

Washington Apple Health (Medicaid)

Oral Health Connections (OHC) Pilot Project Billing Guide

(For services provided in Cowlitz, Spokane, and Thurston counties only)

January 1, 2019

Every effort has been made to ensure this guide's accuracy. If an actual or apparent conflict between this document and an agency rule arises, the agency rules apply.

About this guide*

This publication takes effect January 1, 2019, and supersedes earlier guides to this program.

The Health Care Authority (agency) is committed to providing equal access to our services. If you need an accommodation or require documents in another format, please call 1-800-562-3022. People who have hearing or speech disabilities, please call 711 for relay services.

Washington Apple Health means the public health insurance programs for eligible Washington residents. Washington Apple Health is the name used in Washington State for Medicaid, the children's health insurance program (CHIP), and state-only funded health care programs. Washington Apple Health is administered by the Washington State Health Care Authority.

Refer also to the agency's [ProviderOne Billing and Resource Guide](#) for valuable information to help you conduct business with the agency.

What has changed?

Subject	Change	Reason for Change
N/A		

* This publication is a billing instruction.

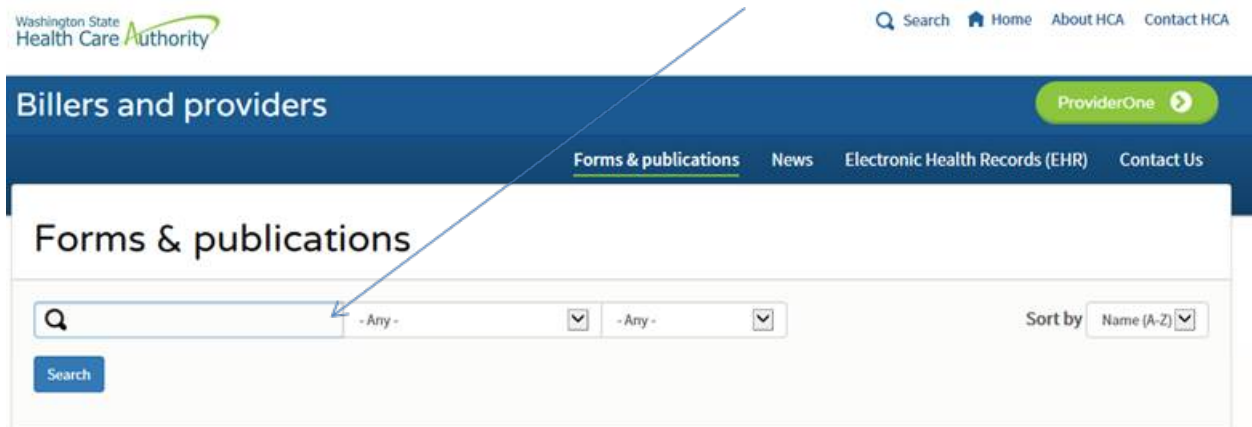
How can I get agency provider documents?

To access provider alerts, go to the agency's [provider alerts](#) webpage.

To access provider documents, go to the agency's [provider billing guides and fee schedules](#) webpage.

Where can I download agency forms?

To download an agency provider form, go to the agency's [Forms & publications](#) webpage. Type the agency form number into the **Search box** as shown below (Example: 13-835).



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Resources Available

Topic	Resource
Becoming a provider or submitting a change of address or ownership	See the agency's ProviderOne Resources webpage
Contacting Provider Enrollment	
Finding out about payments, denials, claims processing, or agency managed care organizations	
Electronic billing	
Finding agency documents (e.g., billing guides, fee schedules)	
Private insurance or third-party liability, other than agency-contracted managed care	
Access E-learning tools	

Definitions

This list defines terms and abbreviations, including acronyms, used in this billing guide. Refer to [Chapter 182-500 WAC](#) for a complete list of definitions for Washington Apple Health.

