South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
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DENT

MEDICAID BULLETIN

TO: **All Dental Providers**

SUBJECT: **I.**   **Dental Bulletins**
                      II.   **Dental Provider Manual**
                      III.   **Changes to Policies and Guidelines**
                      IV.   **Clarification of Policies and Guidelines**

I. Dental Bulletins

All Medicaid Dental Bulletins are located on the South Carolina Department of Health and Human Services (SCDHHS) web site and are electronically sent to those providers that have registered to receive them. It is very important that all dental providers read each bulletin published as they contain important information and updates to the dental program. For those providers that do not have access to the internet in their office, the SCDHHS website may be accessed through any computer including home and public libraries by going to www.scdhhs.gov. The bulletins may be printed for office use and reference. It is recommended that providers or staff check the website at least once per week for new information and retain dental bulletins for reference.

II. Dental Provider Manual

Providers are advised to read and become familiar with the policies and guidelines in the most current Dental Provider Manual found on the SCDHHS website at www.scdhhs.gov. It is imperative that providers utilize the most current manual published as changes and updates can affect provider reimbursement. The manual may be downloaded and printed from the website for use in the office. Hard copy Provider Manuals are available by calling (803) 264-9609. (There is a fee to cover the cost of printing and mailing the manual in a hard copy form.)

III. Changes and Policy guidelines

EFFECTIVE OCTOBER 1, 2009:
Prior Authorization approvals are valid for **six (6) months** from the date of approval.

EFFECTIVE WITH DATES OF SERVICE ON AND AFTER OCTOBER 1, 2009:
The fee schedule for the Current Procedural Terminology (CPT) procedure codes as submitted by Oral and Maxillofacial Surgeons is revised to reflect the fee schedule of Physician Services. Please refer to fee schedules on the SCDHHS website, www.scdhhs.gov.

IV. Clarification of Dental Services, Policies and Guidelines

ENROLLED PROVIDERS
Section 1, page 9
Any dentist rendering services to Medicaid beneficiaries must be enrolled in the South Carolina Medicaid program if claims for those services are submitted for reimbursement. Despite any contract or agreement made between the dentist and the owner of a dental practice receiving reimbursement fees from Medicaid, enrollment of the servicing provider is mandatory.

Medicaid providers may not submit claims using another provider's identification number. In the case of a group provider with more than one practicing member, the information, name and individual National Provider Identification (NPI) number of the servicing provider must be listed in blocks 53 through 57 on the American Dental Association (ADA) 2006 claim form. (Filing claims under another provider's individual NPI number can result in recoupment of funds.)

BROKEN OR MISSED APPOINTMENTS
Section 1, page 19
The Center for Medicare and Medicaid Services (CMS) prohibits the charging or billing of Medicaid beneficiaries for broken, cancelled or missed appointments.

Medicaid enrolled providers cannot bill beneficiaries for scheduling appointments or holding appointment blocks.

ADULT DENTAL SERVICES
Section 2, page 1:
Adult beneficiaries are eligible for limited emergency dental services only as described in the Dental Provider Manual. These services include extractions for symptomatic teeth only. (Beneficiaries age 21 and older that are enrolled in the Mentally Retarded and Related Disabilities (MR/RD) Waiver receive the same services as beneficiaries under 21) Full or complete mouth extractions of asymptomatic teeth, in preparation for placement of full or partial dentures, at the request of the beneficiary or for convenience of the provider or beneficiary are not reimbursable by Medicaid.

NOTE: Reimbursement for full or complete mouth extractions may be considered when necessary due to a catastrophic illness such as organ transplant, treatment for cancer or severe heart disease. This would require a request for prior authorization with medical documentation of the catastrophic illness attached before the extractions are performed.

ELIGIBILITY
Section 2, page 17:
Verification of beneficiary eligibility prior to rendering any dental service is critical since eligibility status may change from month to month. It is important that there be a record of the confirmation of eligibility since the status may be changed retro-actively to the date of service. Refer to Section 2, page 17 for methods of provider verification of eligibility.

MANAGED CARE
Section 2, page 18:
For beneficiaries under 21 who are enrolled in a Managed Care Organization (MCO) health care plan, dental services are still billed fee-for-service directly to Medicaid. Dental services do not require prior authorization through the MCO and beneficiaries have freedom of choice for a Medicaid enrolled dental provider.

CLAIMS SUBMISSION
Section 3, page 9:
All claims with American Dental Association (ADA) Current Dental Terminology (CDT) procedure codes must be submitted on the ADA 2006 claim form.

Oral and Maxillofacial Surgeons submitting claims with Current Procedural Terminology (CPT) procedure codes must use the CMS 1500 claim form. Failure to submit procedure codes on the appropriate claim form can result in rejection of the claim.

ADJUSTMENTS
Section 3, page 56:
When submitting a Form 130 to void a claim, please do not attach a check for the reimbursement amount with this form. The amount of the refund will be deducted from the next provider reimbursement check after the adjustment has been processed.

RADIOGRAPHS (XRAYS)
Section 4, page 6:
Periapical and occlusal radiographs (D0220, D0230 and D0240) require clinical diagnosis and medical justification documented in the patient record. Periapical and occlusal films taken routinely at each recall appointment without medical necessity justification are subject to recoupment.

SPACE MAINTAINERS
Section 4, page 9:
Procedures D1510 (Unilateral space maintainer) and D1515 (Bilateral space maintainer) are reimbursed when placed to hold a space for the eruption of a permanent tooth after the premature loss of the deciduous tooth. When billing for D1510 or D1515, in the tooth number column, list only the number of the permanent tooth for which the space maintainer is holding the space. Do not list deciduous tooth numbers or quadrants in the tooth number column or the claim will reject.

ORAL SURGERY
Section 4, page 14:
Reimbursement for dental extractions includes local anesthesia, suturing, if needed, and post operative care for 30 days after the date of service that the extractions were performed. Providers may not bill for a procedure code that is used for a post operative dental visit (i.e. billing D0140, emergency exam, for a post op check or D7550, Partial Ostectomy/Sequestrectomy, for treatment of a dry socket). Oral and Maxillofacial Surgeons may not bill evaluation and management procedure codes for follow up checks after extractions.

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These are all considered part of the extraction procedure reimbursement. Failure to follow these guidelines can result in recoupment of payments for these services.

ANESTHESIA PROCEDURE CODES
Section 4, page 19:
Anesthesia services are reimbursable only when billed in conjunction with a Medicaid covered dental procedure. These services are not reimbursable if billed alone when rendered in conjunction with a non covered service.

Questions regarding this bulletin should be directed to the Dental Services Program area at (803) 898-2568. Thank you for your continued support and participation in the South Carolina Medicaid program.

/S/
Emma Forkner
Director

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NOTE: **To receive Medicaid bulletins by email, please register at http://bulletin.scdhhs.gov/.**
  To sign up for Electronic Funds Transfer of your Medicaid payment, please go to
  http://www.dhhs.state.sc.us'dhhsnew/hipaa/index.asp and select "Electronic Funds Transfer (EFT)" for
  instructions.