



# Medicaid and CHIP Dental Stakeholder Meeting

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**Marguerite Laccabue, MPH, DDS**  
**Dental Director**  
**Office of the Medical Director**  
**Health and Human Services Commission**  
**February 26, 2016**

# Presentation Agenda

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- Dental Director
- Texas Health Steps
- Rate Analysis
- Policy Development
- Quality Assurance
- Inspector General
- Dental Maintenance Organizations
- Questions
- Final Comments / Adjourn

# Background

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- UCSF School of Dentistry
- General Dentistry in public and private sector
- Oral Health research: CDC, NCHS, NIDCR, UCSF, UNC Chapel Hill, Navy
- Residency in Dental Public Health and Board Certification
- Texas Department of State Health Services, Oral Health Program

# Clinical Partners

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- Dr. Charles Gray  
Dental Director  
Texas Medicaid & Healthcare Partnership (TMHP)
- Dr. Rhonda Stokley  
Oral Health Program Director  
Department of State Health Services (DSHS)

## Goals for Dental Medicaid/CHIP

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- Coordinate efforts between all HHSC/DSHS groups to work as one team
- Maintain open communications with dental providers and various dental stakeholders – assessing operational issues, areas of abuse, utilization rates, and trends
- Evaluation of current policies and proposed revisions in an effort to improve the overall program

# Collaborative Meetings (DSHS) with Dental Providers

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- Texas Health Steps Dental Provider Workshop, Health Service Region 6/5 South in Houston Texas on Friday March 11, 2016
- Texas Health Steps Dental Provider Workshop, Health Service Region 11 in Laredo Texas on Thursday May 12, 2016

# General Updates and Information

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Your Texas Benefits Card Provider Portal:

<https://www.yourtexasbenefitscard.com/>

Setting up your provider portal can give you access to:

- THSteps Alerts
- Prescription Drug Information
- Past Medicaid Visits with the ability to export information into your office's Electronic Health Record System for your Medicaid beneficiaries

## Resources

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- Office of the Medical Director

<http://www.hhsc.state.tx.us/medicaid/medical-director/index.shtml>

- HHSC Meetings and Events

<http://www.hhsc.state.tx.us/news/meetings.asp>

## Contact Information

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[Marguerite.Laccabue@hhsc.state.tx.us](mailto:Marguerite.Laccabue@hhsc.state.tx.us)

(512) 424-6514

Questions:

[DentalStakeholderMeeting@hhsc.state.tx.us](mailto:DentalStakeholderMeeting@hhsc.state.tx.us)

Managed Care Inquiries and Complaints Mailbox:

[HPM\\_Complaints@hhsc.state.tx.us](mailto:HPM_Complaints@hhsc.state.tx.us)

# Dental Stakeholder Meeting

## Texas Health Steps

### Dental Program Updates



Host: Marguerite Laccabue, DDS, MPH

HHSC Dental Director

February 26, 2016



# Topics

Ron Gernsbacher

Regional Provider Representatives  
New Re-enrollment Deadline

Lissie Hagerman

New and Revised Modules  
Resources and Free CEUs  
Caries Risk Assessment Training and Tools

Susan Strickland

TMPPM Updates  
Pulpotomy Limitation



# THSteps Regional Provider Representatives

The list of THSteps Regional Provider Representatives can be found at: <http://www.dshs.state.tx.us/thsteps/regions.shtm>

<b>DSHS HSR 1-Mail Code: 1899</b> 6302 Iola Ave Lubbock, TX 79424 <a href="#">Website</a>		<b>Phone</b>	<b>Fax</b>	<b>Email</b>
<b>Elizabeth Stanford, Team Lead</b>		806-783-6445	806-783-6455	<a href="#">Email</a>
VACANT		806-783-6446		
Frannie Nuttall	DSHS HSR 1-300 Victory Dr., WTAMU Box 60968, <b>Canyon</b> , TX 79016	806-477-1128	806-655-6448	<a href="#">Email</a>
<b>DSHS HSR 2/3-Mail Code: 1905</b> 1301 South Bowen Road, Suite 200 Arlington, TX 76013 <a href="#">Website</a>		<b>Phone</b>	<b>Fax</b>	<b>Email</b>
<b>Trellis Grant, Team Lead</b>		817-264-4918	817-264-4910	<a href="#">Email</a>
VACANT		817-264-4901	817-264-4910	
Margie Moulton		817-264-4902	817-264-4910	<a href="#">Email</a>
Amanda Vernon	DSHS HSR 2-4601 S. 1st St., Suite L, <b>Abilene</b> , TX 79605	325-795-5867	325-795-5853	<a href="#">Email</a>



# Provider Re-enrollment Deadline Extended

The Centers for Medicare and Medicaid Services (CMS) recently announced that the previous March 24, 2016 deadline for Medicaid provider re-enrollment is extended to Sept. 24, 2016.

Though this extension gives states additional time to ensure providers comply with Patient Protection and Affordable Care Act (PPACA) requirements, Texas Medicaid encourages all providers who have not yet submitted a re-enrollment application to begin this process immediately to avoid potential payment disruptions.



# New and Revised Online Provider Education Oral Health Modules

- First Dental Home – updated Oct. 2015
- Promoting Oral Health through Caries Risk Assessment and Dental Anticipatory Guidance– updated Nov. 2015
- Preconception and Prenatal Health: Promoting and Maintaining Women's Oral Health– new Oct. 2015
- Oral Evaluation and Fluoride Varnish – accreditation renewed Jan. 2016
- Oral Health for Primary Care Providers– under revision projected release Jul. 2016



# Resources and FREE CEUs

## Texas Health Steps Online Provider Education:

<http://www.txhealthsteps.com>

## Texas Health Steps Dental:

<http://www.dshs.state.tx.us/thsteps/Texas-Health-Steps-Dental.shtm>

## Educational Material:

<http://www.dshs.state.tx.us/thsteps/THStepsCatalog.shtm>

**THE PCP'S ROLE IN PEDIATRIC ORAL HEALTH**

Presentation is an essential part of pediatric care. Health-care professionals already provide anticipatory guidance in many areas related to oral health, such as diet, feeding habits, fluoride supplementation, and injury prevention. In addition, health care professionals can identify early oral disease, provide prevention measures, and refer children to a dental home for further monitoring and comprehensive dental care.

One preventive service that can be performed in the primary care setting is the Oral Evaluation and Fluoride Varnish (OEFV) service. The OEFV service includes these four components:

- Intermediate oral evaluation
- Fluoride varnish application
- Dental anticipatory guidance
- Referral to establish a dental home

Texas Medicaid medical providers must be enrolled in Texas Health Steps to receive the OEFV service. Providers certified by Medicaid may bill for the oral and fluoride varnish in addition to the regular check-up. Medical providers certified to provide and be reimbursed for this service include:

- Physicians
- Physician assistants
- Advanced practice registered nurses licensed to practice within a pediatric population

To learn more about OEFV, visit [www.txhealthsteps.com](http://www.txhealthsteps.com).

**Oral Health CE for Health-Care Providers**

That's something to smile about.

**THE BENEFITS OF FLUORIDE VARNISH**

- Safe and Effective
- Low Cost
- Quick and Easy to Apply
- Strengthens Enamel
- Can Stop or Reverse Early Tooth Decay or "White Spots"

**APPLYING FLUORIDE VARNISH**

- 1 Remove excess moisture from the teeth. The teeth do not need to be completely dry.
- 2 Apply a thin, single coating of fluoride varnish to all surfaces of the teeth. Do not apply to teeth with severe tooth decay. The child may sneeze, spit, or drink immediately after application.
- 3 Encourage the parent and child to not eat or drink for 30 minutes after the varnish is applied.

**Learn more about important oral health topics while earning free CE credit.**

As a health care provider, you share important roles in promoting good oral health for your patients. Six-month long education topics help you learn more to identify early oral disease, provide preventive measures, and refer children to a dental home for ongoing chronic care.

CE courses related to oral health topics include:

- Oral Health for Primary Care Providers
- Oral Infections and Examable Lesions
- Introduction to the OEFV Service

CE courses are developed by the Texas Department of State Health Services and the Texas Health and Human Services Commission. CE courses are accredited for CEU or CME credit.

To view courses online, visit: [txhealthsteps.com](http://txhealthsteps.com).



# Caries Risk Assessment (CRA)

Training and tools for conducting CRA are available at [www.txhealthsteps.com](http://www.txhealthsteps.com)



Register Sign In Help



Looking for pediatric and adolescent CME?

[View our course listing »](#)

## Free Online Continuing Education Courses

Texas Health Steps' award-winning online program offers FREE CE courses for primary care providers and other health professionals. These courses offer updated clinical, regulatory, and best practice guidelines for a range of preventive health, oral health, mental health, and case management topics.

### Video Introduction



### New CME

#### CME Podcasts

Texas Health Steps, in partnership with Texas Medical Association, has launched two new free CME podcasts:

- Electronic Medical Records

### Ethics-Accredited Courses

Looking for ethics CE credit? Texas Health Steps offers a wide variety of ethics-accredited courses:

- ADHD and ASD: Diagnosis and Management
- Culturally Effective Health Care
- Interpersonal Youth Violence
- Introduction to Screening, Brief Intervention, and Referral to Treatment (SBIRT)



### Find a Course »

Choose from more than 50 CE-accredited courses on pediatric and adolescent health-care topics.

### Resource Center »

Access the latest references and resources 24/7, and take advantage of our patient case studies here.

### News

Don't Delay Medicaid Re-enrollment Application

Texas Health Steps (THSteps) Child Health Clinical Record

Report infant Cronobacter sakazakii infections



# Texas Medicaid Provider Procedures Manual

[http://www.tmhp.com/pages/medicaid/Medicaid\\_Publications\\_Provider\\_Manual.aspx](http://www.tmhp.com/pages/medicaid/Medicaid_Publications_Provider_Manual.aspx)



All Sites

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Log In

Providers

## Texas Medicaid



### Enroll Today!

Want to enroll as a Medicaid provider? Click here for more information and to enroll today.

Log in to My Account

Go to TexMedConnect

### I would like to...

Click here to access provider applications and services.

