Washington State Health Care Authority

Washington Apple Health (Medicaid)

Oral Health Connections (OHC) Pilot Project Billing Guide

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

July 1, 2022

Washington State Health Care Authority

Disclaimer

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

Billing guides are updated on a regular basis. Due to the nature of content change on the internet, we do not fix broken links in past guides. If you find a broken link, please check the most recent version of the guide. If this is the most recent guide, please notify us at askmedicaid@hca.wa.gov.

About this guide*

This publication takes effect **July 1, 2022** and supersedes earlier billing guides to this program. Unless otherwise specified, the program in this guide is governed by the rules found in WAC 182-535-1270.

The Health Care Authority 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 HCA's ProviderOne billing and resource guide for valuable information to help you conduct business with the Health Care Authority.

How can I get HCA Apple Health provider documents?

To access provider alerts, go to HCA's provider alerts webpage.

To access provider documents, go to HCA's provider billing guides and fee schedules webpage.

Where can I download HCA forms?

To download an HCA form, see HCA's Forms & Publications webpage. Type only the form number into the Search box (Example: 13-835).

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* This publication is a billing instruction.

Washington State Health Care Authority

Copyright disclosure

What has changed?

The table below briefly outlines how this publication differs from the previous one. This table is organized by subject matter. Each item in the *Subject* column is a hyperlink that, when clicked, will take you to the specific change summarized in that row of the table.

Subject	Change	Reason for Change
Who is eligible	Updated length of time pregnant clients can receive post-pregnancy benefits	Agency change effective June 1, 2022, per RCW 74.09.830.
Coverage table	Added language "or 12 months After Pregnancy Coverage" to all CDT® codes	Clarification; effective June 1, 2022, eligible clients have 12 months of After Pregnancy Coverage
What is expedited prior authorization (EPA)	Added language on how to add two or more prior authorization (PA or EPA) numbers to a claim.	Billing clarification
EPA procedure code list	Changed language from "2" to "12" months "After Pregnancy Coverage" under EPA #870001541	Effective June 1, 2022, eligible clients have 12 months of After Pregnancy Coverage

Washington State Health Care Authority

Table of Contents

Washington State Health Care Authority

Resources Available

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

Washington State Health Care Authority

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.

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

Fluoride varnish – A substance containing fluoride, which is applied to teeth, not including silver diamine fluoride.

Periodic oral evaluation – An evaluation performed on a patient of record to determine any changes in the client's dental or medical status since a previous comprehensive or periodic evaluation.

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.

Prophylaxis – Removal of calculus, plaque, and stains from tooth structures and implants in the permanent and transitional dentition. It is intended to control local irritational factors.

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

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.

Scaling – A procedure to remove plaque, calculus, and stain deposits from tooth surfaces.

Silver diamine fluoride – An odorless liquid that contains silver particles and fluoride, applied to teeth to arrest caries.

Washington State Health Care Authority

Program Overview

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

The Washington State Legislature directed HCA 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 Medicaid clients 21 and older and pregnant Medicaid clients age 16 and older. This pilot project focuses on clients receiving services in the following counties:

- Cowlitz
- Spokane
- Thurston

The goal is to gain additional information on whether enhanced preventive and 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
- Department of Social and Health Services
- 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.

Washington State Health Care Authority

How does the OHC pilot project work?

Who	Responsibility
Community service programs, including local health jurisdictions.	Identify OHC Medicaid-eligible clients and refer them to the program.
OHC pilot project – certified dentists and hygienists	Provide prevention and dental treatment for eligible clients. Bill HCA for provided services according to this guide.
Medical providers and medical managed care organizations (MCOs)	Provide education regarding the relationship of oral and systemic health. Identify eligible clients and refer them to dental providers.
Local dental and hygiene societies	Encourage and support participation from members and cohost OHC training and certification continuing education (CE) courses.
Health Care Authority	Pay program-certified dentists and hygienists for services covered under this program. Maintain and update billing guide as needed.
Department of Social and Health Services – Research and Data Analysis (RDA) Division	Provide data analytics and evaluation.
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	Provide management services, funding, and technical assistance to support client outreach, linkage, provider recruitment, and evaluation. Engage and support medical MCOs and medical providers in developing and implementing patient identification and referral processes.

Washington State Health Care Authority

Provider Eligibility

Who may provide OHC dentistry?

Dentists and hygienists 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 HCA's 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.

HCA 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.

Washington State Health Care Authority

Client Eligibility

Who is eligible?

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

- Pregnant, age 16 and older, (includes the 12-month postpartum period under the After-Pregnancy Coverage (APC), or
- Diabetic (Type I or II), age 21 and older, and
- Receiving services listed in the Coverage Table in Cowlitz, Spokane, or Thurston counties
    - For pregnant clients, applications can be made at any point within the 12-month window postpartum.

> **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?

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 programs under chapter 182-532 WAC
- Medical care services (MCS) program under WAC 182-508-0005

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 HCA will not pay for.

Verifying eligibility is a two-step process:

Step 1. **Verify the patient's eligibility for Apple Health**. For detailed instructions on verifying a patient's eligibility for Apple Health, see the *Client Eligibility, Benefit Packages, and Coverage Limits* section in HCA's ProviderOne Billing and Resource Guide.

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

Step 2. **Verify service coverage under the Apple Health client's benefit package**. To determine if the requested service is a covered benefit under the Apple Health client's benefit package, see HCA's **Program Benefit Packages and Scope of Services** webpage.