Comprehensive oral evaluation – A thorough evaluation and documentation of a client’s dental and medical history to include: extra-oral and intra-oral hard and soft tissues, dental caries, missing or unerupted teeth, restorations, occlusal relationships, periodontal conditions (including periodontal charting), hard and soft tissue anomalies, and oral cancer screening. ([WAC 182-535-1050](#))

Designated community organization - An auxiliary group or groups that partner with the Health Care Authority and Arcora Foundation to implement the OHC pilot project. (WAC 182-535-1270)

Periodontal maintenance – A procedure performed for clients who have previously been treated for periodontal disease with surgical or nonsurgical treatment. It includes the removal of supragingival and subgingival micro-organisms, calculus, and deposits with hand and mechanical instrumentation, an evaluation of periodontal conditions, and a complete periodontal charting as appropriate. (WAC 182-535-1050)

Radiograph (X-ray) – An image or picture produced on a radiation sensitive film emulsion or digital sensor by exposure to ionizing radiation. (WAC 182-535-1050)

Root planing – A procedure to remove plaque, calculus, micro-organisms, rough cementum, and dentin from tooth surfaces. This includes use of hand and mechanical instrumentation. (WAC 182-535-1050)

Scaling – A procedure to remove plaque, calculus, and stain deposits from tooth surfaces. (WAC 182-535-1050)

Program Overview

(WAC 182-535-1270)

What is the Oral Health Connections (OHC) pilot project?

The Washington State Legislature directed the Health Care Authority (agency) and the Arcora Foundation to establish the Oral Health Connections (OHC) pilot project to test the effect enhanced oral health services have on the overall health of diabetic or pregnant Medicaid clients age 21 to 64. This pilot project focuses on clients receiving services in the following counties:

- Cowlitz
- Spokane
- Thurston

The goal is to gain additional information on whether or not enhanced periodontal care, in these populations, could lead to improved health outcomes and reduced health care costs.

The OHC pilot project is a partnership between the public and private sectors, including:

- The Health Care Authority
- Arcora Foundation
- The University of Washington (UW) School of Dentistry
- Local dental societies
- Local community partners

Diabetes and pregnancy are conditions associated with increased dental disease; pregnant and diabetic people with dental disease can experience pregnancy complications and can have difficulty managing their diabetes. Clients served in the pilot project will have access to an integrated dental and medical system in which their medical practitioner will address clients' oral health and refer them to participating dentists. These dentists will provide care and treatment aimed at enhancing clients' overall oral-systemic health.

How does the OHC pilot project work?

Who	Responsibility
Community service programs, including local health jurisdictions.	Identify Medicaid-eligible clients and refer them to the program.
OHC pilot project – certified dentists	<p>Provide prevention and dental treatment for eligible clients.</p> <p>Bill the agency for provided services according to this guide.</p>
Medical providers and medical managed care organizations (MCOs)	<p>Provide education regarding the relationship of oral and systemic health.</p> <p>Identify eligible clients and refer them to dental providers.</p>
Local dental societies	Encourage and support participation from members and cohost OHC training and certification continuing education (CE) courses.
Health Care Authority	<p>Pay program-certified dentists for services covered under this program.</p> <p>Maintain and update billing guide as needed.</p>
University of Washington School of Dentistry	Provide technical and procedural consultation on the enhanced treatments and deliver OHC training and certification CE courses.
Arcora Foundation	<p>Provide management services, funding, and technical assistance to support client outreach, linkage, provider recruitment, and evaluation.</p> <p>Engage and support medical MCOs and medical providers in developing and implementing patient identification and referral processes.</p>

Provider Eligibility

Who may provide OHC dentistry?

(WAC 182-535-1270 (8)(9))

Dentists who are certified through the Oral Health Connections (OHC) pilot project training curriculum, developed by the Arcora Foundation and the UW School of Dentistry, may provide OHC dentistry. Providers trained in this curriculum are eligible to bill for OHC pilot project enhanced rates.

To receive the enhanced rate, dental providers must do all of the following:

- Meet the provider qualifications in the Health Care Authority's (agency) current [Dental-related services billing guide](#)
- Provide the services in Cowlitz, Spokane, or Thurston counties
- Complete OHC training designed specifically for the pilot project; upon completing OHC training, dental providers will be certified to participate in the pilot project.

The agency assigns a unique identifier to providers who complete OHC training, which allows them to receive the enhanced rate.

The Arcora Foundation instructs medical providers (physicians, advanced registered nurse practitioners (ARNPs), physician assistants) to recognize the connection between oral health and systemic health, to address oral health in their medical setting, and to refer eligible OHC patients to dental care.

Client Eligibility

Who is eligible?

(WAC 182-535-1270(3)(a)(b)(c)(d))

To be eligible to participate in the Oral Health Connections (OHC) pilot project, clients must be all of the following:

- Age 21 to 64
- Pregnant (includes the 60-day postpartum period from the date of delivery) or diabetic (Type I or II), or both
- Receiving services listed in the [Coverage Table](#) in Cowlitz, Spokane, or Thurston counties

Note: Nondental primary health care providers, managed care providers, or designated community organizations will refer clients to qualified OHC trained and certified dental providers.