Texas Medicaid | CSHCN | Family Planning | Long Term Care | EDI | MTP | Health IT | Texas WHP

Monday, February 8, 2016

Medicaid Home

Program Information

Reference Material

Provider Education

Forms

THSteps

Fee Schedules

Rate Changes

Code Updates

Managed Care

Hospital Initiatives

### Texas Medicaid Provider Procedures Manual

Texas Medicaid Bulletin

Banner Messages

Texas Medicaid Quick Reference Guide

TexMedConnect Acute Care Manual

AIS User's Guide for Medicaid Providers

TMHP Portal Security Provider Training Manual

Provider Information Management System

E-Mail Encryption Basics/Help Guide

2016 Filing Deadline Calendar

### Texas Medicaid Provider Procedures Manual

The *Texas Medicaid Provider Procedures Manual* is the providers' principal source of information about Texas Medicaid. The manual is regularly updated to reflect the most recent policy and procedure changes. Updates are generally available the month following the effective date of the change. For advanced notification of upcoming changes, providers should monitor banner messages, which appear at the beginning of their Remittance and Status (R&S) Reports, and the corresponding website articles published on this website.

### Topics

Information of interest to providers, including NDC, Alberto N., and past initiatives such as PACT transition and hurricanes.



TEXAS WOMEN'S HEALTH PROGRAM



# Pulpotomy Limitation

Policy language updated to limit pulpotomy to once per lifetime per tooth ID (A-T).

Implementation scheduled for 4/1/16



# Contacts

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# Rate Analysis for Dental Services

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**Dan Huggins & Roz Brown**  
**Rate Analysis Department**  
**Health and Human Services Commission**  
**Financial Services Division**  
**Medicaid/CHIP Dental Stakeholder Meeting**  
**February 26, 2016**

# Federal Directives

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- November, December and January each year, the Center for Medicare and Medicaid Services (CMS) publishes the Annual Healthcare Common Procedure Coding System (HCPCS) changes.
- Changes include new procedure codes, deleted procedure codes, and replacement procedure codes.
- Federal regulations require the States to be HIPAA compliant and implement HCPCS updates into their payment system by the effective date of the change.
- HHSC conducts a two day review of these changes and establishes policy addressing the changes.

# TOS W Recommendations

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- Type of Service (TOS) W = Texas Health Steps Dental / Orthodontia Services
- Items the Rate Analysis Department (RAD) receives:
  - Procedure code
  - Description
  - Whether a replacement code
  - Medicaid comparable code for utilization
  - Medicaid comparable code for pricing
  - Will the procedure code will be made a benefit
  - If prior authorization is required
  - Meeting comments (related to policy)
  - Coding Analyst Research

## Rates Process

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HHSC clinical staff determines that a rate should be adjusted or implemented based on factors including:

- Knowledge of the procedure code(s)
- Changes in policy
- Changes in HCPCS procedure codes
- Changes in industry standards
- Comments from providers

# Reimbursement Rates

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- Current Reimbursement rates for Dental procedure codes that are discontinued by CMS:
  - **D9220** (30 min) - deep sedation/general anesthesia- first 30 minutes = \$125.00
  - **D9220/UZ** - UZ modifier is for an enhanced rate paid to dentist who have: (1) A level 4 anesthesia permit, and (2) Texas State Board of Dental Examiners portability permit, and (3) An anesthesiology residency recognized by the American Dental Board of Anesthesiology
  - modifier - deep sedation/general anesthesia- first 30 minutes = \$202.55
  - **D9221** (15 min) - deep sedation/general anesthesia- each additional 15 minutes = \$35.00
  - **D9241** (30 min) - intravenous moderate (conscious) sedation/analgesia - first 30 minutes = \$125.00
  - **D9242** (15 min) - intravenous moderate (conscious) sedation/analgesia - each additional 15 minutes = \$35.00

## HCPCS Actions

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- Texas Medicaid determined that D4283, D4285, D9223 and D9243 would be made benefits of the Medicaid policy
- **D4283:** Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site
- **D4285:** Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site
- **D9223:** deep sedation/general anesthesia- each 15 minute increment
- **D9243:** intravenous moderate (conscious) sedation/analgesia - each 15 minute increment

# Rates Process

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## The HHSC Dental Director

- Advises the Director, Rate Analysis Department, Acute Care that the rate should be adjusted
- Requests that the topic be included in one of the quarterly rate hearings. Rate hearings are held in February (\*effective April 1), May (effective July 1), August (effective October 1) and November (effective January 1).

\* The February public rate hearing contains the annual HCPCS and these procedure codes are retroactive to be effective January 1.

# Federal Requirements

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- A Public Notice of Intent must be published in the *Texas Register* no later than 24 hours prior to the adoption date of an adjusted reimbursement rate.
- A State Plan Amendment must be submitted to CMS no later than the last day of the federal fiscal quarter for which the adjusted reimbursement rate is effective.

# Rates Process

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## Prior to the Rate Hearing

- Rate hearing topics and fiscal impacts are presented to HHSC management for approval
- For approved topics, administrative tasks must be completed including:
  - Publication in the *Texas Register* and the HHSC website
  - Legislative Budget Board approval, if required
  - Preparation of rate hearing packets
  - Notification to the Texas Medicaid & Healthcare Partnership (TMHP)
  - Email notification to providers announcing topics and procedures for the rate hearing

# Rates Process

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## Public Rate Hearings

- The public is encouraged to submit written comment and/or testify at the rate hearing
- Comments are accepted prior to and until 5 pm the day of the rate hearing
- The public is encouraged to email or fax comments. These comments carry as much weight as those comments presented in person
- Hearings are webcast

# Rates Process

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## After the Rate Hearing

- Comments are collected, analyzed, summarized, and presented to HHSC management – with adoption as proposed or an updated recommendation based on provider comments
- HHSC management makes the final decision regarding the implementation of rates
- RAD will advise TMHP of the rates to be implemented
- TMHP will prepare provider notifications regarding the rates and update fee schedules

# Rates Process

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## Contact Information

Dan Huggins: [dan.huggins@hhsc.state.tx.us](mailto:dan.huggins@hhsc.state.tx.us)

512-707-6071

Roz Brown: [rozsalind.brown@hhsc.state.tx.us](mailto:rozsalind.brown@hhsc.state.tx.us)

512-730-7462



# Submitting Medicaid Medical and Dental Benefit Policy Proposals

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Melissa Nagle, CAPM, Dental Project Manager  
Policy Development  
Health and Human Services Commission  
Medicaid/CHIP Division  
February 26, 2016

# Goals

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- Understand how to submit Medicaid medical and dental benefit proposals
- Understand the Governance review process
- Understand the Policy Development process

# Benefit Proposals

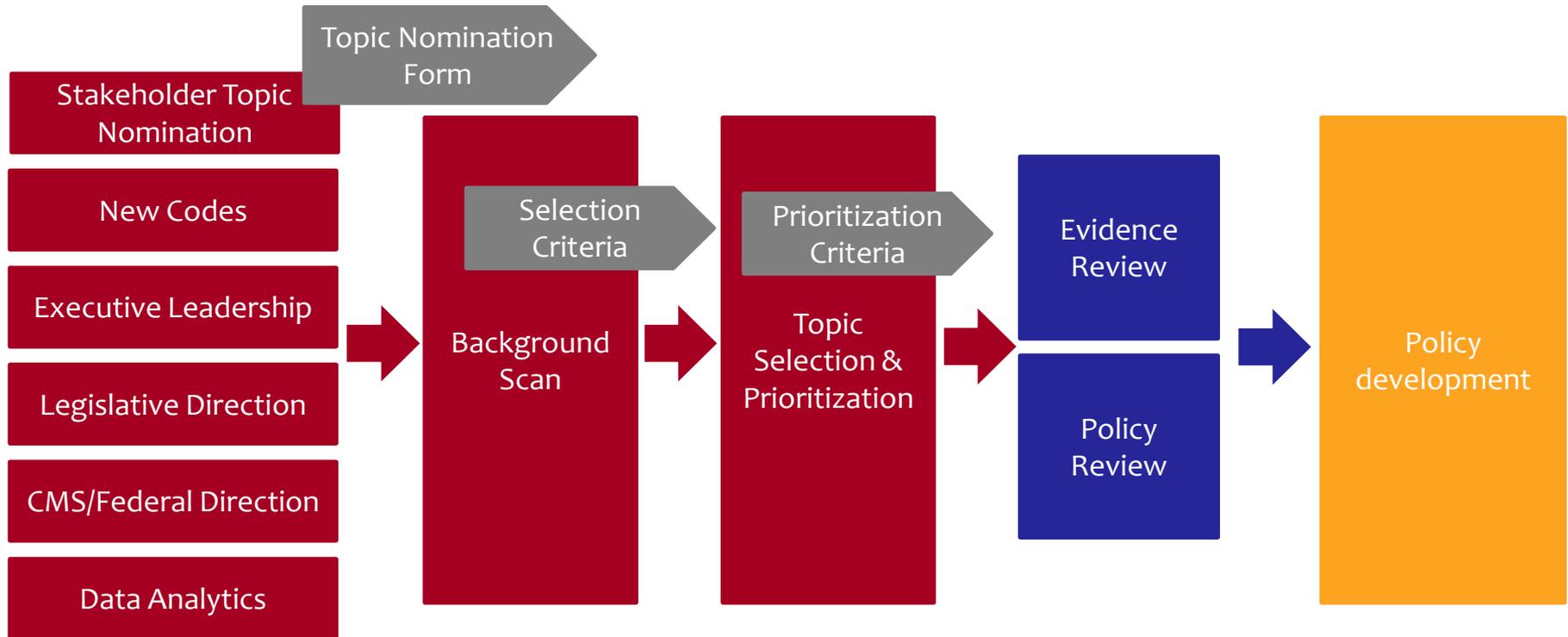
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A process has been established to ensure stakeholders have a consistent way to submit Medicaid medical or dental benefit proposals.

