Washington State Health Care Authority

Medicaid Provider Guide

Access to Baby and Child Dentistry
[Refer to WAC 182-535-1245]

Washington State
Health Care Authority

A Billing Instruction

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About this publication

These are *supplemental* billing instructions. Please refer to the Department's *Dental Program for Clients Through Age 20 Provider Manual* for a complete listing of dental services for which ABCD children qualify.

This publication supersedes all previous Department *ABCD Dental Provider Manuals* and is published by the Washington State Department of Social and Health Services, Health and Recovery Services Administration.

> **Note:** The Department now reissues the entire billing manual when making updates, rather than just a page or section. The effective date and revision history are now at the front of the manual. This makes it easier to find the effective date and version history of the manual.

Effective Date

The effective date of this publication is: **05/09/2010**.

2010 Revision History

This publication has been revised by:

Document	Subject	Issue Date	Affected Pages

Fee Schedule

You may access the Department's Dental Fee Schedule at: http://hrsa.dshs.wa.gov/RBRVS/Index.html.

How Can I Get Department/MPA Provider Documents?

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

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Important Contacts

Note: This section contains important contact information relevant to the ABCD Program. For more contact information, see the Department/ MPA *Resources Available* web page at:
http://hrsa.dshs.wa.gov/Download/Resources_Available.html

Topic	Contact Information
Becoming a provider or submitting a change of address or ownership	See the Department/ MPA *Resources Available* web page at: http://hrsa.dshs.wa.gov/Download/Resources_Available.html
Finding out about payments, denials, claims processing, or Department managed care organizations	
Electronic or paper billing	
Finding Department documents (e.g., billing instructions, # memos, fee schedules)	
Prior authorization	
Private insurance or third-party liability, other than Department managed care	
The Department Dental web site	http://hrsa.dshs.wa.gov/DentalProviders/DentalIndex.html

Definitions & Acronyms

Access to Baby and Child Dentistry (ABCD) – A program to increase access to dental services for Medicaid-eligible clients age five and younger.

Anterior – The maxillary and mandibular incisors and canines and tissue in the front of the mouth.

- Permanent maxillary anterior teeth include teeth 6, 7, 8, 9, 10, and 11.

- Permanent mandibular anterior teeth include teeth 22, 23, 24, 25, 26, and 27.

- Primary maxillary anterior teeth include teeth C, D, E, F, G, and H.

- Primary mandibular anterior teeth include teeth M, N, O, P, Q, and R.

Benefit Service Package - A grouping of benefits or services applicable to a client or group of clients.

Current Dental Terminology (CDT) - A systematic listing of descriptive terms and identifying codes for reporting dental services and procedures performed by dental practitioners. CDT is published by the Council on Dental Benefit Programs of the American Dental Association (ADA).

Dental Home – The ongoing relationship between the dentist and the patient, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated and family-centered way. Establishment of a dental home begins no later than 12 months of age and includes referrals to specialists when appropriate.

Medical ID Card – See *Services Card*.

Medically Necessary - See WAC 182-500-0005.

National Provider Identifier (NPI) – A system for uniquely identifying all providers of healthcare services, supplies, and equipment.

Posterior – The maxillary and mandibular incisors and canines and tissue in the front of the mouth.

- Permanent maxillary posterior teeth include teeth 1, 2, 3, 4, 5, 12, 13, 14, 15, and 16.

- Permanent mandibular posterior teeth include teeth 17, 18, 19, 20, 21, 28, 29, 30, 31, and 32.

- Primary maxillary posterior teeth include teeth A, B, I, and J.

- Primary mandibular posterior teeth include teeth K, L, S, and T.

ProviderOne – Department of Social and Health Services (the Department) primary provider payment processing system.

ProviderOne Client ID - A system-assigned number that uniquely identifies a single client within the ProviderOne system; the number consists of nine numeric characters followed by WA.
For example: 123456789WA.

Services Card – A plastic "swipe" card that the Department issues to each client on a "one- time basis." Providers have the option to acquire and use swipe card technology as one method to access up-to-date client eligibility information.

- The Services Card replaces the paper Medical Assistance ID Card that was mailed to clients on a monthly basis.
- The Services Card will be issued when ProviderOne becomes operational.
- The Services Card displays only the client's name and ProviderOne Client ID number.
- The Services Card does not display the eligibility type, coverage dates, or managed care plans.
- The Services Card does not guarantee eligibility. Providers are responsible to verify client identification and complete an eligibility inquiry.

Transaction Control Number (TCN) - A unique field value that identifies a claim transaction assigned by ProviderOne.

Usual and Customary – The fee that the provider usually charges non-Medicaid customers for the same service or item. This is the maximum amount that the provider may bill the Department.

