

South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
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MEDICAID BULLETIN

TO: All Dental Providers

SUBJECT: Updates to the SCDHHS Dental Services Program

FREQUENCY LIMITATION APPLICATION

With the transition to DentaQuest (DQ), the South Carolina Department of Health and Human Services (SCDHHS) made changes to the frequencies allowed for certain dental services. These changes were communicated in a Provider Bulletin dated October 15, 2010. Providers should review the latest version of the Dental Office Reference Manual (ORM) to verify frequency limits and to check the web portal to determine if the beneficiary has received the service within the frequency time period. Failure to follow the frequency limits in the ORM may result in the denial of the claim. The ORM contains SCDHHS policies applicable to the administration of the dental program. It is advised that providers maintain a copy of the claims history in the patient record until the claim has paid.

The ORM documents frequency limitations in the Benefit Limitations column of the exhibits. Frequency limitations that are applied at the Provider level are indicated in the Benefit Limitation column for each applicable procedure in the ORM. If no Provider limitation appears in the Benefit Limitations column, the limitation for that procedure is applied at the Beneficiary level.

CLARIFICATION ON ADULT DENTAL TREATMENT

Beneficiaries over the age of 21 may be eligible for dental services only if the services are delivered **in preparation for or during the course of treatment** for one or more of the following conditions: organ transplants; chemotherapy for cancer treatments; radiation of the head and/or neck for cancer treatments; total joint replacement; heart valve replacement; or treatment of trauma related injuries administered in a hospital or outpatient facility.

EMERGENCY ORAL SURGICAL SERVICES:

Effective with dates of service on or after January 1, 2012, Oral Surgeons may bill CPT codes for emergency oral surgical services for Beneficiaries age 21 and over. The listing of covered CPT codes is available in the ORM, along with review and documentation requirements for individual CPT codes. Providers are required to indicate that services were rendered as emergencies by checking field 24C on the CMS 1500 claim form or by including the word "emergency" in the remarks field of a web submission. DQ will be

working with the SCDHHS Division of Program Integrity to monitor utilization of these oral surgery codes.

BROKEN APPOINTMENT TRACKING THROUGH DENTAQUEST PROVIDER WEB PORTAL

Beginning January 1, 2012, DQ will offer the capability to record data through the DentaQuest provider web portal on appointments for Healthy Connections beneficiaries indicated as broken. Providers will be able to easily record the incident(s) along with the reason cited for the broken appointment. Detailed and summary reports are also available for providers use.

If you have questions regarding this functionality, contact DQ Customer Service at (888) 307-6553.

DQ will be hosting a series of web-based training sessions to review its provider web portal and detail information outlined in this bulletin. The schedule of training opportunities will be mailed to providers and will be posted on the DQ provider web portal.



Anthony E. Keck
Director