The proposal can be to:

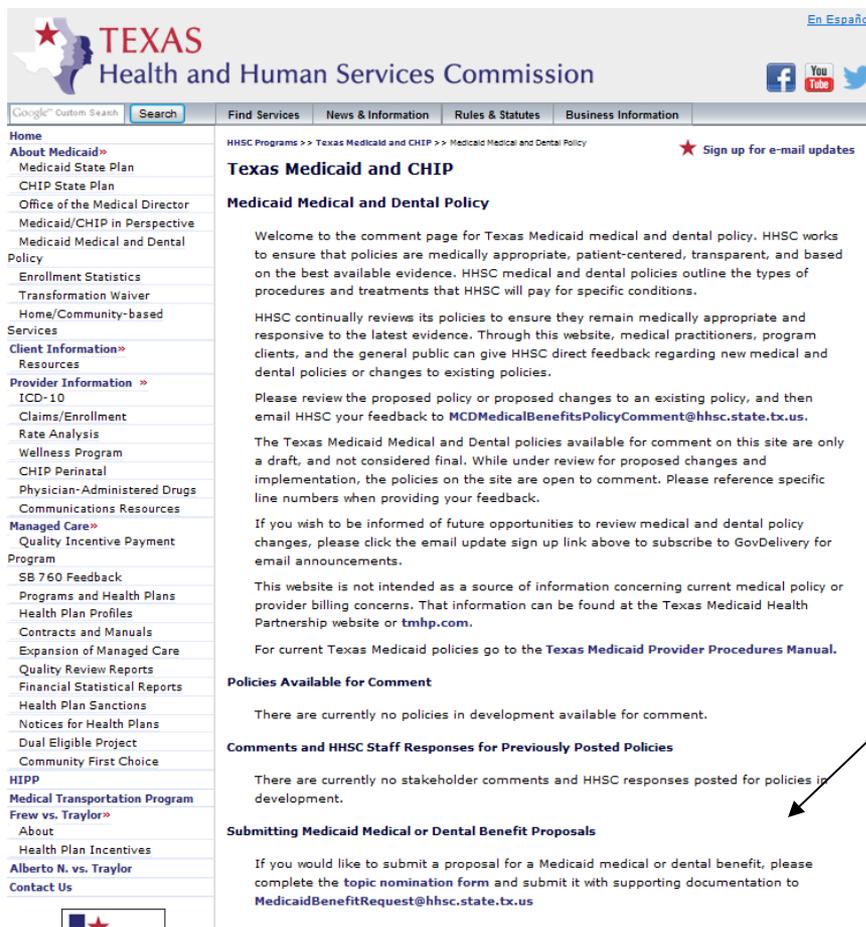
- add a new benefit to Texas Medicaid or
- revise an existing benefit, including end-dating a benefit.

## Policy Submission, Selection, and Review



# Step 1: Medicaid Medical and Dental Policy Web Page

[www.hhsc.state.tx.us/medicaid/MPR/index.shtml](http://www.hhsc.state.tx.us/medicaid/MPR/index.shtml)



The screenshot shows the Texas Health and Human Services Commission website. The header includes the Texas logo, the text "TEXAS Health and Human Services Commission", and a "En Español" link. Below the header is a navigation menu with options: "Find Services", "News & Information", "Rules & Statutes", and "Business Information". The main content area is titled "Texas Medicaid and CHIP" and "Medicaid Medical and Dental Policy". It contains several paragraphs of text, including a welcome message, information about policy reviews, and instructions for providing feedback. A sidebar on the left lists various links such as "About Medicaid", "Medicaid State Plan", "CHIP State Plan", "Office of the Medical Director", "Medicaid/CHIP in Perspective", "Medicaid Medical and Dental Policy", "Enrollment Statistics", "Transformation Waiver", "Home/Community-based Services", "Client Information", "Resources", "Provider Information", "ICD-10", "Claims/Enrollment", "Rate Analysis", "Wellness Program", "CHIP Perinatal", "Physician-Administered Drugs", "Communications Resources", "Managed Care", "Quality Incentive Payment Program", "SB 760 Feedback", "Programs and Health Plans", "Health Plan Profiles", "Contracts and Manuals", "Expansion of Managed Care", "Quality Review Reports", "Financial Statistical Reports", "Health Plan Sanctions", "Notices for Health Plans", "Dual Eligible Project", "Community First Choice", "HIPP", "Medical Transportation Program", "Frew vs. Traylor", "About", "Health Plan Incentives", "Alberto N. vs. Traylor", and "Contact Us".

**TEXAS**  
Health and Human Services Commission

En Español

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Home

About Medicaid»  
Medicaid State Plan  
CHIP State Plan  
Office of the Medical Director  
Medicaid/CHIP in Perspective  
Medicaid Medical and Dental Policy  
Enrollment Statistics  
Transformation Waiver  
Home/Community-based Services

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ICD-10  
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Rate Analysis  
Wellness Program  
CHIP Perinatal  
Physician-Administered Drugs  
Communications Resources

Managed Care»  
Quality Incentive Payment Program  
SB 760 Feedback  
Programs and Health Plans  
Health Plan Profiles  
Contracts and Manuals  
Expansion of Managed Care  
Quality Review Reports  
Financial Statistical Reports  
Health Plan Sanctions  
Notices for Health Plans  
Dual Eligible Project  
Community First Choice

HIPP  
Medical Transportation Program  
Frew vs. Traylor»  
About  
Health Plan Incentives  
Alberto N. vs. Traylor  
Contact Us

HHSC Programs >> Texas Medicaid and CHIP >> Medicaid Medical and Dental Policy

★ Sign up for e-mail updates

## Texas Medicaid and CHIP

### Medicaid Medical and Dental Policy

Welcome to the comment page for Texas Medicaid medical and dental policy. HHSC works to ensure that policies are medically appropriate, patient-centered, transparent, and based on the best available evidence. HHSC medical and dental policies outline the types of procedures and treatments that HHSC will pay for specific conditions.

HHSC continually reviews its policies to ensure they remain medically appropriate and responsive to the latest evidence. Through this website, medical practitioners, program clients, and the general public can give HHSC direct feedback regarding new medical and dental policies or changes to existing policies.

Please review the proposed policy or proposed changes to an existing policy, and then email HHSC your feedback to [MCDMedicalBenefitsPolicyComment@hhsc.state.tx.us](mailto:MCDMedicalBenefitsPolicyComment@hhsc.state.tx.us).

The Texas Medicaid Medical and Dental policies available for comment on this site are only a draft, and not considered final. While under review for proposed changes and implementation, the policies on the site are open to comment. Please reference specific line numbers when providing your feedback.

If you wish to be informed of future opportunities to review medical and dental policy changes, please click the email update sign up link above to subscribe to GovDelivery for email announcements.

This website is not intended as a source of information concerning current medical policy or provider billing concerns. That information can be found at the Texas Medicaid Health Partnership website or [tmhp.com](http://tmhp.com).

For current Texas Medicaid policies go to the [Texas Medicaid Provider Procedures Manual](#).

#### Policies Available for Comment

There are currently no policies in development available for comment.

#### Comments and HHSC Staff Responses for Previously Posted Policies

There are currently no stakeholder comments and HHSC responses posted for policies in development.

#### Submitting Medicaid Medical or Dental Benefit Proposals

If you would like to submit a proposal for a Medicaid medical or dental benefit, please complete the [topic nomination form](#) and submit it with supporting documentation to [MedicaidBenefitRequest@hhsc.state.tx.us](mailto:MedicaidBenefitRequest@hhsc.state.tx.us)

## Step 1: Continued

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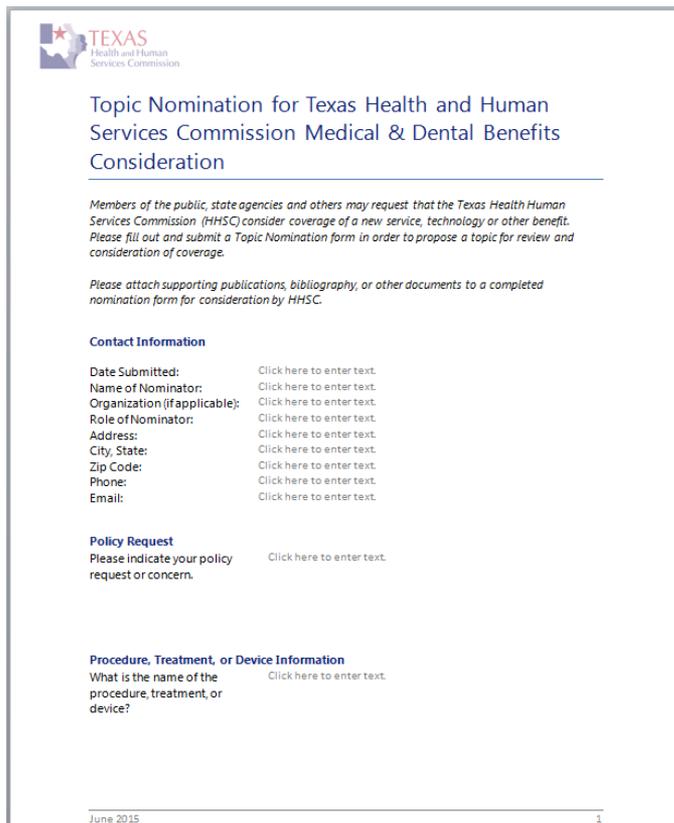
The web page includes several sections:

- Policies Available for Comments
- Comments and HHSC Staff Responses for Previously Posted Policies
- Submitting Medicaid Medical or Dental Benefit Proposals

Note: You can sign up to receive notifications of when changes are made to the web page by clicking on the *Sign Up For Email Updates* link located on the top right of this web page.

# Step 2: Completing the Topic Nomination Form

Access the Topic Nomination Form on the web page and complete the form.



**TEXAS**  
Health and Human  
Services Commission

## Topic Nomination for Texas Health and Human Services Commission Medical & Dental Benefits Consideration

*Members of the public, state agencies and others may request that the Texas Health Human Services Commission (HHSC) consider coverage of a new service, technology or other benefit. Please fill out and submit a Topic Nomination form in order to propose a topic for review and consideration of coverage.*

*Please attach supporting publications, bibliography, or other documents to a completed nomination form for consideration by HHSC.*

**Contact Information**

Date Submitted: [Click here to enter text.](#)  
Name of Nominator: [Click here to enter text.](#)  
Organization (if applicable): [Click here to enter text.](#)  
Role of Nominator: [Click here to enter text.](#)  
Address: [Click here to enter text.](#)  
City, State: [Click here to enter text.](#)  
Zip Code: [Click here to enter text.](#)  
Phone: [Click here to enter text.](#)  
Email: [Click here to enter text.](#)

**Policy Request**  
Please indicate your policy request or concern. [Click here to enter text.](#)

**Procedure, Treatment, or Device Information**  
What is the name of the procedure, treatment, or device? [Click here to enter text.](#)

June 2015 1

## Step 2: Continued

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- Helpful Tips:
  - Complete the form in its entirety
  - Be Specific
  - Complete a form for each separate suggestion
    - Sedation policy revision suggestion
    - Root scaling - new benefit suggestion

## Step 2: Continued

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- Include evidence-based literature



**ADA** American Dental Association®

America's leading advocate for oral health



## Step 3: Form Submission

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Submit the completed form and evidence-based literature to:

[MedicaidBenefitRequest@hhsc.state.tx.us](mailto:MedicaidBenefitRequest@hhsc.state.tx.us)

This begins the vetting process.