Who is not eligible?

(WAC 182-535-1270(5)(a)(b)(c))

Certain programs are excluded from the OHC pilot project. Therefore, clients who participate in the following programs are not eligible for services under this pilot project:

- Family Planning Only or TAKE CHARGE programs under chapter [182-532](#) WAC
- Medical care services (MCS) program under WAC [182-508-0005](#)
- Clients who are enrolled in both Medicaid and Medicare

How can I verify a client's eligibility?

Providers must verify that a client has Washington Apple Health coverage for the date of service, and that the client's benefit package covers the applicable service. This helps prevent delivering a service the agency will not pay for.

Verifying eligibility is a two-step process:

Step 1. Verify the client's eligibility for Washington Apple Health. For detailed instructions on verifying a client's eligibility for Washington Apple Health, see the *Client Eligibility, Benefit Packages, and Coverage Limits* section in the agency's current [ProviderOne billing and resource guide](#).

If the client is eligible for Washington Apple Health, proceed to **Step 2**. If the client is **not** eligible, see the note box below.

Step 2. Verify service coverage under the Washington Apple Health client's benefit package. To determine if the requested service is a covered benefit under the Washington Apple Health client's benefit package, see the agency's [Program benefit packages and scope of services](#) webpage.

Note: Clients who wish to apply for Washington Apple Health may do so in one of the following ways:

1. By visiting the Washington Healthplanfinder's website at: www.wahealthplanfinder.org
2. By calling the Customer Support Center toll-free at: 855-WAFINDER (855-923-4633) or 855-627-9604 (TTY)
3. By mailing the application to:
Washington Healthplanfinder
PO Box 946
Olympia, WA 98507

In-person application assistance is also available. To get information about in-person application assistance available in their area, people may visit www.wahealthplanfinder.org or call the Customer Support Center.

Are clients enrolled in an agency-contracted managed care organization (MCO) eligible?

Yes. Most Medicaid-eligible clients are enrolled in one of the agency's contracted managed care organizations (MCOs). For these clients, managed care enrollment will be displayed on the client benefit inquiry screen in ProviderOne.

Note: To prevent billing denials, check the client's eligibility **prior** to scheduling services and at the **time of the service** and make sure proper authorization or referral is obtained from the MCO. See the agency's [ProviderOne billing and resource guide](#) for instructions on how to verify a client's eligibility.

Coverage

What is covered?

(WAC 182-535-1270(5)(a)(b)(c)(d)(e)(f))

The Health Care Authority (agency) pays enhanced rates only to pilot project–certified dental providers for furnishing all of the following pilot project services to clients who are eligible for the pilot project:

- One comprehensive oral exam
- One complete series of intraoral radiographic images
- Four bitewing radiographs
- Periodontal scaling and root planing – four or more teeth per quadrant
- Periodontal scaling and root planing – three more teeth per quadrant
- Up to three additional periodontal maintenance visits in a 12-month period

Note: See [Coverage Table](#) for limitations and restrictions on covered services.

Coverage Table

CDT® Code	Nomenclature	PA	Limitations	Frequency
D0150	Comprehensive Oral Examination	N	For agency purposes, this is to be considered an initial exam. Ages 21 to 64. See EPA criteria .	1 per client, per provider every 5 years
D0210	Intraoral – complete series (including bitewings)	N	Ages 21 to 64. See EPA criteria .	1 per client every 3 years only if a panoramic X-ray has not been paid by the agency in the 3-year period
D0274	Bitewings – four films	N	Ages 21 to 64. See EPA criteria .	1x in a 12 month period not in conjunction with a complete series
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	N	Quadrant designation required. Ages 21 to 64. See EPA criteria .	1x per client, per quadrant, in a two-year period
D4342	Periodontal scaling and root planing – one to tree teeth per quadrant	N	Quadrant designation required. Ages 21 to 64. See EPA criteria .	1x per client, per quadrant, in a two-year period
D4910	Periodontal maintenance	N	Ages 21 to 64. See EPA criteria .	Allowed 4 times in a 12-month period, 12 months after completion of scaling and root planing. 90 days must elapse between services.

Note: The services listed above are the only services the agency pays at the enhanced rate for this pilot project. The agency pays for all other covered dental services at the standard rate.

* The CDT Code and Nomenclature above have been obtained from *Current Dental Terminology* (including procedure codes, nomenclatures, descriptors and other data contained therein) (“CDT”). CDT is copyright © 2019 American Dental Association. All rights reserved. Applicable FARS/DFARS apply.

Authorization

What is prior authorization (PA)?