Access to Baby and Child Dentistry (ABCD) Program

What Is the ABCD Program? [Refer to WAC 182-535-1245]

The Access to Baby and Child Dentistry (ABCD) program is a program established to increase access to dental services for Medicaid-eligible clients through age five. The program's goal is to ensure that positive dental experiences in early childhood will lead to lifelong practices of good oral health. This is done in part by identifying and removing obstacles to early preventive treatment, such as the lack of transportation to a dental office, language interpretation issues, etc. For further information, see "***How Does the ABCD Program Work?***"

The ABCD program is a partnership between the public and private sectors, including:

- The Department of Social and Health Services (the Department), Medicaid Purchasing Administration (MPA);
- The Washington State Department of Health;
- The University of Washington School of Dentistry;
- The Washington Dental Service Foundation;
- The Washington State Dental Association;
- Local dental societies;
- Local health jurisdictions; and
- Other funding sources.

The **mission** is to identify eligible infants and toddlers (see "***Who is eligible?***") before age one and to match each child to an ABCD-certified dentist. Children will remain in the ABCD program until their sixth birthday. **[Refer to WAC 182-535-1245 (1)(a)]**

Primary care medical providers are also key to early intervention, as these providers typically see young children at least eight times before age three and opportunities exist to aid in early detection of dental health issues and promote dental preventive care. Primary care medical providers are encouraged to become credentialed and deliver dental disease prevention services.

Health care providers and community service programs identify and refer eligible clients to the ABCD program.

If enrolled in the ABCD program, the client and an adult family member may receive:

- Family Oral health education;
- Anticipatory guidance;
- Assistance with transportation, interpreter services, and other issues related to dental services. **[Refer to WAC 182-535-1245 (2)]**

> **Note:**   ABCD-eligible children are entitled to the full scope of care as described in the Department's *Dental Program for Clients Through Age 20 Provider Manual*. These *ABCD Program Provider Manual* identify those specific services that are eligible for higher reimbursement.

Who May Provide ABCD Dentistry? [WAC 182-535-1245 (3)]

Dentists who are certified through the continuing education program at the University of Washington School of Pediatric Dentistry or graduate after 2006 from the University of Washington School of Dentistry are eligible for ABCD program enhanced reimbursement rates.

Primary care medical providers who are certified through Washington Dental Service Foundation are eligible for select ABCD program enhanced reimbursement rates.

How Does the ABCD Program Work?

The following chart lists the people/agencies involved in the ABCD program and shows how they interact to ensure eligible children receive preventive dental services.

Who . . .	Responsibility . . .
Community service programs including Local Health Jurisdictions	Identify Medicaid-eligible clients and refer them to the program.
Local community ABCD enrollment units. This function may not be available in all counties.	Provide an orientation to the client and/or parent(s)/guardian(s) and prepares the family and child for the dental visit. Enroll the client and family into the ABCD program and encourage timely and appropriate dental visits.

Who . . .	Responsibility . . .
Local community ABCD enrollment units. This function may not be available in all counties. (cont.)	Provide the client with an ABCD program identification (ID) card. The client's parent(s)/guardian(s) must show this ID card to the dentist to prove the client is eligible for the program. Address obstacles to care, such as lack of transportation and limited English proficiency. Coordinate with local agencies in providing outreach and linkage services to eligible clients.
ABCD Program-Certified Dentists	Provide preventive and restorative treatment for an eligible client. Bill the Department for provided services according to these *ABCD Program Provider Manual*.
Certified Primary Care Medical Providers	Provide periodic oral evaluation, family oral health education, and topical application of fluoride. Bill the Department for provided services according to these *ABCD Program Provider Manual*.
Local Dental Societies	Encourage and support participation from members.
Medicaid Purchasing Administration (MPA)	Reimburse program-certified dentists for services covered under this program.
University of Washington School of Dentistry	Provide technical and procedural consultation on the enhanced treatments and conduct continued provider training and certification.
Washington Dental Service Foundation	Provide management services, funding, and technical assistance to support client outreach, linkage, and provider recruitment. Provide training to primary care medical providers and certify them to receive enhanced reimbursement for delivering dental disease prevention services.

Client Eligibility

Who Is Eligible? [Refer to WAC 182-535-1245 (1)(a)(b)]

Clients 5 years old and younger are eligible. Please see the Department/MPA *ProviderOne Billing and Resource Guide* at http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html for instructions on how to verify a client's eligibility.

> **Note:** Refer to the *Scope of Coverage Chart* web page at: http://hrsa.dshs.wa.gov/Download/ScopeofHealthcareSvcsTable.html for an up-to-date listing of Benefit Service Packages.

Are Clients Enrolled in a Department Managed Care Organization Eligible? [Refer to WAC 182-535-1245 (1)(c)]

Yes. When verifying eligibility using ProviderOne, if the client is enrolled in a Department managed care plan, managed care enrollment will be displayed on the Client Benefit Inquiry screen.

