

TEXAS ROUNDUP
PROGRAM UPDATES FOR OUR TEXAS DENTISTS
VOL 45 | October 2015

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PROVIDER REVALIDATION

Texas Medicaid providers enrolled prior to Jan. 1, 2013 who have not yet re-enrolled in the Medicaid program must do so immediately. Providers need to submit a separate re-enrollment application for each active Texas Medicaid Identifier (TPI) Suffix.

Failure to re-enroll may result in termination from the Medicaid program. Terminated providers are not eligible to receive payment for services rendered to feefor-service recipients, or those enrolled with a Medicaid managed care organization (MCO) or dental maintenance organization (DMO).

For more information visit:

- TMHP Re-enrollment Webpage
- Re-enrollment FAQs
- Quick Start Re-enrollment Reference Guide

To get help:

- Call the TMHP Contact Center at 1-800-925-9126, option 2 or the TMHP CSHCN Services Program Contact Center (1-800-568-2413)
- Attend a workshop

Testimonial

DentaQuest does an amazing job providing excellent customer service and support to our dental group. Trisha Hardesty our provider relations representative with Dentaquest is always on top of things we need to get done in advance. She is not only a great representative, but a great teacher when it comes to filing out all these forms for credentialing. I like as well the Dentaquest portal in which I would like to see the credentialing made a little easier online verses using CAQH but in all Dentaquest does a great.

Ruben Fuentes
Director of Operations
Trinity Dental Centers & Waller Dental
Pearl Dentistry





FEE SCHEDULE CHANGES EFFECTIVE NOVEMBER 1, 2015

At DentaQuest, we strive to ensure a quality run program for both our providers and members. We have an ongoing commitment to continuously review our processes and identify cost savings in order to keep our rates competitive and at a fixed rate, regardless of economic changes. At this time, we must adjust our reimbursement for the following codes for primary teeth.

Program	Code	Description	DentaQuest Fee (Current)	DentaQuest Fee (Eff. 11/01/15)
MCAID / CHIP	D2140	Amalgam – one surface primary	\$64.41	\$61.25
MCAID / CHIP	D2150	Amalgam – two surface primary	\$85.71	\$81.75
MCAID / CHIP	D2160	Amalgam – three surface primary	\$109.19	\$88.75
MCAID / CHIP	D2161	Amalgam – four surface primary	\$125.00	\$90.01
MCAID	D2390	Resin based comp crown – anterior primary	\$147.00	\$85.00
MCAID / CHIP	D2391	Resin based comp – one surface posterior primary	\$82.40	\$76.25
MCAID / CHIP	D2392	Resin based comp – two surface posterior primary	\$108.00	\$97.75
MCAID / CHIP	D2393	Resin based comp – three surface posterior primary	\$121.00	\$100.25
MCAID / CHIP	D2394	Resin based comp – four surface posterior primary	\$135.00	\$105.75

As you may know, DentaQuest has utilized a CHIP reimbursement schedule since 2012 that has been 2% higher than Medicaid reimbursement. In addition, we must adjust our CHIP reimbursement schedule to match the Medicaid reimbursement.





CARIES RISK ASSESSMENT REQUIREMENT TO BEGIN OCTOBER 1, 2015

Beginning October 1, 2015, Texas Health Steps dentists will be required to complete a caries risk assessment when performing a dental examination utilizing procedure codes D0120, D0145 and D0150. Beginning January 1, 2016, the claims will be denied if a caries risk assessment procedure code (D0601, D0602 or D0603) is not submitted on the same claim as the dental examination.

The client's dental condition(s) that justifies the risk assessment classification submitted with the claim must be maintained by the provider in the client's dental record, and be clearly documented using a caries risk assessment tool or in a narrative charting addressing clinical and biological factors or based on a professionally recognized assessment tool. The client's dental record is subject to retrospective review.

Dentists will have the flexibility, using his or her professional judgment, to utilize the caries risk assessment tools with which the dentist is most comfortable. The following professionally-developed caries risk assessment tools are available on the American Dental Association (ADA), American Academy of Pediatric Dentistry (AAPD), and Department of State Health Services (DSHS) Oral Health Program websites:

- www.ada.org/~/media/ADA/Member%20Center/Flles/topics caries instructions.ashx
- www.ada.org/~/media/ADA/Member%20Center/Flles/topics caries under6.ashx
- www.ada.org/~/media/ADA/Science%20and%20Research/Files/topic caries over6.ashx
- www.aapd.org/media/Policies Guidelines/G CariesRiskAssessment.pdf
- www.dshs.state.tx.us/dental/Caries-Risk-Assessment.shtm

Beginning October 1, 2015, providers may access a training PowerPoint on the DSHS online provider education website, www.txhealthsteps.com/cms/. Caries risk assessment information can be found at http://www.dshs.state.tx.us/dental/Caries-Risk-Assessment.shtm. In addition, a new module addressing preventive oral health visits and the use of caries risk assessment will be updated in mid-November and provide continuing education credit. Completion of the training is highly recommended as it will help familiarize you with the most up-to-date caries risk assessment information for children on Texas Medicaid.





SEALANT UPDATE

Effective August 1, 2015, the following changes have been made to the review process:

- Codes D1351 Review is <u>not</u> required on teeth A, B, I, J, K, L, S, T for members of any age.
- Codes D1351 Photos are <u>only</u> required (along with a narrative) for submission on teeth 6–11, 22–27, 51–82, C–H, M–R, AS–TS, and 1, 16, 17, 32 for members of any age.
 NOTE: This requirement has been in place since February 1, 2014.
- Codes D1352 Photos are <u>only</u> required (along with a narrative) for submission on teeth 6–11, 22–27, 51–82, and 1, 16, 17, 32 for members of any age.
 NOTE: This requirement has been in place since February 1, 2014

The following pre-payment review requirements remain, as they were previously communicated on May 5, 2015 and July 1, 2015:

- Codes D1351 and D1352 For members between the ages of 1 through 5 and 15 through 20, review is required on bicuspids, teeth 4–5, 12–13, 20–21, 28–29.
- Codes D1351 and D1352 For members between the ages of 1 through 5 and 15 through 20, review is required on permanent molars, teeth 2–3, 14–15, 18–19, 30–31.
- Documentation requirements for submission of services in this section include a narrative of
 medical necessity, e.g., history of dental caries. For those members without a history of caries or
 restorations within the past year, such narrative should describe the tooth anatomy of the area
 to be sealed to support that the tooth is at risk for dental caries and the effectivity of placing a
 sealant outside of the 6–14 age band. Documentation can also include patient-centric risk
 factors that may exist.



