior authorization must be submitted through a recipient's primary dentist.

Laboratory relines for the dentures are allowed after one (1) year of initial fitting of a new denture and must be laboratory processed (in-office and other cold cure relines are not covered) and requires prior authorization. Subsequent relines are limited to once every two (2) years, also requiring prior authorization by the Med-QUEST Division.

If inter-island travel is necessary for pre-authorized dentures, travel for recipients must be arranged through Community Case Management Corporation (CCMC). CCMC's contact number is 486-8030 on Oahu or 1-866-486-8030 toll free from the Neighbor Islands.

The denture benefits are as follows:

<u>Code</u>	<u>Description</u>
D5110	Complete denture-maxillary
D5120	Complete denture-mandibular
D5130	Immediate denture-maxillary
D5140	Immediate denture-mandibular
D5213	Maxillary partial denture-cast metal framework with resin denture bases
D5214	Mandibular partial denture-cast metal framework with resin denture bases
D5750	Reline complete maxillary denture (laboratory)
D5751	Reline complete mandibular denture (laboratory)
D5760	Reline maxillary partial denture (laboratory)
D5761	Reline mandibular partial denture (laboratory)

To assist dental providers, we also strongly recommend that providers contact the Medicaid Fiscal Agent, Affiliated Computer Services (ACS) by fax at 952-5595 or toll free at 1-800-246-8197 prior to providing services to check on the Medicaid recipient's \$500 and \$1,000 benefits to avoid denial of payment of your claim. ACS will fax a response with in 24 hours containing the amount previously paid according to the paid claims in the system.

Due to the \$500 and \$1,000 limitations, providers are encouraged to submit their claims to ACS as soon as possible.

Claims will be processed as they are received by ACS. Provider should be aware that claims submitted by another dental provider before your claim is received could affect payment of your claim if the recipient reaches the \$500 or \$1,000 limit. Claims in excess of these limits will not be reimbursed.

Dental providers may make private payment arrangements with Medicaid recipients for dental services not covered by Medicaid, including services which are ineligible for coverage and services which exceed the annual benefit limit.

Because we are implementing this new adult dental program six (6) months into the first benefit year, for this year and only this year, recipients will be able to utilize their full \$500 and \$1,000 benefits from December 1, 2006 to June 30, 2007.

Questions regarding the new benefits should be directed to ACS through their Provider Inquiry Unit at 952-5570 and 1-800-235-4378 toll free from the Neighbor Islands. Dental providers practicing in a FQHC will receive a separate memo containing billing instructions for the services described in this Memo.

Attachments

If your patient is a TANF and TAONF welfare recipient who is on the First-To-Work Program, they are eligible for cosmetic denture benefits of \$1000 per person per year. If you have questions regarding this benefit, please call 586-7062.

Rates for Adult Preventive/Restorative Dental Services, Denture Coverage and Emergency Services

Adult Preventive and Restorative Benefit Rate Schedule

Diagnostic Codes

Code	Rate
D0120	\$29.12
D0270	\$10.19
D0272	\$18.93
D0220	\$10.92
D0230	\$6.76

Preventive Codes

Code	Rate
D1110	\$36.40

Adult Denture Benefit Rate Schedule

Code	Rate
D5110	\$500.00
D5120	\$500.00
D5130	\$400.00
D5140	\$400.00
D5213	\$500.00
D5214	\$500.00
D5750	\$135.00
D5751	\$140.00
D5760	\$112.00
D5761	\$117.00

Restorative Codes

Code	Rate	
	Primary	Permanent
D2140	\$30.94	\$38.53
D2150	\$40.40	\$50.02
D2160	\$48.46	\$60.63
D2161	\$53.56	\$66.90
D2330	\$34.36	\$42.95
D2331	\$52.58	\$65.73
D2332	\$61.57	\$76.96
D2335	\$68.64	\$85.80
D2931		\$80.60

Adult Emergency Dental Benefit Rate Schedule

Code	Rate
D0140	\$29.12

Code	Primary	Permanent
D7140	\$46.80	\$67.60

Code	Rate
D7210	\$145.60
D7220	\$167.44
D7230	\$245.44
D7240 and D7241	\$302.64
D7250	\$99.84
D7260	\$99.84
D7285 and D7286	\$78.00
D9110	\$59.28

Adult Preventive/Restorative Dental Claim Attachment

A	1. Date (mm/dd/yyyy)	2. Name (Last, First, Middle Initial)	3. Medicaid ID #	4. Date of Birth (mm/dd/yyyy)	5. <input type="checkbox"/> Male <input type="checkbox"/> Female
	6. Provider Name (please print)		7. Medicaid Provider / NPI#	8. Phone #	9. Fax #

B	<p>10. TO: ACS, Fax #(808) 952-5595 An appointment is scheduled on _____ for preventive/restorative dental work for the Medicaid recipient named in block 2, above. Please research his/her claims history for the current fiscal year and fax the response to the fax # in block 9, above.</p>
	<p>11. ACS Response Date: _____</p> <p><input type="checkbox"/> As of _____, no claims for preventive/restorative dental services have been received for services provided in the current fiscal year. Full preventive/restorative benefit of \$500.00 remains.</p> <p><input type="checkbox"/> As of _____, only claims for emergency dental services have been received for services provided in the current fiscal year. Full preventive/restorative benefit of \$500.00 remains.</p> <p><input type="checkbox"/> As of _____, claims with Medicaid payment amounts totaling _____ have been received for preventive/restorative services provided in the current fiscal year. Remaining benefit is _____.</p>