## Step 4: Medical Benefits Governance Review Process

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- The proposal is presented at the first available Governance committee.
- Governance reviews and discusses and determines whether to
  - move the proposal forward for a comprehensive review to determine whether to make the proposal a benefit **or**
  - not move the proposal forward **or**
  - needs more information.

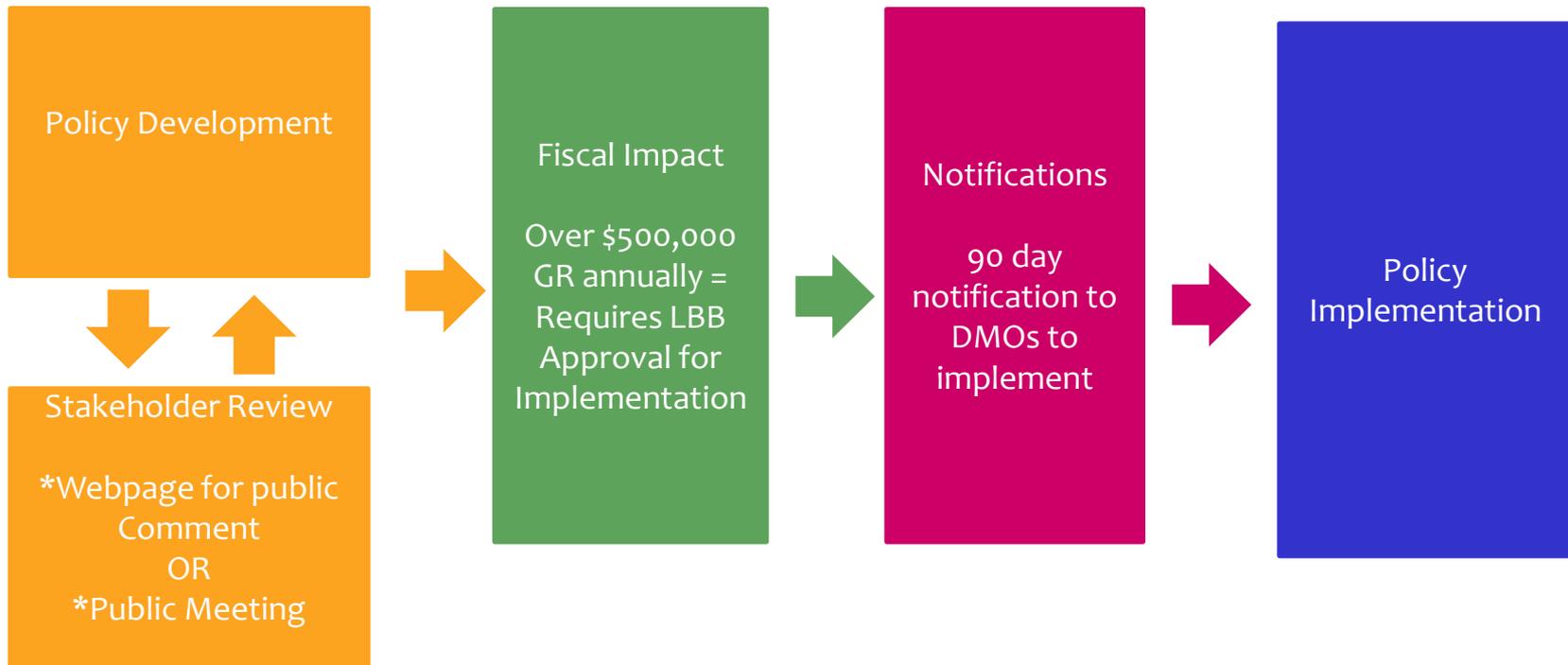
## Step 4: Continued

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- Either way, the proposer is notified of the Governance committee's decision.
- If approved by Governance, the proposal is added to the queue of pending benefit proposals and prioritized for review.

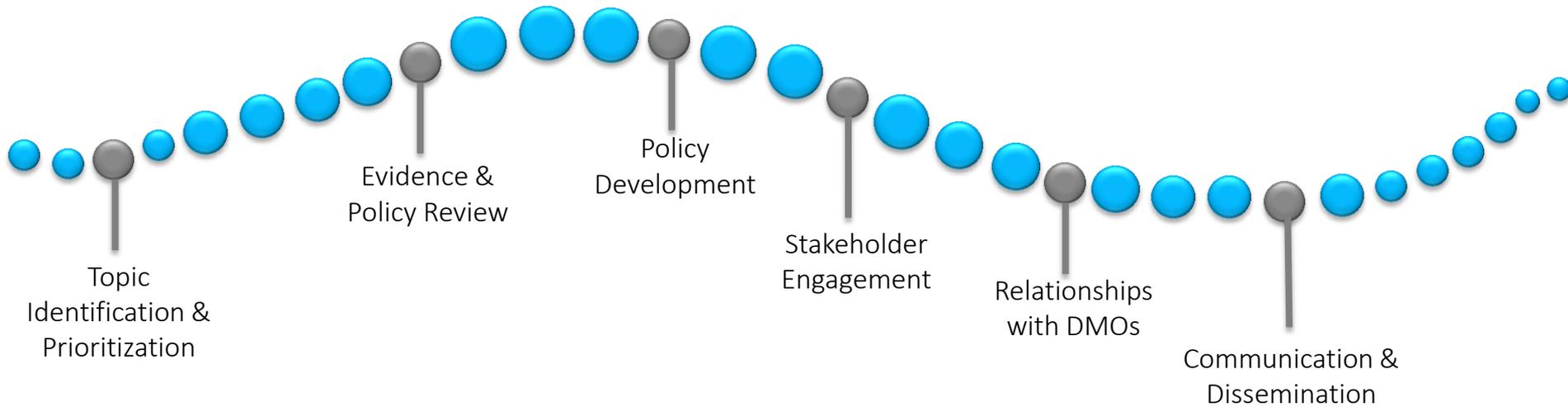
## Policy Development and Approval Process

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# Core Policy Decision Process

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Thank you

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Questions?

[www.hhsc.state.tx.us/medicaid/MPR/index.shtml](http://www.hhsc.state.tx.us/medicaid/MPR/index.shtml)

[MedicaidBenefitRequest@hhsc.state.tx.us](mailto:MedicaidBenefitRequest@hhsc.state.tx.us)



# Overview of Dental Quality Initiatives

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**Frank Genco**  
**MCD Managed Care Quality Assurance**  
**Medicaid and CHIP Division**  
**February 26, 2016**

# Medicaid Managed Care Quality Program Structure

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- The Balanced Budget Act of 1997 requires state Medicaid agencies to provide an annual external independent review of quality outcomes, timeliness of services and access to services provided through a managed care model.
- Texas fulfills this requirement by contracting with an external quality review organization (EQRO), which is the Institute for Child Health Policy at the University of Florida.

# Medicaid Managed Care Quality Program Structure

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- EQRO performs three Center for Medicare & Medicaid Services-required functions:
  - Validation of performance improvement projects
  - Validation of performance measures
  - A review to determine managed care organization/dental maintenance organization compliance with certain federal Medicaid managed care regulations
- State laws (e.g. Senate Bill 7, 83<sup>rd</sup> session) also define Texas Health and Human Services Commission's quality assessment activities.

# HHSC's Contractual Authority with DMOs

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- Texas Health and Human Services Commission (HHSC) contracts with two dental maintenance organizations (DMOs) to provide Medicaid and CHIP dental services.
- DMOs must follow requirements as laid out in the Dental Services Managed Care Contract and Uniform Managed Care Manual.

# Dental Quality Initiatives and Sources of HHSC's Contractual Authority

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- Dental Pay-for Quality (P4Q)
  - Uniform Managed Care Manual (UMCM) section 6.2
- Performance Improvement Projects (PIPs)
  - UMCM section 10.2
- Quality Assessment and Performance Improvement Program (QAPI)
  - UMCM section 5.7
- Performance Indicator Dashboard
  - UMCM section 10.1

# Dental Pay-for-Quality Program

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- 2% of capitation revenue at-risk
- DMOs have the opportunity to earn back some or all of the 2% based on their improvement on a set of quality measures
- Dental plans earn negative points when quality declines from year-to-year and positive points when quality improves
- A plan must have more positive points than negative points to earn back any at-risk revenue
- A plan must earn 80% or more of the maximum positive points to keep their full 2% revenue

# Dental Pay-for-Quality Measures

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- Measures are based on whether members received:
  - **Medicaid**
    - Preventive dental services
    - THSteps dental checkup (at enrollment and annually)
    - Dental sealants
  - **CHIP**
    - Preventive dental services
    - One annual dental visit – nationally used measure (HEDIS ADV)
    - Dental sealants

# Dental Pay-for-Quality Measures

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- Beginning in 2017, HHSC will use Dental Quality Alliance (DQA) measures.
- The American Dental Association and the American Academy of Pediatric Dentistry support these nationally recognized measures of dental care. They are included in the CMS Core Set of Children's Health Care Quality Measures for Medicaid and CHIP.

# Performance Improvement Projects

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- DMOs are required to have two Performance Improvement Projects (PIPs) per program
- HHSC, in consultation with the EQRO, selects topics for PIPs based on DMO performance and the number of members affected
- The DMO develops and implements interventions in an effort to improve performance on the assigned topic
- DMOs are required to follow federal protocols when conducting PIPs
- DMOs report annually on the progress of their PIPs

# Performance Improvement Projects

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- 2014 PIPs were extended and future Performance Improvement Projects (PIPs) will be two years rather than one year.
- Starting in 2016, DMOs are required to collaborate on one PIP in order to implement system-wide interventions.
  - Both DMOs are collaborating with 1115 Medicaid Waiver Delivery System Reform Incentive Payment (DSRIP) providers.
- Current PIP topics are focused on increasing utilization of preventive services.