> **Note:** See the Department/MPA *Dental Services for Clients Through Age 20 Provider Manual* for eligibility information regarding services other than those outlined in this manual.

Coverage

What Is Covered? [Refer to WAC 182-535-1245 (3)]

ABCD-Certified Participating Dental Providers

The Department pays enhanced fees only to ABCD-certified dental providers and other Department-approved participating providers (e.g., ARNPs and physicians) for furnishing ABCD program services. ABCD program services include all of the following, when appropriate:

- Family oral health education. An oral health education visit:

  - ✓ Is limited to one visit per day, per family, up to two visits per child in a 12-month period, per provider or clinic; and

  - ✓ Must include all of the following:

    - ➢ **"Lift the Lip" Training:** Show the "Lift Lip" videotape or flip chart provided at the certification workshop. Have the parent(s)/guardian(s) practice examining the child using the lap position. Ask if the parent(s)/guardian(s) feel comfortable doing this once per month.

    - ➢ **Oral hygiene training:** Demonstrate how to position the child to clean the teeth. Have the parent(s)/guardian(s) actually practice cleaning the teeth. Record the parent's/guardian's response.

    - ➢ **Risk assessment for early childhood caries:** Assess the risk of dental disease for the child. Obtain a history of previous dental disease activity for this child and any siblings from the parent(s)/guardian(s). Also note the dental health of the parent(s)/guardian(s).

    - ➢ **Dietary counseling:** Talk with the parent(s)/guardian(s) about the need to use a cup, rather than a bottle, when giving the child anything sweet to drink. Note any other dietary recommendations made.

> ➢ **Discussion of fluoride supplements:** Discuss fluoride supplements with the parent(s)/guardian(s). The dentist, physician, or ARNP must write a fluoride prescription for the child, if appropriate. Let the parent/guardian know fluoride supplements are covered under the Department's Prescription Drug Program. Fluoride prescriptions written by the dentist, physician, or ARNP may be filled at any Medicaid-participating pharmacy. Ensure that the child is not already receiving fluoride supplements through a prescription written by the child's primary care medical provider.

> ➢ **Documentation** in the client's file or the client's designated adult member's (family member or other responsible adult) file to record the activities provided and duration of the oral education visit.

> **Note:** Bill the Department under the ProviderOne Client ID of the first child seen in the family. **Do not use the parent's ProviderOne Client ID.** Family Oral Health Education **must be billed using ADA/HCPCS code D9999**.

- Application of fluoride.

- Periodic oral evaluations, once every six months. Six months must elapse between the comprehensive oral evaluation and the first periodic oral evaluation.

- Comprehensive oral evaluations, once per client, per provider or dental clinic, as an initial examination.

- Amalgam and resin restorations on primary teeth, as specified in current Department-published documents.

> **Note:** The Department reimburses amalgam and resin restorations for a maximum of two surfaces for a primary first molar and a maximum of three surfaces for a primary second molar.

> **Note:** The Department reimburses resin-based composite restorations for a maximum of three surfaces for a primary anterior tooth.

- Fabricated resin crowns for anterior primary teeth as specified in current Department-published documents.

- Therapeutic pulpotomy.

- Prefabricated stainless steel crowns on primary teeth, as specified in current Department-published documents.

- Resin-based composite crowns on anterior primary teeth.

- Glass ionomers used for Immediate Restorative Treatment (IRT). This is allowed for children through age 5 when provided in the dental office or dental clinic.

- Other dental-related services, as specified in current Department-published documents.

> **Note:** The client's file must show documentation of the ABCD program services provided. **[WAC 182-535-1245 (5)]**

ABCD-Certified Primary Care Medical Providers

The Department pays enhanced fees to certified participating primary care medical providers for furnishing ABCD program services. ABCD program services include all of the following, when appropriate:

- Family oral health education. An oral health education visit:

  ✓ Is limited to one visit per day, per family, up to two visits per child in a 12-month period, per provider or clinic; and

  ✓ Must include all of the following, when appropriate:

    ➢ **"Lift the Lip" Training:** Show the "Lift the Lip" videotape or flip chart provided at the certification workshop, as appropriate. Show the parent(s)/guardian(s) how to examine the child using the lap position. Ask if the parent(s)/guardian(s) feel comfortable doing this once per month.

    ➢ **Oral hygiene training:** Demonstrate how to position the child to clean the teeth. Record that this was demonstrated.

    ➢ **Risk assessment for early childhood caries:** Assess the risk of dental disease for the child. Obtain a history of previous dental disease activity for this child and any siblings from the parent(s)/guardian(s). Also note the dental health of the parent(s)/guardian(s).

    ➢ **Dietary counseling:** Talk with the parent(s)/guardian(s) about the need to use a cup, rather than a bottle, when giving the child anything sweet to drink. Note that dietary counseling was delivered.

