

Colorado Summit

DentaQuest®



Updates for Providers in the Colorado Medicaid Dental Program

Vol. 2 – October 2014

Dear Dental Provider,

DentaQuest is pleased to be working with HCPF on the important job of ensuring the Medicaid members of Colorado receive excellent dental care and that our dentists and dental hygienists have easy administration with prompt claim processing.

This issue of the Colorado Summit will cover the following:

- An update on the Colorado Medicaid Dental Program Rate Increase
- An overview of Scaling and Root Planing Criteria
- Meet the DentaQuest Colorado Team
- Dental Anesthesia/Deep Sedation overview and clarification on payment
- Claims Reports for July - September
- DentaQuest Provider Question of the Month

Colorado Medicaid Dental Program Fee Increase

As you have seen in previous Provider Bulletins from HCPF, provider rate increases were announced effective as of July 1, 2014. In order to process all claims with this increase retroactively, and to assure any reprocessed claims pay at the higher rate, it is important that claims received are billed with your office's UCR (Usual and Customary Rate). DentaQuest's claims payment system is designed to process claims up to the designated Medicaid fee schedule. If a provider bills at the base Medicaid rate, DentaQuest will only be able to pay up to the lowest rate billed, not the whole new increased rate. Updated fee schedules will be communicated as soon as the Centers for Medicare & Medicaid services (CMS) approves the new rates.

Periodontal Scaling and Root Planing

DentaQuest has received questions from providers regarding Scaling and Root Planing procedures and the process to obtain Prior Authorization (PAR).

From the American Academy of Periodontology (AAP) Policy on Scaling and Root Planing:

“Periodontal scaling is a treatment procedure involving instrumentation of the crown and root surfaces of the teeth to remove plaque, calculus, and stains from these surfaces. It is performed on patients with periodontal disease and is therapeutic, not prophylactic, in nature. Periodontal scaling may precede root planing, which is the definitive, meticulous treatment procedure to remove cementum and/or dentin that is rough and may be permeated by calculus, or contaminated with toxins or microorganisms. Periodontal scaling and root planing are arduous and time consuming. They may need to be repeated and may require local anesthetic.”

Colorado Medicaid Dental Program Criteria and Required Documentation

Covered codes (children and adults):

D4341 Periodontal Scaling and root planing – four or more teeth per quadrant

D4342 Periodontal Scaling and root planing – one to three teeth per quadrant

Criteria:

- Complete periodontal charting indicating abnormal pocket depths in multiple sites, PSR is not acceptable
 - AAP Case Type should be included in the charting
- Radiographs – Periapicals or Bitewings preferred
- Additionally at least one of the following must be present:
 - 1) Radiographic evidence of root surface calculus
 - 2) Radiographic evidence of noticeable loss of bone support (2.5 mm or greater from the CEJ)
- PAR is required
- D4341 or D4342 allowed once per quadrant every three years
- Maximum of two quadrants per date of service is allowed except in a hospital setting
- Not allowed if there is a history of D4211 or D4212 provided in the past 12 months in the same quadrant
- Prophylaxis is not paid on the same day as either D4341 or D4342

Meet the DentaQuest Colorado Team

DentaQuest offers a variety of support staff to assist both providers and members. While we are a team, united in our efforts to support everyone involved with the Colorado Medicaid Dental Program, we hold a variety of unique roles.

Colorado Medicaid MEMBER Services Support Line, 855-225-1729

This is the primary number given to members for any type of support. If a patient has a question about benefits or their claims history, reimbursement, policies or procedures, wants to register a complaint or needs to request an ID card or packet, have them call this toll-free member support line. Non-English speaking members can use this line as well, with translation services available for over 50 languages.

Colorado Medicaid PROVIDER Services Support Line, 855-225-1731

This is the primary toll-free number for providers with immediate questions regarding the Colorado Medicaid Dental Program provider participation, or for questions regarding claims, prior authorization requests, service coverage, reimbursements, claims denial.

Provider Relations Representatives:

Specializing in provider support, acting as the primary on site person for providers to improve their understanding of the benefit program, policies and procedures, particularly around portal access and usability, billing and reimbursement, documentation, coding and procedure questions. These Reps are the front line of support for providers and provider staff. If you have a question about any of these issues, call:

- Laura Jacob, RDH, MA: Supervisor: 303-794-3226
- Karen Savoie, RDH: Denver, South Metro and South Eastern Colorado: 303-680-2153
- Lisa Larkin: West and North Metro and North Eastern Colorado: 720-645-2998
- Christie Robson: Western Slope and up to Front Range: 970-464-2240

Outreach and Member Education Representatives:

Specializing in member oral health education and outreach to entities that serve the Medicaid population, the Outreach team is working within the community to increase the oral health of the Medicaid members. If you have

questions about educational events, partnerships within the community or would like support with existing outreach efforts, call:

- Nancy Greene, Outreach Coordinator: Southeastern Colorado: 303-349-3439
- Betsy Holman, MPH: Denver Metro Area and Northeastern Colorado: 303-349-5084
- Angela Law, RDH, BS: Western and Southern Colorado: 303-204-0592

Dental Anesthesia/Deep Sedation – Prior Authorization (PAR) Clarification

Dental Anesthesia/Deep Sedation Cases: DentaQuest requires a Prior Authorization to determine the necessity for the dental procedure to be performed in a hospital or short procedure unit/facility. The PAR should be in the form of a narrative and/or treatment plan submitted as a part of the PAR process.

Payment for Anesthesia

The administration of anesthesia/deep sedation is billed to the Medical portion of the Medicaid Program and these claims are not processed by DentaQuest. Any Prior Authorization required for anesthesia/deep sedation would occur with HCPF.

Claims Reports

Below are summaries gathered from claims data from July –September.

| UNIQUE MEMBERS SEEN | July - 2014 | August - 2014 | September – 2014 |
|---------------------|-------------|---------------|------------------|
| CO Medicaid Adult | 14,139 | 24,828 | 28,559 |
| CO Medicaid Child | 33,759 | 47,659 | 42,701 |

It is wonderful to see the increase in Adult members being seen by the Colorado provider community

| CLAIMS SUMMARY REPORT | July - 2014 | August - 2014 | September - 2014 |
|--|-------------|---------------|------------------|
| Claims fully paid for the month | 35,361 | 62,246 | 65,079 |
| Claims partially paid for the month | 17,144 | 23,704 | 19,348 |
| Claims fully denied for the month | 7,892 | 6,828 | 6,732 |
| Clean claims for the month | 61,035 | 92,942 | 91,230 |
| Unclean claims for the month | 7,190 | 2,312 | 1,733 |
| Total claims for the month | 68,225 | 95,254 | 92,963 |
| Paid Rate | 86.02% | 92.48% | 92.54% |
| Clean Claims Received as a % of Total | 89.5% | 97.6% | 98.1% |

Provider Question of the Month

Why does the D7210 - Surgical Removal of an Erupted Tooth for adults require prior authorization

This code currently requires prior authorization by State rule. However, HCPF is currently reviewing and will be addressed with the Medical Services Board in January.