

Montana Healthcare Programs

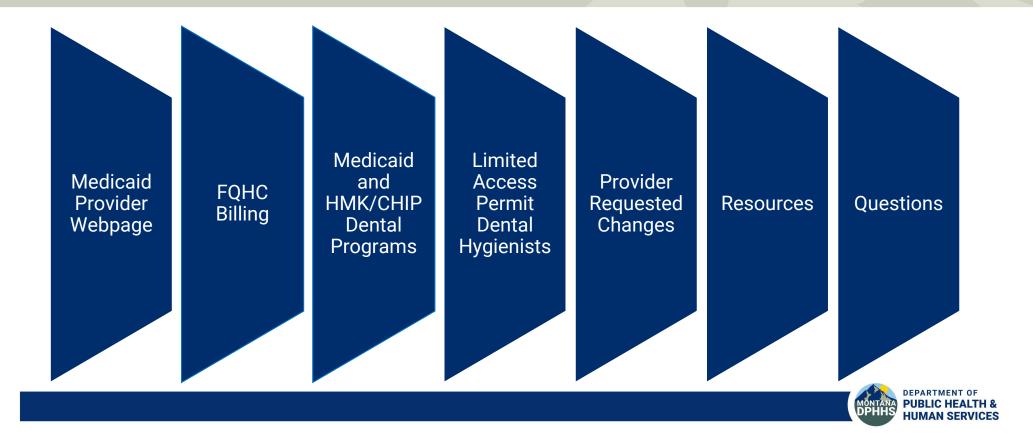
FQHC Dental Billing October 10, 2024 – 2 PM



Slide 1

KH0 [@LeMieux, Mary] Adding you for awareness. Hawkins, Katie, 2024-10-09T18:29:47.296

Agenda



Medicaid Provider Webpage



Medicaid Provider Webpage

- <u>https://medicaidprovider.mt.gov</u>
- Central hub for MT Medicaid Program information, including but not limited to -
 - Announcements
 - Trainings
 - Claim Jumper
 - Provider Fee Schedules and Manuals
 - Forms
 - Prior Authorization Information
 - Provider Notices
- The "Resources by Provider Type" tab is where program specific information can be found.



FQHC Provider Manual

| Prior Authorization Forms Claim Jumper Newsletters | | |
|--|----|---|
| Provider Manuals | > | |
| General Information for Providers Medicaid manual with general information for all provider types. | | |
| <u>Federally Qualified Health Center Services</u> This manual has information specific to your provider type. | | |
| Prescription Drug Program, Prior Authorization Chapter Prior authorization requirements and procedures are covered in this chapter. | | |
| Passport to Health Everything a provider needs to know to become a successful Passport provider. | | |
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Dental Provider Manual

| Dental | | | | |
|--|-----------------------|--------------|--------------------------|---|
| | Prior Authorization | <u>Forms</u> | Claim Jumper Newsletters | |
| Provider Manuals | | | | > |
| General Information for Providers | | | | |
| Medicaid manual with general information for | r all provider types. | | | |
| Dental and Denturist Services | | | | |
| This manual has information specific to your | provider type. | | | |
| Healthy Montana Kids (HMK) and CHIP Der | tal Services | | | |
| This manual has information specific to HMM | | S. | | |
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Outpatient Prospective Payment System (OPPS) Fee Schedules

| Hospital Outpatient | |
|--|---|
| Prior Authorization Forms Claim Jumper Newsletters | |
| Provider Manuals | ~ |
| Medicaid Rules and Regulations | ~ |
| Fee Schedules – APC | ~ |
| Fee Schedules – ATP Tests and Fees | ~ |
| Fee Schedules – Clinical Laboratory (CLAB) | ~ |
| Fee Schedules – Outpatient Procedure (OPP) Codes | > |
| July 2024 OPPS Cover Sheet July 2024 OPPS Fee Schedule PDF July 2024 OPPS Fee Schedule Excel April 2024 OPPS Fee Schedule PDF Rev. 05/03/2024 April 2024 OPPS Fee Schedule PDF Rev. 05/03/2024 | |
| January 2024 OPPS Coversheet January 2024 OPPS Fee Schedule PDF January 2024 OPPS Fee Schedule Excel | ^ |

- The OPPS Fee schedule is only for reference for codes that are reimbursable by Medicaid.
- Refer to the fee schedule that is appropriate for the date of service.