Prior authorization (PA) is the agency's approval for certain medical services, equipment, or supplies, before the services are provided to clients, as a precondition for provider reimbursement.

The [ProviderOne billing and resource guide](#) explains how to check the status of a PA request in ProviderOne.

When is PA required?

PA is not required for services provided under the Oral Health Connections pilot project, but the provider must obtain a completed, signed *Patient Attestation* form, HCA 13-0031, confirming by the client that the client has diabetes, is pregnant, or both. See [Where can I download agency forms?](#)

What forms are required?

A complete, signed *Patient Attestation* form, HCA 13-0031 from the client at the start of services must be obtained by the provider. Only one initial attestation per client is required. See [Where can I download agency forms?](#) A copy of the signed attestation must be kept in the client's record and be available upon request by the agency. Failure to submit the completed, signed *Patient Attestation* form when requested may result in recoupment of the agency's payment.

What is expedited prior authorization (EPA)?

The expedited prior authorization (EPA) process is designed to eliminate the need for written requests for PA for selected dental procedure codes. For the Oral Health Connections pilot project, EPA numbers are used to identify participants in the pilot project.

The agency allows for use of an EPA for selected dental procedure codes. The criteria for use of an EPA are explained below:

- The EPA number must be used when the provider bills the agency.
- Upon request, a provider must provide documentation to the agency showing how the client’s condition meets **all** the criteria for EPA.

The agency may recoup any payment made to a provider if the provider did not follow the required EPA process and if not **all** of the specified criteria were met.

Note: By entering an EPA number on your claim, you attest that all the EPA criteria are met and can be verified by documentation in the client’s record. These services are subject to post payment review and audit by the agency or its designee.

EPA procedure code list

CDT Code	Description	EPA #	Criteria
D0150 D0210 D0274 D4341 D4342 D4910	OHC pilot project – approved services	870001540	Client is diabetic (Type I or Type II)
D0150 D0210 D0274 D4341 D4342 D4910	OHC pilot project – approved services	870001541	Client is pregnant (or 2 months postpartum)
D0150 D0210 D0274 D4341 D4342 D4910	OHC pilot project – approved services	870001542	Client is pregnant and diabetic (Type I, Type II, or Gestational)

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What is a limitation extension (LE)?

[\(WAC 182-501-0169\)](#)

A limitation extension (LE) is the agency's authorization for a provider to furnish more units of service than are allowed in Washington Administrative Code (WAC) and this guide. The provider must provide justification that the additional units of service are medically necessary.

Note: LEs do not override the client's eligibility or program limitations.

How do I obtain an LE?

For all LE requests, the following documentation is required:

- A *General Information for Authorization* form HCA 13-835 (See [Where can I download agency forms?](#)) that includes:**
 - Additional units of service needed
 - Supporting justification of medical necessity
- Description of services provided and outcomes obtained in treatment to date**
- Expected outcome of extended services**

Fax your request to 1-866-668-1214.

Billing

All claims must be submitted electronically to the agency, except under limited circumstances. For more information about this policy change, see [Paperless billing at HCA](#). For providers approved to bill paper claims, see the agency's [Paper claim billing resource](#).

What are the general billing requirements?

Providers must follow the Health Care Authority's (agency's) [ProviderOne billing and resource guide](#). These billing requirements include the following:

- Time limits for submitting and resubmitting claims and adjustments
- When providers may bill a client
- How to bill for services provided to primary care case management (PCCM) clients
- How to bill for clients eligible for both Medicare and Medicaid
- How to handle third-party liability claims
- What standards to use for record keeping

What forms and documents are required?

The provider must obtain a completed, signed *Patient Attestation Form*, HCA 13-0031, from the client upon enrollment into the Oral Health Connections pilot project. See [Where can I download agency forms?](#) A copy of the completed, signed form must be kept in the client's file and be made available upon request by the agency. Failure to submit the completed, signed form when requested may result in recoupment of the agency's payment.

How do I bill claims electronically?

[Instructions](#) on how to bill Direct Data Entry (DDE) claims can be found on the agency's [Billers, providers, and partners](#) webpage.

For information about billing Health Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI) claims, see the ProviderOne 5010 companion guides on the [HIPAA electronic data interchange \(EDI\)](#) webpage.

Fee Schedules

Where can I find dental fee schedules?

- For CDT®/dental codes, see the agency's [Dental fee schedule](#).
- For dental oral surgery codes, see the agency's [Physician-related/professional services fee schedule](#).

Note: Bill the agency your usual and customary charge.