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TEXAS ROUNDUP
PROGRAM UPDATES FOR OUR TEXAS DENTISTS
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2016 CURRENT DENTAL TERMINOLOGY (CDT) CHANGES

In accordance with the Current Dental Terminology 2016 (CDT-2016) changes that went into effect on January 1, 2016, we are notifying you of the following changes:

Codes Removed from Coverage (These codes are no longer effective as of January 1, 2016, however we will honor them through January 15, 2016):

- D0260
- D2970
- D9220
- D9221
- D9241
- D9242

Codes Added (Please begin using the following codes immediately):

- D4283
- D4285
- D9223 – Providers must have a Level 4 Anesthesia Permit
- D9243 – Providers must have a Level 3 Anesthesia Permit

Testimonial

One aspect of DentaQuest that I really appreciated was having a dedicated DentaQuest Provider Relations Representative available to us to assist us and guide us through the various changes taking place. Having a direct line of contact with Trisha Hardesty, our DentaQuest Representative has been tremendously valuable. The DentaQuest portal is also very user-friendly and patient eligibility is easy to check.

Tom Chang
Excite Dental
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Limitations for added procedure codes (Provider Reference Manual):

- Procedure codes D4283 and D4285 may be reimbursed for clients who are 13 through 20 years of age to FQHC, THSteps dental, orthodontist, and oral maxillofacial surgeon providers for services rendered in the office, inpatient, and outpatient hospital settings.
- Procedure codes D4283 and D4285 are limited to three teeth per site same day same provider.
- Procedure code D4283 is an add-on code and must be billed along with procedure code D4273.
- Pre- and postoperative photographs are required for procedure codes D4283 and D4285.
- Procedure code D4285 is an add-on code and must be billed along with procedure code D4275.
- Documentation will be required when medical necessity is not evident on radiographs for procedure codes D4283 and D4285.
- Procedure code D9223 requires pre-payment review and may be reimbursed for clients who are 1 through 20 years of age to FQHC, THSteps dental, orthodontist, and oral maxillofacial surgeon providers for services rendered in the office setting.
- Procedure code D9223 may be billed in 15 minute increments and are limited to three hours per day.
- Procedure code D9243 requires pre-payment review and may be reimbursed to FQHC, THSteps dental, orthodontist, and oral maxillofacial surgeon providers for services rendered in the office, inpatient, and outpatient hospital settings.
- Procedure code D9243 may be billed in 15-minute increments and are limited to one and one-half hours per day.
- Procedure codes D9223 and D9243 will be denied when billed for the same date of service as procedure code D9248.

The new anesthesia codes will pay at the current fee for the 15 minute increment codes and the other codes will pay at zero pending the rate hearing. Please bill your usual and customary rates in the interim. Once rates have been set, all claims will be automatically reprocessed.

A new Office Reference Manual (ORM) will be posted to the provider web portal at www.dentaquesttexas.com. The office reference manual can be found by logging into the web portal and clicking on “Related Documents” on the right hand side. An amendment to the Provider Contract will be mailed once the rates are finalized.

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CHIP BENEFIT REMINDER– EXCEEDING THE MAXIMUM OF $564

CHIP Members who have exhausted the $564 annual benefit limit continue to receive the following Covered Dental Services in excess of $564 annual benefit maximum:

- The preventive services due under the 2009 American Academy of Pediatric Dentistry Periodicity Schedule (Volume 32, Issue Number 6 at pp. 93–100)

- Other Medically Necessary Covered Dental Services approved by DentaQuest through a prior authorization process. These services must be necessary to allow a CHIP Member to return to normal, pain and infection-free oral functioning. Typically this includes:

    - Services related to the relief of significant pain or to eliminate acute infection
    - Services related to treat traumatic clinical conditions
    - Services that allow the CHIP Member to attain the basic human functions (e.g. eating, speech, etc.)
    - Services that prevent a condition from seriously jeopardizing the CHIP Member's health/functioning or deteriorating in an imminent timeframe to a more serious and costly dental problem

Once the prior authorization has been obtained, it is important to submit services on a claim in the following order:

- Services that are preventive
- Services other than preventive that do not require an authorization and are applied to the $564 max
- Services that have been prior authorized and approved

Providers must place any unauthorized procedures on the first lines of the claim so that these procedures will receive payment from the original benefit, and the approved procedures have the protection of authorization. This will allow payment of all items and less administrative work for providers and their staff.

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PROVIDER RE-ENROLLMENT DEADLINE – September 25, 2016

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 fee-for-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

Caries Risk Assessment Announcement

The Health and Human Services Commission (HHSC) staff wishes to re-emphasize that **all Texas Medicaid and CHIP dental providers** are required to perform caries risk assessments with the following comprehensive examination codes:

- For **Medicaid** providers, procedure codes D0120, D0145, and D0150 will be denied if a caries risk assessment procedure code is not submitted on the same claim as the dental examination.
- For **CHIP** providers, procedure codes D0120 and D0150 will be denied if a caries risk assessment procedure code is not submitted on the same claim as the dental examination.

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This requirement applies to all Medicaid and CHIP dental providers. This includes general dentists and all specialists. This requirement is not limited to main dental home providers.

Prevention of dental caries is a fundamental aspect of comprehensive dental care. It is imperative that Texas' statewide dental programs manage caries risk in the child population to ensure optimum oral health and provide appropriate preventive services. HHSC staff made the decision to utilize Dental Quality Alliance (DQA) measures in 2017 so Texas would have nationally recognized standards for dental care.

HHSC staff initiated steps to track documented caries risk assessments performed by all Texas Medicaid and CHIP dental providers to implement the DQA sealant measure as part of its quality program. The American Dental Association and the American Academy of Pediatric Dentistry support DQA measures. The measure is part of the CMS Core Set of Children's Health Care Quality Measures for Medicaid and CHIP. Utilizing them would help Texas policy align with best practices and standards of care.

2016 PROVIDER TRAINING SCHEDULE

The 2016 Provider Training Schedule has been updated on the website. Please log in to www.dentaquesttexas.com to view.