Dental Fee Schedules

| Fee Schedules – Dental | > |
|--|---|
| July 2023 Dental Cover Sheet July 2023 Dental Fee Schedule PDF July 2023 Dental Fee Schedule Excel | |
| Fee Schedules – Dental Hygienist | > |
| <u>July 2023 Dental Hygienist Coversheet</u> <u>July 2023 Dental Hygienist Fee Schedule PDF</u> <u>July 2023 Dental Hygienist Fee Schedule Excel</u> | |
| Fee Schedules - HMK Dental | > |
| July 2023 HMK Dental Covered Codes PDF July 2023 HMK Dental Covered Codes Excel | |

 Use these fee schedules, in conjunction with the Dental Provider Manuals, to confirm code limits and service requirements.



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FQHC Dental Billing



Billing and Reimbursement

Revenue code 512 is billed with the appropriate dental procedure code on a UB-04 claim form.

One face-to-face encounter per day is allowed. All procedure codes billed with revenue code 512 will bundle into one payment.

Reimbursement is the facility specific Prospective Payment System (PPS) rate less any TPL payments.

Fluoride varnish application only encounters are not separately billable. This service is incidental to the preventative screening or dental visit and included in the PPS rate.



Access to Child and Baby Dentistry (AbCd) Codes

- CPT codes D0145, D0425, D1310, and D1330 can only be billed by a dentist who is AbCd certified.
 - Dental hygienists are not eligible for AbCd certification
- A dentist must receive continuing education in early pediatric dental techniques to qualify as an AbCd specialist.
- Additional information on AbCd certification can be found on the <u>Bright</u> <u>Smiles Montana</u> website.



Medicaid and HMK/CHIP Dental Programs



Medicaid Dental Program

Subject to the \$1,125 dental treatment limit per benefit year

Members aged 21 and over

Not subject to the dental treatment limit

- Members aged 20 and under
- Members categorically eligible for Aged, Blind, and Disabled (ARM 37.82.204)



Medicaid Dental Program

Services that <u>do not</u> apply to the annual treatment limit:

Diagnostic (D0XXX);

Preventative (D1XXX)

Denture Services (D5XXX); and

Anesthesia services (D9223, D9243, D9248)

Services that *apply* to the annual limit:

Fillings and Crowns (D2XXX);

Root Canals (D3XXX);

Periodontal Services (D4XXX); and

Dental Surgery (D7XXX)



HMK/CHIP Dental Program

Requires a separate provider enrollment for the treating dentist.

Has its own covered code list and provider manual which can be referenced for service limits and program requirements.

Members can receive \$1,900 in dental services per benefit year. Dental services are reimbursed the PPS rate less any TPL.

Does not cover orthodontic services, jaw surgeries, prosthetics, surgical procedures, or treatment of fractures.

Implants are covered but require prior authorization and have a lifetime limit of \$1,500 per person.

Additional information can be found on the Medicaid Provider web page \rightarrow Resources by Provider Type \rightarrow Dental



Limited Access Permit Dental Hygienists



Limited Access Permit (LAP) Dental Hygienist

- LAP dental hygienists must be enrolled in Montana Healthcare Programs.
- Enrollment will be completed utilizing the rendering only provider application when employed by an FQHC/RHC.
- When the LAP dental hygienist is under supervision of a dentist, similar to a non-LAP dental hygienist, bill for services under the treating dentist's NPI.



Provider Requested Changes



Provider Requested Changes

- Remove periodontal maintenance and SRP codes from the list of treatment codes that apply toward a member's adult treatment limit.
- Remove the maximum age limitation on night guards. (CDT D9944, D9945, D9946)



Resources



Contact Information

FQHC/RHC Program Officer – Andee Franco

- Email: andrea.franco@mt.gov
- Phone: 406.444.7018

Dental Program Officer – Lynea Linz

- Email: HHSMedicaidDental@mt.gov
- Phone: 406.444.3182

Provider Relations

- Phone: 800.624.3958 or 406.442.1837
- Fax: 888.772.2341
- Enrollment Email: <u>MTEnrollment@conduent.com</u>
- Provider Relations Email: <u>MTPRHelpdesk@conduent.com</u>
- Address: Provider Relations Units | PO Box 4936 | Helena, MT 59604



Important Websites

| Administrative Rules of Montana | <u>rules.mt.gov</u> |
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| Bright Smiles Montana | Certification for Dentists (brightsmilesmontana.com) |
| Medicaid Provider Website | <u>medicaidprovider.mt.gov</u> |
| Medicaid Frequently Asked Questions | https://medicaidprovider.mt.gov/faqs |
| Medicaid Forms | https://medicaidprovider.mt.gov/forms |
| Montana Access to Health Web Portal | https://mtaccesstohealth.portal.conduent.com/mt/general/home.do |
| MPATH Provider Services Portal | https://mtdphhs-provider.optum.com |
| | DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES |

Questions?