# Quality Assessment and Performance Improvement Program

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- Each DMO must develop, maintain, and operate a Quality Assessment and Performance Improvement Program (QAPI) that meets state and federal requirements.
- DMOs are required to provide an annual summary of their QAPI program, including information about:
  - Their performance improvement structure
  - The effectiveness of their QAPI program
  - Their clinical practice guidelines
  - Provider availability and access
  - Their quality improvement activities
  - Quality indicators

# Performance Indicator Dashboard

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- HHSC requires that the dental maintenance organizations report regularly on a series of measures which are defined in the Performance Indicator Dashboard.
- The Dashboard includes pay-for-quality measures as well as other measures deemed important by HHSC.

## Resources

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- Quality webpage: This website includes information on many quality-related projects and initiatives:  
[http://www.hhsc.state.tx.us/hhsc\\_projects/ECI/index.shtml](http://www.hhsc.state.tx.us/hhsc_projects/ECI/index.shtml)
- Dental Pay-for-Quality Program Methodology:  
<http://www.hhsc.state.tx.us/medicaid/managed-care/umcm/Chp6/6-2-13.pdf>

## Contact Information

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For additional information, please contact:

Frank Genco, Quality Assurance Manager

[Frank.Genco@hhsc.state.tx.us](mailto:Frank.Genco@hhsc.state.tx.us)

512-424-6556

Alison Little, Quality Assurance Program Specialist

[Alison.Little@hhsc.state.tx.us](mailto:Alison.Little@hhsc.state.tx.us)

512-424-6985

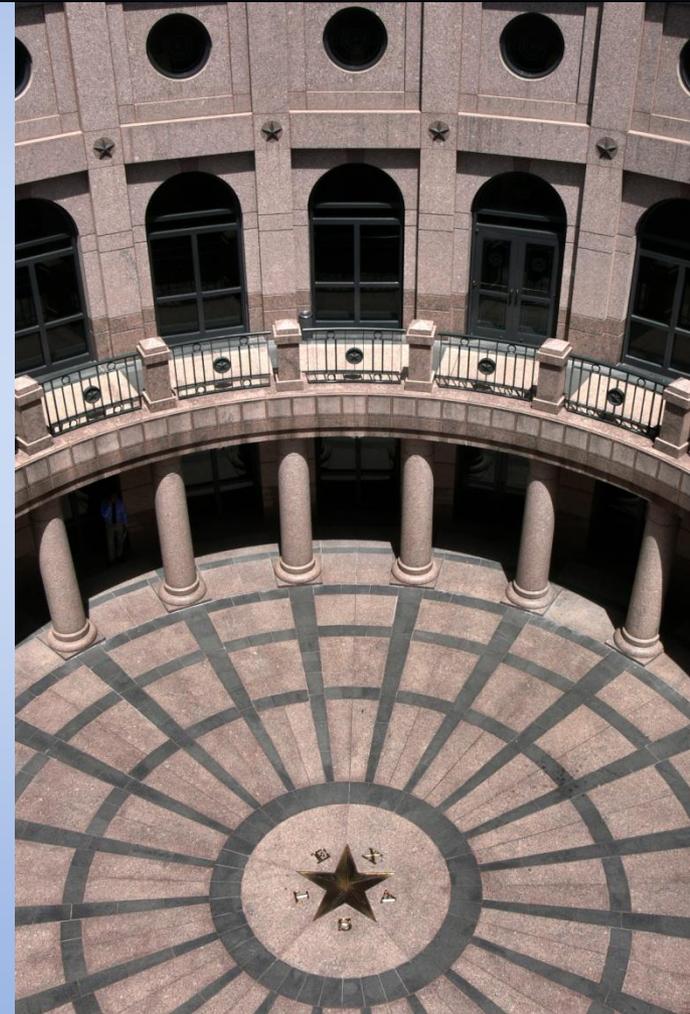


# Office of Inspector General

## **Solicitation by Medicaid Providers**

**Dental Stakeholder Meeting**

**February 26, 2016**





# How Does Medicaid Define Solicitation?

Solicitation -- **Offering to pay or agreeing to accept**, directly or indirectly, overtly or covertly **any remuneration** in cash or in kind to or from another **for securing a patient or patronage** for or from a person licensed, certified, or registered or enrolled as a provider or otherwise by a state health care regulatory or HHS agency.



# What law prohibits solicitation?

The **Texas Occupations Code** makes solicitation a Class A Misdemeanor. For repeat offenders or, when committed by a governmental employee, a third degree felony. Tex. Occ. Code Sec. 102.001.



# What law prohibits solicitation?

**Texas Medicaid Rules in Title 1, Part 15, Chapter 371 of the Texas Administrative Code** require that providers comply with Occupations Code Section 102.001. (1 Tex. Admin. Code Sec. 371.27)

The Medicaid Program has also made it a **program violation** under its Sanctions rules located in Subchapter G of Chapter 371. (1 Tex. Admin. Code Sec. 371.1669)

Program violations are grounds for multiple sanctions, including assessment of penalties, contract termination and exclusion.

Each individual case is assessed independently when determining what sanction should be pursued. Most often historically, penalties have been recommended.



# Remuneration

## State regulations –

A person is subject to administrative actions or sanctions if the person:

(9) provides, offers, or receives an ***inducement*** in a manner or for a purpose not otherwise prohibited by this section or §102.001, Occupations Code, to or from a person, including a recipient, provider, employee or agent of a provider, third-party vendor, or public servant, ***for the purpose of influencing or being influenced in a decision regarding:***

***(A) selection of a provider or receipt of a good or service under the Medicaid or other HHS program;***

***(B) the use of goods or services provided under the Medicaid or other HHS program; or***

***(C) the inclusion or exclusion of goods or services available under the Medicaid program; ....***



# Remuneration

## **Federal regulations –**

Offers or transfers remuneration to any individual eligible for benefits under Medicare or a State health care program, that such person knows or should know is likely to influence such individual to order or to receive from a particular provider, practitioner or supplier any item or service for which payment may be made, in whole or in part, under Medicare or a State health care program....

The federal OIG may impose a penalty, and where authorized, an assessment against any person (including an insurance company in the case of paragraphs (b)(5) and (b)(6) of this section) whom it determines in accordance with this part...

42 CFR § 1003.102(b)(13).



## What are some past examples?

Providers hire persons to **canvass neighborhoods** looking for Medicaid eligible children and pay drivers based on number of children transported for services.

Providers advertise “**free transportation** provided by our friendly drivers” on their website.

Providers give **gift cards** for shoes, school supplies, dental services/**credits** to parents who bring in Medicaid-eligible patients for treatment.



# What law(s) allow penalties for solicitation?

The **Human Resources Code** and **the Texas Medicaid Rules** allow penalties to be assessed against providers who solicit patients. (Hum. Res. Code Sec. 32.039 and 1 Tex. Admin. Code Sec. 371.1715)

Penalties are authorized in an amount up to:

- twice the amount paid, if any, as a result of the violation, plus:
- up to \$11,000 for each violation



# What determines the amount of penalty assessed?

When considering the **amount of a penalty**, the IG must consider:

- (A) the seriousness of the violation;
- (B) whether the person had previously committed a violation; and
- (C) the amount necessary to deter the person from committing future violations.



# Are There Any Exceptions?

Both the Human Resources Code and the Medicaid Rules do not prohibit:

- (A) conducting a marketing campaign;
- (B) providing token items of minimal value that advertise the person's trade name;
- (C) providing complimentary refreshments at an informational meeting promoting the person's goods or services;
- (D) providing a value-added service if the person is an MCO; or
- (E) other conduct specifically authorized by law, including conduct authorized by federal safe harbor regulations (42 CFR §1001.952).



# So what's the difference between solicitation and marketing?

Two Sections of the **Texas Government Code** are specifically devoted to discussing acceptable and unacceptable marketing practices:

**Sec. 531.02115** Marketing Activities by Providers Participating in Medicaid or Child Health Program

**Sec. 533.008** Marketing Guidelines

**Generally**, the law does not discourage generalized dissemination of educational or informative materials.

The law **does prohibit** (some examples):

the targeting of specific persons;

setting up marketing campaigns near an eligibility office;

disseminating misleading information;

encouraging the recipient to select a certain plan or provider over another.



# How Do I File A Complaint?

Complaints can be made by:

- Calling the IG Hotline at: 1-800-436-6184

Or

- Submitting through the IG secure website at:

<https://oig.hhsc.state.tx.us/WafRep/>

- Provide as much specific information as possible
- Website is HIPAA compliant so PHI can be submitted without redaction



# What Happens Next?

- Complaints are reviewed and triaged
- Triaged complaints can be:
  - Closed due to lack of information; information is critical
  - Referred to a DMO and/or TMHP for education
  - Referred for full investigation or to another agency
- Solicitation is one of many factors that are considered when determining the seriousness of the allegations against a provider and what action will be taken



# Provider Education Efforts

There are multiple on-going efforts to inform and educate providers about solicitation restrictions including:

- TMHP banner messages and bulletin articles
- TDA Newsletter and Medicaid/CHIP website
- DMO sponsored webinars
- Presentations:
  - during TDA/TAGD annual meetings
  - at the three Texas dental schools
  - during Texas Health Steps dental forums



# Questions and Contact Info

Questions?



