

HEALTH CARE AUTHORITY
Olympia, Washington

To: Dental Providers
Managed Care Organizations

Memo #: 11-51
Issued: August 24, 2011

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Health Care Authority

For information contact:
1-800-562-3022, or go to:
<http://hrsa.dshs.wa.gov/contact/default.aspx>

Subject: Dental Services: Coverage and Authorization Changes

The Health Care Authority (the Agency) is making the following changes to which clients are eligible for adult dental services:

- **Retroactive to dates of service on and after July 1, 2011**, the agency has increased the eligibility coverage groups; and
- **Effective for dates of service on and after October 1, 2011**, the agency will decrease the eligibility coverage groups.

Overview

All policies previously published remain the same unless specifically identified as changed in this memo.

Which Clients Are Now Eligible for Adult Dental Coverage?

Retroactive to dates of service on and after July 1, 2011, in addition to clients whose care is managed by the Division of Developmental Disabilities, the following clients ages 21 and older are eligible for the comprehensive adult dental benefit:

- Confirmed pregnant women (including 2 months post delivery).
- Clients who live in one of the following facilities:
 - ✓ Nursing Home; or
 - ✓ Nursing facility wing of a State Veteran's home.

- Clients on the following 1915(c) waivers administered by the Home and Community Services (HCS) Division of the Aging and Disability Services Administration (ADSA):
 - ✓ COPES¹;
 - ✓ Medically Needy In-Home Waiver (MNIW);
 - ✓ Medically Needy Residential Waiver (MNRW);
 - ✓ New Freedom (NFCDS); and
 - ✓ Roads to Community Living (RCL).

Note: All clients must have medical assistance coverage at the time of service.

What Documentation Should a Client Be Instructed To Bring to Their Visit?

Providers should obtain and keep a copy of all documentation required to support eligibility determination in the client’s record, including print outs of any ProviderOne inquiries. The following table illustrates the minimum documentation clients should bring to their visit:

Client	Minimum Documentation Requirements ²
Clients served by the Division of Developmental Disabilities	1. Client Services Card or Client ID ending in “WA” until September 30, 2011.
Confirmed pregnant women (including 2 months post delivery)	1. Client Services Card or Client ID ending in “WA”; and 2. Letter from primary care provider or obstetrics care provider stating that the client is pregnant and what the estimated due date is.
Clients who live in an institution (nursing home or nursing facility wing of a State Veteran’s home)	1. Client Services Card or Client ID ending in “WA”; and 2. “Institutional Residence Verification for Dental Services” form completed by a staff person at the institution.
COPES, New Freedom(NFCDS), MNRW, MNIW, or RCL.	1. Client Services Card or Client ID ending in “WA”; and 2. Planned Action Notice (PAN) ³ .
Not sure	1. Client Services Card or Client ID ending in “WA”; and 2. Letter from Home and Community Services headquarters stating dental eligibility.

Note: Providers are encouraged to do as much of the eligibility determination process as possible prior to scheduling the client for services.

¹ Community Options Program Entry System

² The Agency or the Agency’s designee will require this documentation when a provider requests site-of-service prior authorization and/or authorization of the procedure.

³ PAN is often not required. Please see Eligibility Determination Flowchart and Expedited Prior Authorization (EPA) Criteria at: <http://hrsa.dshs.wa.gov/DentalProviders/DentalIndex.html>.

How Do I Verify that the Client Is Eligible for Dental Services?

Using the documents provided by the client and the information obtained in ProviderOne, follow the Eligibility Determination Flowchart located on the Agency's Dental Services webpage at: <http://hrsa.dshs.wa.gov/DentalProviders/DentalIndex.html> to determine what, if any, dental services your client is eligible for. Remember, all applicable Agency rules, billing instructions, prior authorization requirements, and limitations apply. The flowchart is most easily used in portable document format (PDF) as it links the pages to each other.

What If I Already Provided Services to a Client?

If you provided services to eligible clients on or after July 1, 2011, you may bill for the service as long as you can obtain the appropriate back-up documentation and bill with an eligibility EPA number at the claim header (see the Eligibility Determination Flowchart and Eligibility EPA Criteria).

Division of Developmental Disabilities Clarification

Effective October 1, 2011, and after, only clients of the Division of Developmental Disabilities that qualify below are eligible for the comprehensive dental benefit:

- Clients who are 20 years of age and younger.
- Confirmed pregnant women (including 2 months post delivery).
- Clients who live in one of the following facilities:
 - ✓ Nursing Home,
 - ✓ Nursing facility wing of a State Veteran's home;
 - ✓ Privately-operated Intermediate Care Facility for the Intellectually Disabled (ICF/ID); or
 - ✓ State-operated Residential Habilitation Center (RHC).
- Clients covered on one of the following DD waivers:
 - ✓ Basic;
 - ✓ Basic Plus;
 - ✓ Core;
 - ✓ RCL; or
 - ✓ Community Protection.

For clients affected by this change, the Agency will complete all authorization requests submitted by 5:00 pm on September 30, 2011. If the Agency approves the authorization request, the Agency will cover the service, even if the service is not performed until October 1, 2011, or after. Any unauthorized service billed with a date of service on or after October 1, 2011, will be denied.

Clients who are no longer eligible for the comprehensive adult dental benefit may be eligible for the Emergency Oral Healthcare program. Refer to the Agency's *Physician-Related Services/Healthcare Professional Services Billing Instructions* at: http://hrsa.dshs.wa.gov/download/Billing_Instructions/Physician-Related_Svcs/Physician-Related_Services_BI.pdf.

Authorization Clarification

Note: Dental services may require up to three different authorization numbers:

1. Eligibility EPA—used at claim header level;
2. Site-of-service prior authorization; and/or
3. Procedure prior authorization—used at claim header or line level⁴.

Dental-Related Resources

The following dental-related resources can be found on the dental website at: <http://hrsa.dshs.wa.gov/DentalProviders/DentalIndex.html>:

1. Eligibility Determination Flowchart.
2. Frequently Asked Questions (FAQ) and Glossary of Terms.
3. Expedited Prior Authorization (EPA) Criteria.
4. Dental Services Coverage Table.

Updated Billing Instructions

The Agency will publish new billing instructions with the information in this memo in the near future. Use the *Dental Program Billing Instructions for Clients Age 21 and Older* dates of service July 1, 2010 - December 31, 2010, in the mean time to determine which services will be covered for clients 21 years of age and older. Click [here](#) to view/download these billing instructions.

How Can I Get Agency Provider Documents?

To download and print the Agency's provider numbered memos and billing instructions, go to the Agency's website at: <http://hrsa.dshs.wa.gov> (click the *Billing Instructions and Numbered Memorandum* link).

⁴ When requesting prior authorization from the Agency, you must put appropriate EPA for Eligibility in box #6 on the General Information for Authorization form (13-835).