

**TEXAS** ROUNDUP PROGRAM UPDATES FOR OUR TEXAS DENTISTS VOL 50 | February 2017, Qtr. 1

# Testimonial

• Fraud, Waste and Abuse

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# Fraud, Waste and Abuse

#### Do you want to report waste, abuse or fraud?

Let us know if you think a doctor, dentist, pharmacist at a drug store, other health care provider, or a person getting benefits is doing something wrong. Doing something wrong could be waste, abuse or fraud, which is against the law. For example, tell us if you think someone is:

- Getting paid for Medicaid and CHIP services that weren't given or necessary
- Not telling the truth about a medical condition to get medical treatment
- Using someone else's Medicaid or CHIP Dental ID
- Letting someone else use a Medicaid or CHIP Dental ID
- Not telling the truth about the amount of money or resources he or she has to get benefits

DentaQuest is a great benefit helping our communities maintain their dental health. We appreciate their effort on reaching out to those in need and assistance.

Ms. Jennifer Guzman is our local representative; she is always so pleasant, friendly and professional, at any time of the day, quickly responding to our questions or if we need assistance with anything pertaining to DentaQuest. We are extremely pleased with her overall!

We greatly appreciate the service DentaQuest has provided us and are happy to participate in this effort to help keep the community healthy.

My Family Dentist 2846 Thousand Oaks Dr. San Antonio, TX. 78232





# **2017 Performance Improvement Reminder**

#### Medicaid: Increase utilization of D0145 for members age 6-35 months

- First Dental Home providers are encouraged to outreach to their members to get them in for their D0145 services.
- A First Dental Home visit (D0145) is billable by Providers (General and Pediatric Dentists) that have received training and certification by DSHS.
- Training information may be found by going to: <a href="http://www.txhealthsteps.com/cms/">http://www.txhealthsteps.com/cms/</a>.
- D0145 is limited to 1 per day with a maximum of 10 allowed per member's lifetime with at least 60 days between dates of service per provider. Age limitation: 6–35 months
- What is included in a First Dental Home visit?
  - Caries risk assessment
  - Dental prophylaxis
  - Oral hygiene instructions with primary caregiver
  - Application of topical fluoride varnish
  - o Dental anticipatory guidance
  - Establishment of recall schedule

### CHIP: Increase utilization of any preventative code for members age 6-14 years

- Providers are encouraged to outreach to their members to get them in for their preventative services.
- The socioeconomic impact of oral health is extensive, particularly in vulnerable populations such as children. Each year, children miss more than 51 million school hours due to dental-related illnesses. Over a lifespan, oral diseases often become complex, resulting in a loss of more than 164 million hours of work each year by employed adults due to dental illness and office visits. Identifying caries early is important to reverse the disease process, prevent progression of caries, and reduce incidence of future lesions. It has been shown that the younger a child's age when they receive a preventive service, the more likely they are to utilize preventive services in the future.
- Therefore, members in the high risk 6-14 year age group will benefit highly from provision of preventative services to prevent future disease and decay.





# Claims Reminders - Billing / Rendering

DentaQuest would like to remind all providers that claims adjudication for payment <u>requires</u> that accurate claims information is submitted. This includes, but is not limited to the <u>Billing Dentist / Dental Entity</u> and <u>Treating Dentist / Treatment Location</u> fields. Please refer to the information below to ensure you are submitting the correct information in the correct fields. Submitting incorrect <u>Billing</u> and <u>Treating</u> information will cause claims to deny.

				TREATING DENTIST AND TREATMENT LOCATION INFORMATION		
submitting claim on behalf of the patient or insured/subscriber.)  48. Name, Address, City, State, Zip Code				53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.		
I				X_	Signed (Treating Dentist)	Date
				54. N		55. License Number
				56. A	Address, City, State, Zip Code	56a. Provider Specialty Code
49. NPI 50. License Number		r	51. SSN or TIN	l	_	
52. Phone Number ( )	-	52a. Addition			Phone ( ) -	58. Additional Provider ID

#### **Billing Dentist or Dental Entity**

- **Box 48** This should match what is submitted on the W-9. The address must be the billing location address and not treatment location address
- Box 49 This must be the Billing NPI
  - o Group If the group has a service office / subpart NPI, that is the NPI that should be used
  - o If no service office / subpart, the business NPI must be used
  - Non-Group Depending on business set-up, this may be a Business NPI or Provider NPI.
- Box 51 This must be the SSN or TIN as reported on the W-9 for tax purposes

#### **Treating Dentist and Treatment Location Information**

- Box 53 Information is for the provider that renders service(s) (treating provider)
- Box 54 The reported NPI must be for the provider who renders service(s)
- Box 55 The reported license number must be for the provider who renders service(s)
- Box 56 The provider specialty code is the taxonomy code for the provider who render(s) services. If
  the provider has multiple taxonomy codes, the one reported must be appropriate for the services that
  are rendered