DENTAL PILOT MCO FAQ

(Last update: 10-13-2016)

1. **Clarify which Places Of Service (POS) are allowed under the enhanced rate.** The enhanced Dental rate applies to all eligible providers within 4 selected counties and certain codes are eligible depending upon whether they apply to adults and/or pediatrics. Currently, within the Max Fee Schedule, different POS are allowed depending upon the age range within a certain code.  Please note:  8-999 has 3 extra allowable POS, not identical allowable POS and Provider types in some instances.

**RESPONSE:** The three “extra allowable” Places of Service (21, 22, 24) drive reimbursement for services rendered in Hospital settings for members age 0-7, which are reimbursed at a higher rate than services rendered in other places of service.  This is existing Medicaid policy for dental services, separate from the Dental Pilot.

The enhanced Dental Pilot rate for the four counties is not being added to (or reimbursed “on top of”) the existing higher reimbursement for Hospital settings. Rather, reimbursement will be the higher of the two.

1. **Clarify the codes that are eligible for the enhanced rate for pediatrics**. Initial dental pilot policy and operational details from the Department indicated that all of the procedure codes provided, including the codes that were defined as “adult emergency dental” procedures (i.e., procedure codes D0140, D0330, D0220, D0230, D7111, D7210, D3220, D9110) were eligible for the enhanced rate if provided to members aged 0 – 20.  Those 8 codes were not listed under the procedure codes for pediatric services in the final dental pilot rate grid sent to MCOs in September.

**RESPONSE:** The list of codes is being corrected. The codes listed under “adult emergency dental” are also eligible for pediatric services, when age appropriate under existing Medicaid policy for those codes. Please watch for an updated list on ForwardHealth: <https://www.forwardhealth.wi.gov/WIPortal/content/Provider/medicaid/dentist/Dental_pilot.htm.spage>

1. **What are the procedure codes that will be enhanced for physicians providing emergency dental services to adults?**  Doesn’t this apply to ER or primary care physicians providing emergency dental services?  Or is this only for dentists?  The fact that physicians and nurse practitioners are included in the provider list seems to imply they are included, however I do not think they will ever submit a claim with a dental code.

**RESPONSE:** The Dental Pilot program applies to CDT codes (‘D’ codes) only.  All provider types eligible to render services under the Dental (DENTL) provider contract are eligible for the Dental Pilot pricing. Existing Medicaid policy regarding allowable Rendering Provider Type and Place of Service, by procedure code, will continue to be applied.

ER or primary care physicians providing emergency dental services, if billed on a Professional claim form using CPT codes, would not be considered eligible services for enhanced reimbursement as identified by the Department under the Dental Pilot program.

1. **How do the fees for orthodontia work?**  Are these higher fees for new cases started after 10/1/16, or do they apply to any payments made after 10/1/16, including cases started prior to this?

**RESPONSE:** They apply to any date of service made on or after 10/1/16 including cases started prior to this date. The dollar amount is applied per quantity billed which is usually 1.