Contact Info:

Linda M. Altenhoff, DDS

Chief Dental Officer

Email: [Linda.Altenhoff@hhsc.state.tx.us](mailto:Linda.Altenhoff@hhsc.state.tx.us)

Phone: 512-491-1106



**CHIP**  
**Children's Medicaid**  
We've got your kids covered.

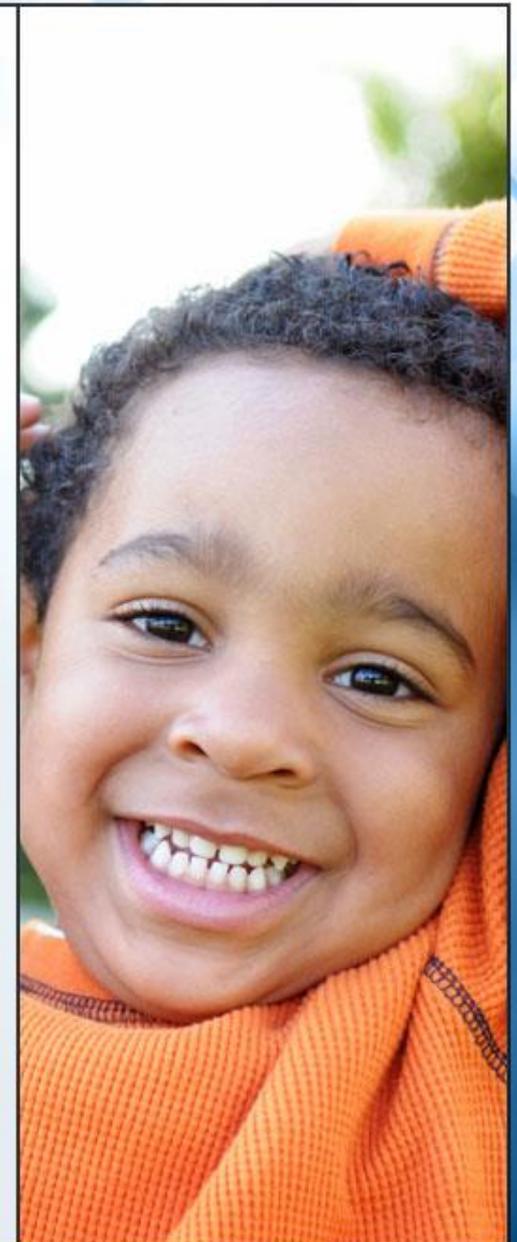
**mcn**adental

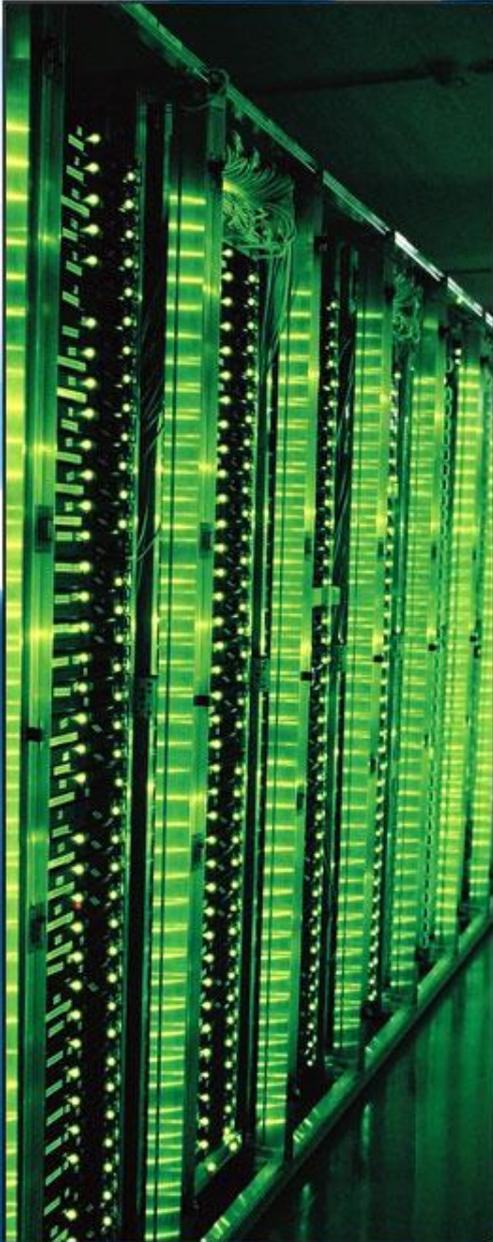


**Medicaid/CHIP Dental  
Stakeholder Meeting  
Presented by Carlos Garcia, D.M.D.  
February 26, 2016**

# Brief Topic Overview

- New Dental Codes
- Endodontic Therapy
- ADA Alloy Classification
- Crown Certifications
- Lab Receipts
- Top Reasons for Claim Denials and for Provider Appeals
- Peer-to-Peer Meetings
- STARR Program
- Provider Relations Map
- Upcoming Training and Webinars
- Important Web Links





# New Dental Codes

- **D9223 Deep sedation/ general anesthesia – each 15 minutes increments** replaced codes D9220 and D9221 for sedation (*Requires submission of anesthesia form*)
- **D9243 Intravenous moderate (conscious) sedation/analgesia – each 15 minutes increments** replaced codes D9241 and D9242 for sedation

## Updated Descriptor and requirements

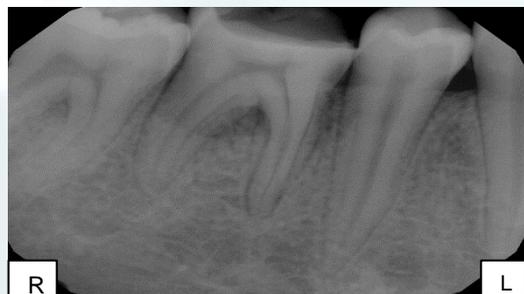
- **D9248 Non-intravenous conscious sedation - This includes non-IV minimal and moderate sedation - will now require documentation in the form of a written, time-oriented anesthetic record be maintained. This record must include the drugs administered and the dosages.**

# Endodontic Therapy

Endodontic therapy requires pre and post operative films to be submitted along with the claim. Please make sure the apex is visible and the canals have been sealed and treatment was completed to the acceptable standard of care. While we welcome any interim x-ray's, please make sure that the post operative x-ray is submitted or the claim will be denied.

## Pre-Operative

Acceptable standard pre-operative x-ray



Acceptable standard pre-operative x-ray

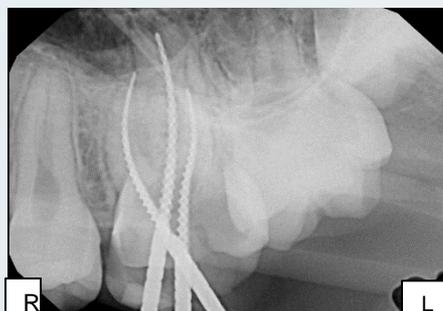


## Intra-Operative

Interim x-ray



Interim x-ray



## Post-Operative

Acceptable final post-operative x-ray



Treatment not acceptable due to falling below the standard of care



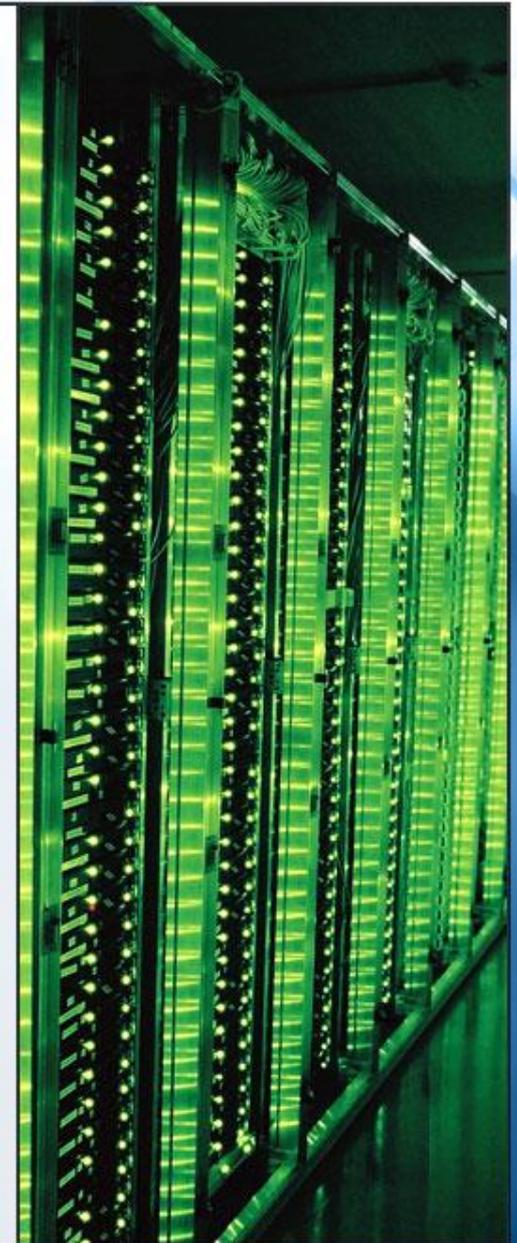
# ADA Alloy Classification

Revised Classification System for Alloys for Fixed Prosthodontics	
Classification	Requirement
<b>High Noble Alloys</b>	Noble Metal Content $\geq 60\%$ (gold+ platinum group*) and gold $\geq 40\%$
<b>Titanium and Titanium Alloys</b>	Titanium $\geq 85\%$
<b>Noble Alloys</b>	Noble Metal Content $\geq 25\%$ (gold + platinum group*)
<b>Predominantly Base Alloys</b>	Noble Metal Content $< 25\%$ (gold + platinum group*)

*\*metals of the platinum group are platinum, palladium, rhodium, iridium, osmium and ruthenium*

More details and information can be viewed at the following web link:

<http://www.ada.org/en/about-the-ada/ada-positions-policies-and-statements/revised-classification-system-for-alloys-for-fixed-prosthodontics>



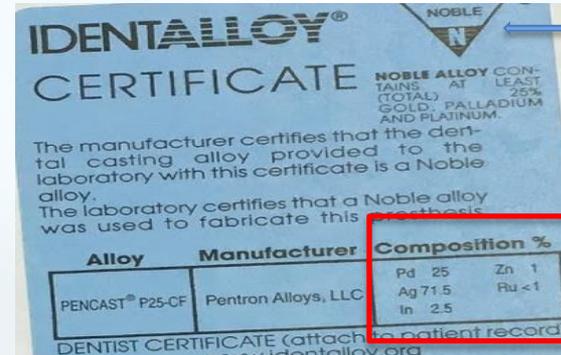
# Crown Composition Certifications

Alloy certifications may be submitted along with the lab invoice as a helpful aid to confirm the composition of the crown. Please keep all originals in the patient's record.