➢ **Discussion of fluoride supplements:** Discuss fluoride supplements with the parent(s)/guardian(s). The dentist, physician, or ARNP must write a fluoride prescription for the child, if appropriate. Let the parent/guardian know fluoride supplements are covered under the Department's Prescription Drug Program. Fluoride prescriptions written by the dentist, physician, or ARNP may be filled at any Medicaid-participating pharmacy. Ensure that the child is not already receiving fluoride supplements through a prescription written by the child's primary care medical provider.

➢ **Documentation** in the client's file or the client's designated adult member's (family member or other responsible adult) file to record the activities provided.

> **Note:** Bill the Department under the ProviderOne Client ID of the first child seen in the family. **Do not use the parent's ProviderOne Client ID.** Family Oral Health Education **must be billed using ADA/HCPCS code D9999**.

- Application of fluoride.

- Periodic oral evaluations, once every six months.

Coverage Table

ADA Code	Description	PA	Limitations	Maximum Allowable Fee
D0120	Periodic oral evaluation	No	One periodic evaluation is allowed every six months, per provider.	
D0150	Comprehensive oral evaluation	No	For Department purposes, this is to be considered an initial exam. One initial evaluation allowed per client, per provider or dental clinic.

Normally used by a general dentist and/or a specialist when evaluating a patient comprehensively.

Six months must elapse before a periodic evaluation will be reimbursed. | On-line Fee Schedules |
| D1203 | Topical fluoride application | No | Allowed up to three times in a 12-month period per client, per provider or clinic.

Document in the client's file which material (e.g., topical gel or fluoride varnish is used). | |
| D2140 | Amalgam - one surface, primary or permanent. | No | Tooth and surface designations required. Allowance includes polishing. | |
| D2150 | Amalgam - two surfaces, primary or permanent. | No | Tooth and surface designations required. Allowance includes polishing. | |

ADA Code	Description	PA	Limitations	Maximum Allowable Fee
D2160	Amalgam - three surfaces, primary or permanent.	No	Tooth and surface designations required. **If billed on a primary first molar, the Department will reimburse at the rate for a two-surface restoration.**	
D2330	Resin-based composite - one surface, anterior	No	Tooth and surface designations required. Allowed only on anterior teeth C through H and M through R.	
D2331	Resin-based composite – two surfaces, anterior	No	Tooth and surface designations required. Allowed only on anterior teeth C through H and M through R.	
D2332	Resin-based composite – three surfaces, anterior	No	Tooth and surface designations required. Allowed only on anterior teeth C through H and M through R.	
D2390	Resin-based composite crown, anterior – primary tooth	No	Tooth designation required.	On-line Fee Schedules
D2391	Resin-based composite – one surface, posterior	No	Tooth and surface designations required. **Note:** Use this code when billing for a **glass ionomer** used for Immediate Restorative Treatment (IRT). This is allowed for children through age 5 when provided in the dental office or dental clinic.	
D2392	Resin-based composite – two surfaces, posterior	No	Tooth and surface designations required.	
D2393	Resin-based composite – three surfaces, posterior	No	Tooth designation required. **If billed on a primary first molar, the Department will reimburse at the rate for a two surface restoration.**	
D2930	Prefabricated stainless steel crown - primary tooth	No	Tooth designation required.	

ADA Code	Description	PA	Limitations	Maximum Allowable Fee
D3220	Therapeutic pulpotomy	No	Covered only as complete procedure, once per tooth. Tooth designation required.	[On-line Fee Schedules](#)
D9920	Behavior management	No	Involves a patient whose documented behavior requires the assistance of at least **one additional dental professional staff** to protect the patient from self-injury while treatment is rendered.	
D9999	Family Oral Health Education	No	Limited to one visit per day, per family, up to two visits **per child**, per 12-month period, per provider or clinic.	

Fee Schedule

You may view the Department/ MPA Dental Schedule on-line at:

http://hrsa.dshs.wa.gov/RBRVS/Index.html

Billing and Claim Forms

What Are the General Billing Requirements?

Providers must follow the Department/ MPA *ProviderOne Billing and Resource Guide* at http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html. These billing requirements include, but are not limited to:

- Time limits for submitting and resubmitting claims and adjustments;
- What fee to bill the Department for eligible clients;
- When providers may bill a client;
- How to bill for services provided to primary care case management (PCCM) clients;
- Billing for clients eligible for both Medicare and Medicaid;
- Third-party liability; and
- Record keeping requirements.

Completing the 2006 ADA Claim Form

Refer to the Department/ MPA *ProviderOne Billing and Resource Guide* at http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html for instructions on completing the 2006 ADA Claim Form.

Completing the CMS-1500 Claim Form

Note: Refer to the Department/ MPA *ProviderOne Billing and Resource Guide* at http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html for general instructions on completing the CMS-1500 Claim Form.