C	<p>12. Provider Certification For Dental Services</p> <p><i>Check the appropriate box</i></p> <p><input type="checkbox"/> I did not request information on recipient's \$500 benefit (block 10 above).</p> <p><input type="checkbox"/> Information request was submitted (block 10), but ACS response (block 11) was not faxed back to my office before the patient's scheduled appointment</p> <p>I am providing adult preventive/restorative dental services based on the patient certification (block 13 below).</p> <p>Signature of Treating Dentist _____ Date _____ Date of Service _____</p>
	<p>13. Recipient Certification For Dental Services</p> <p>To help you receive the dental services you need, we ask that you choose one (1) dentist for all of your dental care. If you cannot receive all the dental services you need from one (1) dentist, please inform this dentist you have or will receive dental services from other dentists. Also, to help Medicaid and your dentist(s), we ask that you read and sign the statement below:</p> <p><i>Check the box that applies to you</i></p> <p><input type="checkbox"/> I hereby certify that I have not received dental services from July 1, 20__ to June 30, 20__ from any other dentist.</p> <p><input type="checkbox"/> I hereby certify that I have received dental services ONLY for treatment of dental emergencies (treatment of infection(s) and/or treatment of dental pain) from July 1, 20__ to June 30, 20__ from _____ (name(s) of dentist(s) if known).</p> <p><input type="checkbox"/> I hereby certify that I have received fillings on no more than four (4) separate teeth and no more than one (1) visit for dental examination and cleaning from July 1, 20__ to June 30, 20__ from other dentist(s). _____ (name(s) of dentist(s) if known).</p> <p>Recipient Signature _____ Today's Date _____</p>

Instructions

Adult Preventive/Restorative Dental Claim Attachment

Purpose

The Adult Preventive/Restorative Dental Claim Attachment is for the treating dentist to:

1. obtain the remaining balance of the \$500 benefit in advance of the appointment; or
2. obtain the patient's attestation of dental services received.

The completed attachment is submitted with the claim to receive payment up to the amount of the remaining benefit for the date of service.

Overview

There are three parts to the attachment: A, B, and C. Part A must always be completed. Complete either Part B or C as needed.

- Part A: Blocks 1 through 9 are for recipient and treating dentist information.
- Part B: Blocks 10 and 11 requests/provides information on claims to date, received by Medicaid. When attached to an adult preventive/restorative dental claim for the date of service, the MQD will pay up to the remaining benefit reported in Section 11.
- Part C: Blocks 12 and 13 allow the treating dentist to provide adults preventive/restorative dental services because the recipient certifies that he/she has met the criteria to receive the full preventive/restorative benefit.

Part A: Demographic Information

Please complete all blocks of information:

1. **Date:** date the form is completed
2. **Name:** Medicaid recipient's name
3. **Medicaid ID #:** Medicaid recipient's Medicaid (NOT QUEST PLAN) ID number
4. **Date of Birth :** mm/dd/yyyy
5. **Gender:** self explanatory
6. **Provider Name:** name of the TREATING Dentist
7. **Medicaid Provider #/NPI:** provider number assigned by Medicaid or the treating dentist's National Provider Identification Number
8. **Phone #:** of the treating dentist
9. **FAX #:** of the treating dentist

Part B: ACS Request/Receive Claim Information

10. **TO: ACS:** Enter the date of the scheduled appointment. Send this information to ACS at the Fax # in Block 10.
11. **ACS Response:** ACS will complete this section and return it to the treating dentist via the fax number reported in Block 9.

Upon receipt of information in block 11, the treating dentist should develop his/her dental treatment plan. If the full \$500 benefit is not available, ACS will only pay for dental services up to the remaining balance.

Instructions (continued)
Adult Preventive/Restorative Dental Claim Attachment

Part C: Provider/Recipient Certification

Part C should only be completed if information in Part B Box 10 was not requested, or if information was requested but not received (Box 11). The treating dentist must: sign, enter the date of his/her signature, and the date of service.

12. **Provider Certification.** By completing this section, the treating dentist notifies the State that the patient has certified that he/she has not used all of his/her preventive/restorative dental benefits for the current fiscal year and that the treating dentist will be providing preventive/restorative services to the patient on the date of service. The treating dentist must ensure that the recipient completes box 13.
13. **Recipient Certification.** This box should be completed, signed, and dated by the Medicaid recipient when the treating dentist does not have any information on previous dental services provided to the patient. The patient should be instructed to enter the last two digits of the current year for July 1, 20__ and the last two digits of the next year for June 30, 20__.

This form should be attached to all adult preventive/restorative claims. Emergency services must be billed on a separate claim. This attachment should not be submitted with claims for adult dental emergency services nor for children/youth ages 0 through 20.