High Noble

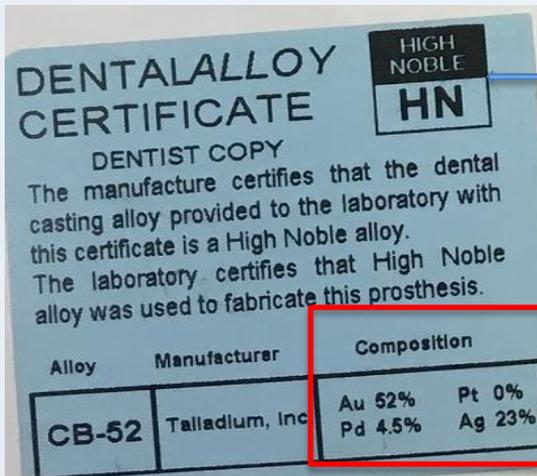
Au 60%  
Ag 22%  
Pd 4%  
Pt 1%



Noble

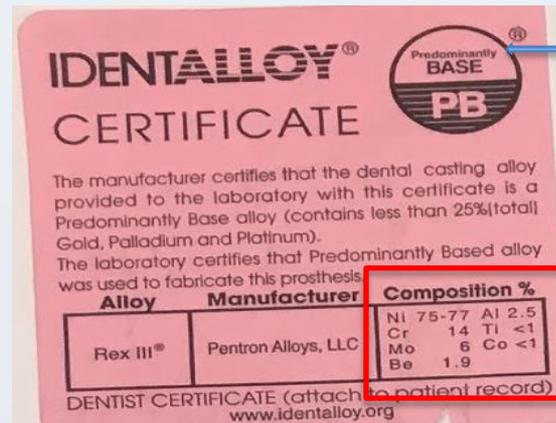
Ag 71.5%  
Pd 25%  
In 2.5%  
Zn 1%  
Ru <1%

The red boxes will show the composition of the different metals



High Noble

Au 52%  
Ag 23%  
Pd 4.5%  
Pt 0%



Predominantly Base

Ni 75-77%  
Cr 14%  
Mo 6%  
Be 1.9%  
Al 2.5%  
Ti <1%  
Co <1%

# Lab Invoice High Noble Metal Crown

Acceptable

ABC Dental Lab  
1234 Main Street  
Austin, TX 78712  
512-123-4567

## Invoice

Date	Invoice #
10/28/2015	257335DL

Bill To
Dr. John Doe

Account #	P.O. No.

Patient name
Jack Smith

Description	Quantity	Rate	Amount
Access Full Metal- High Noble Yellow Tooth # : 19	1	85.00	85.00
Argenco 40 HN (Au 40%, Pd 19.97%, Ag 20%, Zn 3%, In 17%) <b>Au and Pt Group: 60%</b>	2.417	84.00	203.02
<b>Total</b>			<b>288.02</b>



The following procedure requires submission of a lab receipt: D2790

All dental restorations and prosthetic appliances that require lab fabrication may be submitted for reimbursement using the date the final impression was made as the date of service. If the patient did not return for final seating of the restoration or appliance, a narrative must be included on the claim form and in the patient's chart in lieu of the post operative film. Reference page 115 of Provider Manual

# Lab Invoice High Noble Metal Crown

Not Acceptable

ABC Dental Lab 1234 Main Street Austin, TX 78712 512-123-4567		<b>Invoice</b>							
		<table border="1"><tr><th>Date</th><th>Invoice #</th></tr><tr><td>10/28/2015</td><td>257335DL</td></tr></table>	Date	Invoice #	10/28/2015	257335DL			
Date	Invoice #								
10/28/2015	257335DL								
<table border="1"><tr><td>Bill To</td></tr><tr><td><b>Dr. John Doe</b></td></tr></table>		Bill To	<b>Dr. John Doe</b>						
Bill To									
<b>Dr. John Doe</b>									
<table border="1"><tr><td>Account #</td></tr><tr><td></td></tr></table>	Account #		<table border="1"><tr><td>P.O. No.</td></tr><tr><td></td></tr></table>	P.O. No.		<table border="1"><tr><td>Patient name</td></tr><tr><td><b>Jack Smith</b></td></tr></table>		Patient name	<b>Jack Smith</b>
Account #									
P.O. No.									
Patient name									
<b>Jack Smith</b>									
Description	Quantity	Rate	Amount						
Full Gold Crown	1	71.00	71.00						
<p>Does not specify "High Noble Metal" And tooth number missing</p> <p>EXAMPLE</p>									
Like us on Facebook		<b>Total</b>	<b>71.00</b>						



# Most Common Claim Adjustment Reason Codes (CARC)

(codes are not in order of frequency)

## Texas Medicaid

- CARC 2 (Duplicate Claim/Service)- claim or service previously submitted
- CARC 18 (Inclusive to another Procedure)- service covered in payment of another code
- CARC 46 (Non-Covered Service)
- CARC 48 (Missing X-Rays/Narrative)- radiographs/rationale were not provided
- CARC 402 (Main Dental Home)- provider is not listed as the member's main dental home

## Texas CHIP

- CARC 2 (Duplicate Claim/Service)- claim or service previously submitted
- CARC 17 (Non-Covered Expense)
- CARC 18 (Inclusive to another Procedure)- service covered in payment of another code
- CARC 44 (Annual Maximum Exceeded)- the \$564 limit has been reached or exceeded (does not apply to preventive services)
- CARC 298 (Non-Covered Tooth)- the tooth identified on the claim is not covered for this procedure

# Top 3 Reasons for Provider Appeals

## Texas Medicaid

1. Denial of Extractions (Non-wisdom teeth)
2. Clinical Criteria Not Met
3. Claim Denial

## Texas CHIP

1. Claim Denial – No Prior Authorization Obtained
2. Claim Denial
3. Coverage Criteria Not Met

# Peer-to-Peer

- At MCNA all clinical determinations are made by Texas licensed dentists
- The Peer-to-Peer process gives Providers the opportunity to discuss clinical situations with an MCNA Clinical Reviewer of the same specialty.
- If you would like a Peer-to-Peer discussion please contact the Provider Hotline at 855-776-6262
- Peer-to-Peer request **cannot be for administrative denials** i.e. claim denials, missing x-rays/narrative, timely filing, etc.



## **Stellar Treatment And Recognition Reward™ Program (STARR)**

- MCNA is pleased to announce the continuation of our pay-for-quality program known as STARR.
- Each Main Dental Home provider who meets the requirements on the following slide is automatically included in the program.
- Providers are scored based on their provision of timely preventive care services.
- Scorecards for our 2015 program will be posted in the MCNA Provider Portal once the run-out period is complete (early Q2).

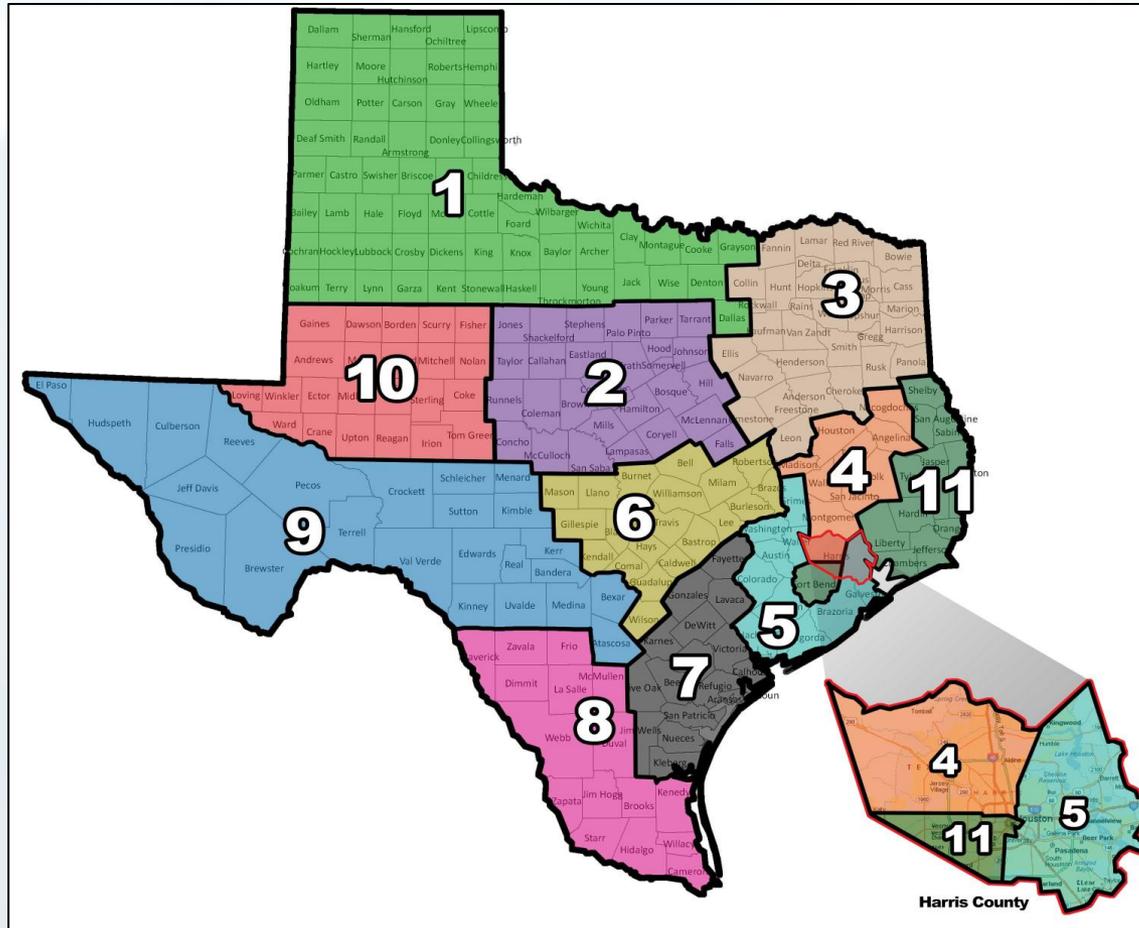
# STARR Qualifying Criteria

- You must have been an active MCNA Main Dental Provider at the end of the plan year (Sept. 1, 2014 - August 31, 2015).
- You must have treated at least 150 MCNA members in your practice during the course of the plan year.
- At least 40% of the members treated had to receive an examination (D0120, D0145, or D0150 as applicable) within 210 days of assignment to you.
- You must have been in good standing with MCNA and all federal and state agencies throughout the measurement period.
- Your office must be active with MCNA on the date of the Recognition Reward payment.