Note: Patients who are not Apple Health clients may submit an application for health care coverage in one of the following ways:

1. By visiting the **Washington Healthplanfinder's website**.
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 the **Washington Healthplanfinder's website** or call the Customer Support Center.

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

Yes. Most Medicaid-eligible clients are enrolled in one of HCA'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 HCA's **ProviderOne billing and resource guide** for instructions on how to verify a client's eligibility.

Washington State Health Care Authority

Coverage

What is covered?

HCA 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
- Periodic oral evaluation
- One complete series of intraoral radiographic images
- Four bitewing radiographs
- Fluoride varnish
- Silver diamine fluoride
- Prophylaxis
- 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 HCA purposes, this is to be considered an initial exam. Age 21 and older for diabetic clients. Age 16 and older and pregnant (or 12 months After-Pregnancy Coverage). See **EPA criteria**.	1 per client, per provider every 5 years.
D0120	Periodic oral exam	N	Age 21 and older for diabetic clients. Age 16 and older and pregnant (or 12 months After-Pregnancy Coverage). See **EPA criteria**.	Two times per 12-month period.

CDT® Code	Nomenclature	PA	Limitations	Frequency
D0210	Intraoral-complete series (including bitewings)	N	Age 21 and older for diabetic clients. Age 16 and older and pregnant (or 12 months After-Pregnancy Coverage). See EPA criteria.	1 per client every 3 years only if a panoramic x-ray has not been paid by HCA in the 3-year period.
D0274	Bitewings-four films	N	Age 21 and older for diabetic clients. Age 16 and older and pregnant (or 12 months After-Pregnancy Coverage). See EPA criteria.	1 time in a 12-month period not in conjunction with a complete series.
D1110	Prophylaxis	N	Ages 21 and older for diabetic. Age 16 and older and pregnant (or 12 months After-Pregnancy Coverage). See EPA criteria.	Two times per 12-month period with a minimum of 170 days between procedures.

CDT® Code	Nomenclature	PA	Limitations	Frequency
D1206	Fluoride varnish	N	Ages 21 and older for diabetic. Age 16 and older and pregnant (or 12 months After-Pregnancy Coverage). See **EPA criteria**.	Two times per 12-month period with a minimum of 170 days between procedures.
D1354	Silver diamine fluoride	N	Ages 21 and older for diabetic. Age 16 and older and pregnant (or 12 months After-Pregnancy Coverage). See **EPA criteria**.	Two times per tooth (tooth number required) within a 12-month period.
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	N	Quadrant designation required. Age 21 and older for diabetic. Age 16 and older and pregnant (or 12 months After-Pregnancy Coverage). See **EPA criteria**.	1 time per client, per quadrant, in a 2-year period.

CDT® Code	Nomenclature	PA	Limitations	Frequency
D4342	Periodontal scaling and root planing – one to three teeth per quadrant	N	Quadrant designation required. Age 21 and older for diabetic. Age 16 and older and pregnant (or 12 months After-Pregnancy Coverage). See **EPA criteria**.	1 time per client, per quadrant, in a 2-year period.
D4910	Periodontal maintenance	N	Age 21 and older for diabetic. Age 16 and older and pregnant (or 12 months After-Pregnancy Coverage). See **EPA criteria**.	Allowed 4 times in a 12-month period, 90 days after completion of scaling and root planing. 90 days must elapse between services.

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

Washington State Health Care Authority

Authorization

What is prior authorization (PA)?

Prior authorization (PA) is HCA'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 HCA 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 HCA forms? A copy of the signed attestation must be kept in the client's record and be available upon request by HCA. Failure to submit the completed, signed Patient Attestation form when requested may result in recoupment of HCA'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.

HCA 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 HCA.
- Upon request, a provider must provide documentation to HCA showing how the client's condition meets **all** the criteria for EPA.

HCA 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 HCA or its designee.

If submitting a claim with two prior authorization numbers, add the OHC EPA number on all of the OHC eligible services' lines.

For more information on how to add a prior authorization number to a service line, see the Medicaid Billing Workshop for Dental Providers.

EPA procedure code list

CDT Code	Description	EPA Number	Criteria
D0150, D0120, D0210, D0274, D1110, D1206, D1354, D4341, D4342, D4910	OHC pilot project-approved services	870001540	Client is a diabetic (Type I or Type II)
D0150, D0120, D0210, D0274, D1110, D1206, D1354, D4341, D4342, D4910	OHC pilot project-approved services	870001541	Client is pregnant (or 12 months After-Pregnancy Coverage)

What is a limitation extension (LE)?

(WAC 182-501-0169)

A limitation extension (LE) is HCA'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 HCA 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.

Washington State Health Care Authority

Billing

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

What are the general billing requirements?

Providers must follow HCA'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 HCA forms? A copy of the completed, signed form must be kept in the client's file and be made available upon request by HCA. Failure to submit the completed, signed form when requested may result in recoupment of HCA's payment.

How do I bill claims electronically?

Instructions on how to bill Direct Data Entry (DDE) claims can be found on HCA'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.

Washington State Health Care Authority

Fee Schedules

Where can I find dental fee schedules?

- For CDT®/dental codes, see HCA's **Dental fee schedule**.
- For dental oral surgery codes, see HCA's **Physician-related/professional services fee schedule**.

> **Note**: Bill HCA your usual and customary charge.