# Recognition Rewards

- Provider rewards are based on the assessment of five categories of preventive service: Prophylaxis Treatment, Fluoride Application, Sealant Application, Recall Visits, and First Dental Home Visit (D0145).
- Each category above is scored from 0-3 stars based on the percentage of members receiving that service.
- The cumulative star total defines the provider's Tier:
  - Tier 1: 12 – 15 Stars
  - Tier 2: 8 – 11 Stars
  - Tier 3: 5 – 7 Stars
  - Tier 4: 1 – 4 Stars
- Providers in Tiers 1 and 2 will receive Recognition Reward payments.

# MCNA Provider Relations Territory Assignments



# MCNA Provider Relations Contact Information

	Territory	Internal Representative			External Representative		
		Name	Ext	Email	Name	Ext	Email
1	Amarillo/Lubbock	Caitlin Lacy	524	clacy@mcna.net	Caitlin Lacy	524	clacy@mcna.net
2	Fort Worth/Abilene/Waco	Caitlin Lacy	524	clacy@mcna.net	Caitlin Lacy	524	clacy@mcna.net
3	N. Dallas/E. Texas	Caitlin Lacy	524	clacy@mcna.net	Caitlin Lacy	524	clacy@mcna.net
4	Houston/Beaumont	Victor Fernandez	538	vfernandez@mcna.net	Tania Alonso	820	talonso@mcna.net
5	Houston/Galveston	Victor Fernandez	538	vfernandez@mcna.net	Michelle Rubio	818	mrubio@mcna.net
6	Austin	Gloria Rubio	545	grubio@mcna.net	Maria Parmenter	531	mparmenter@mcna.net
7	Corpus Christi	Victor Fernandez	538	vfernandez@mcna.net	Dena Marsh	885	dmarsh@mcna.net
8	Laredo/The Valley	Gloria Rubio	545	grubio@mcna.net	Rosalinda De La Cruz	821	rdelacruz@mcna.net
9	San Antonio/El Paso	Gloria Rubio	545	grubio@mcna.net	Pearl Perez	826	pperez@mcna.net
10	W. Texas/Midland/Odessa	Victor Fernandez	538	vfernandez@mcna.net	Dena Marsh	885	dmarsh@mcna.net
11	Houston	Victor Fernandez	538	vfernandez@mcna.net	Eleanora Stoves	532	estoves@mcna.net
	Corp. Dentistry	Larisa Lindsey	542	llindsey@mcna.net	Veronica Garcia	884	vgarcia01@mcna.net

# Upcoming Training Sessions/Webinars

Upcoming online webinar training sessions:

- ***March 22, 2016 – Topic: Charting Requirements***
- ***April 26, 2016 – Topic: CHIP Dental Program***
- ***May 24, 2016 – Topic: Common Denials***

All webinars start at 9:30am

Upcoming in-person “Lunch and Learn” training sessions hosted by MCNA:

***Date:*** *May 11, 2016*

***Location:*** Spring Creek BBQ  
19099 N. Freeway  
Shenandoah, Texas 77385

*\* Lunch will be provided*

# Important Web Links

1. American Academy of Pediatric Dentistry ([www.aapd.org](http://www.aapd.org))
2. American Dental Association ([www.ada.org](http://www.ada.org))
3. MCNA Dental Website ([www.mcnatx.net](http://www.mcnatx.net))
4. MCNA Provider Portal ([portal.mcna.net](http://portal.mcna.net))

# mcnadental



**For additional information, please contact  
MCNA's Provider Hotline at 1-855-776-6262  
or  
MCNA's Member Hotline at 1-855-691-6262**



# MEDICAID/CHIP DENTAL STAKEHOLDER MEETING

February 26, 2016

**BRENDA WALKER**

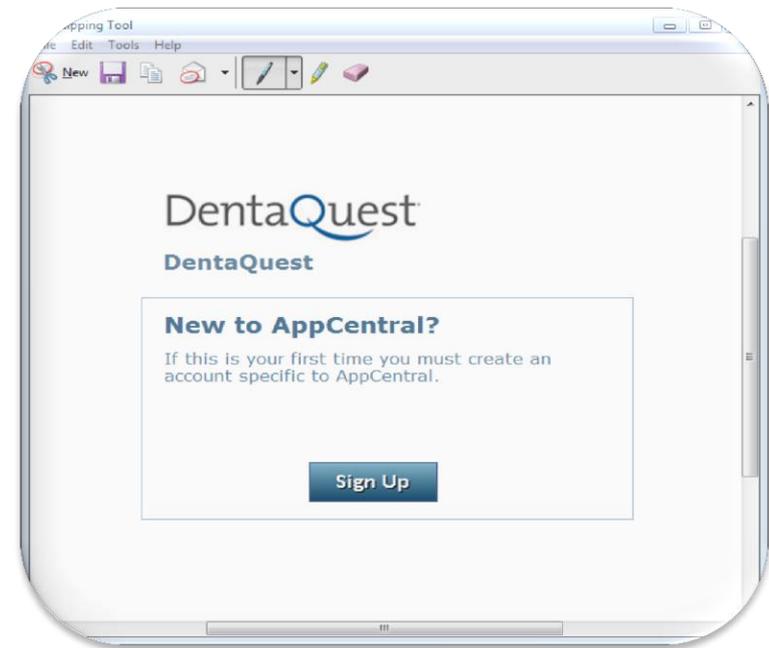
**REGIONAL DIRECTOR, PROVIDER RELATIONS**



DentaQuest®

# Program Updates

- **Electronic credentialing tool **App Central****
  - ✓ **Document storage**
  - ✓ **Updates on status**
  - ✓ **Notification of missing items**
  - ✓ **Recredentialing**



# Program Updates

- **Member Portal**
  - ✓ **Main Dental Home Changes**
  - ✓ **Provider Lookup**
  - ✓ **Replacement ID Cards**
  - ✓ **Reminders**
  - ✓ **Secure Access**



# Program Updates

- **Provider Portal**

- ✓ **Reporting Functionality**
- ✓ **MDH Adds and Changes**
- ✓ **Enhanced Claims and Appeals Process**
- ✓ **Reminders**
- ✓ **Green Communication**
- ✓ **Secure Access**
- ✓ **... *and much more!***



# Provider Quality Program Updates

- ✓ **Gregory Stoute, DMD, MPH – Quality Dental Director**
  
- ✓ **Provider Scorecard**
  - Implemented in 2015
  - Quarterly
  - Provider specific performance

# REMINDERS

# 2016 CDT Code Update

- **New codes as of January 2016:**
  - ✓ D4283
  - ✓ D4285
  - ✓ D9223 – Providers must have a Level 4 Anesthesia Permit
  - ✓ D9243 – Providers must have a Level 3 Anesthesia Permit
- D4283 and D4285 currently paying at \$0
- D9223 and D9243 currently paying at \$35
- Must bill Usual and Customary Rates
- Reprocessing to occur after rates are set

# Interim Care Transfer Process (Medicaid and CHIP)

- Interim Care Transfer (ICT) form must be completed when main dentist is sending member to another credentialed **general** or **pediatric** dentist not located within the Members assigned location for specialty care.
- ICT is not required when referred to provider is located within the same brick and mortar location member is assigned to.
- ICT is not required when member is being referred to a provider type that does not qualify to be a Main Dentist (Orthodontist, Endodontist, ...etc.)
- ICT forms can only be submitted via fax to 1-888-261-1736. All requests are processed daily and a letter is generated to the referred to provider. In the event a letter is not received by the date of service, please call the contact center at 1-800-896-2374 to verify the ICT is on file.

# Most Common Administrative Denial Reasons

1. Service exceeds benefit limitations or maximum benefit allowance.  
*Service history must be checked prior to rendering treatment*
2. Submitting provider is not the member's Primary Care Dentist.  
*Main dentist assignment must be verified on the portal prior to rendering treatment. If the member is a referral, the Interim Care Transfer form must be on file.*
3. This procedure is a duplicate of a service previously processed.  
*Claim for same date of service, same treatment submitted multiple times.*
4. Patient is not eligible for program.  
*Member must be eligible for program as well as be assigned to DentaQuest for date of service.*
5. This procedure has been submitted after the timely filing limit.  
*Claims submitted past 95 day from date of service timely filing limit or appeal submitted incorrectly.*

# Most Common Clinical Denial Reasons

1. CHIP – No narrative or supporting documentation for exceeding the \$564 maximum.
2. Extractions – Submitting for a higher code than documentation supports. *For example, D7240 for a soft tissue impaction*
3. Crown – Tooth does not have extensive decay on multiple surfaces or moderate cuspal involvement.
4. Crown – No pre-op radiograph provided. Pre-op and post-op radiographs are required.
5. Third molar extractions – Provider does not submit a tooth specific narrative, the notes are generic or a template used for every prior auth.

# SUBMITTING X-RAYS

## Electronically

- National Electronic Attachment
- Provider web portal

## Mail

- Mail duplicate with your ADA claim forms
- Send originals with ADA claim form and self addressed stamped envelope

# X-ray Submission Reminders

X-rays should be mounted

Claims with four or more unmounted X-rays will be returned

Good diagnostic quality, date, member name

Cannot return X-rays without SASE. We'll scan and recycle missing an SASE

Refer to ORM to determine if X-rays are required

**FOR ADDITIONAL QUESTIONS PLEASE  
CONTACT:**

**MEDICAID AND CHIP PROVIDER HOTLINE  
1-800-896-2374**

**MEDICAID MEMBER HOTLINE  
1-800-516-0165**

**CHIP MEMBER HOTLINE  
1-800-508-6775**



**THANK YOU!**

**DentaQuest**

# Questions

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## Question and Answer

## Contact Information

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Marguerite Laccabue, DDS, MPH

[Marguerite.Laccabue@hhsc.state.tx.us](mailto:Marguerite.Laccabue@hhsc.state.tx.us)

(512) 424-6514

Questions:

[DentalStakeholderMeeting@hhsc.state.tx.us](mailto:DentalStakeholderMeeting@hhsc.state.tx.us)

Managed Care Inquiries and Complaints Mailbox:

[HPM\\_Complaints@hhsc.state.tx.us](mailto:HPM_Complaints@hhsc.state.tx.us)