



Effective: 4/1/2021  
 Next Review: 5/7/2022  
 Lines Of Business: Medicaid

## Medicaid Preventive and Emergent Adult Dental Benefit

### Applicable Lines of Business:

Commercial - Health Maintenance Organization (HMO), Preferred Provider Option (PPO) and Point of Service (POS)

Medicare Advantage - SecureCare HMO (includes the Dual Eligible Special Needs Plan [DSNP]) and SecureChoice PPO

✓ WV Medicaid (Temporary Assistance for Needy Families [TANF], Expansion [WV Health Bridge] and Supplemental Security Income [SSI] populations)

Self-Funded/Administrative Services Only (ASO)

West Virginia Children's Health Insurance Program (WVCHIP)

West Virginia Public Insurance Agency (WV PEIA)

### Applicable Claim Type:

- ✓ Dental
  - Facility
  - Pharmacy
  - Professional

### Definitions:

Term	Definition
Bureau for Medical Services (BMS)	BMS is the designated single state agency responsible for the administration of the State of West Virginia's Medicaid program.
Federally Qualified Health Centers (FQHCs)	FQHCs are outpatient clinics that qualify for specific reimbursement systems under Medicare and Medicaid.
Rural Health Clinics (RHCs)	RHCs are rurally located medical clinics providing healthcare services to patients in underserved areas.

Skygen USA

A third party administrator that partners with payers to administer their dental program. Services include network development and management; fraud detection and prevention; and member outreach.

## Policy Purpose:

The purpose of this policy is to address general payment guidelines related to dental benefits available to West Virginia Medicaid members over the age of 21.

## Policy Description:

Covered dental services for Medicaid enrolled adults 21 years of age and older are divided into two levels of service:

1. Emergent procedures to treat fractures, reduce pain, or eliminate infection and
2. Diagnostic, preventative, and restorative services

### Emergent dental benefit:

Skygen USA administers the adult emergent dental benefit and processes these dental claims for The Health Plan (THP).

Providers are not required to be contracted and credentialed with Skygen USA to administer the emergent dental benefit.

However, dental providers are required to be enrolled with West Virginia Medicaid.

Providers may enroll online by accessing West Virginia Medicaid Management Information System's (WVMMS) website located at: <https://www.wvmmis.com/default.aspx>. Click on "Provider," "Provider Enrollment," "Register" to begin the registration process.

For a list of dental codes and service benefits please refer to Chapter 505, Appendix B Covered Emergent Oral Health Services For Adults Age 21 And Older located in the Bureau for Medical Services' (BMS) provider manual. This manual is located online at BMS' website located at: <https://dhhr.wv.gov/bms/Pages/Chapter-505-Dental-Services-.aspx>.

### Adult diagnostic, preventative and restorative dental benefit:

Effective April 1, 2021, Skygen USA is administering the adult diagnostic, preventative and restorative dental benefit and processing these dental claims for THP's Medicaid members over the age of 21.

Providers must be contracted and credentialed with Skygen USA to administer the diagnostic, preventative and restorative benefit.

The adult diagnostic, preventative and restorative dental benefit has a \$1,000 limit per calendar year.

Dental codes and service limits for covered preventative and restorative services for adults age 21 and older are provided in Chapter 505 Appendix C in BMS' provider manual.

Only services outlined in Chapter 505 Appendix C in BMS' provider manual apply to the diagnostic, preventative and restorative adult dental benefit and are subject to the \$1,000 maximum.

Prior authorization may be required by Skygen USA for the services outlined in BMS' provider manual Chapter 505 Appendix C.

# WV Medicaid Reimbursement Guidelines:

Adult dental prior authorization is obtained by contacting Skygen USA.

Prior authorization requests may be submitted in one of the following manners:

- Over the phone (1.888.983.4690);
- Through Skygen's web-based portal (<https://pwp.skygenusasystems.com/PWP/Landing>).

## Diagnostic, preventative, and restorative services reimbursement guidelines:

Prior authorization for services outlined in BMS' provider manual Chapter 505 Appendix C are for the purpose of pre-verification of remaining member balance.

Dental providers are reimbursed at the current WV Medicaid dental fee schedule which is located on the Bureau for Medical Services' (BMS) website located at: <https://dhhr.wv.gov/bms/FEES/Pages/default.aspx>.

Remaining balances at the end of the year **CANNOT** be carried over to the following year.

Services classified as cosmetic in nature are not covered.

Any remaining balance over \$1,000 will be the responsibility of the member.

Dental providers may direct bill the member, at the Medicaid fee schedule, for any outstanding balance.

Any amount that is the member's responsibility must be explained to the member prior to beginning services.

## Billing Information and Guidelines:

There is no member cost-sharing (such as a copay) for the adult WV Medicaid population for dental services.

Adult dental claims must be submitted to Skygen USA for processing and reimbursement.

Dental claims billed in error to THP will deny as "SC21," with the remark "Dental claims must be submitted to Skygen USA"

### Submitting claims on paper:

Claims should be submitted on Adult Dental Association (ADA) claim form 2012 or newer.

Mail paper claims to:

West Virginia Claims

PO Box 795

Milwaukee, WI 53201

### Submitting claims electronically:

Clearinghouse Information (Payer ID: SCION):

Change Healthcare (formerly Emdeon) *Also contracted for attachment services	DentalXChange (formerly EHG) *Also contracted for attachment services	Vyne Dental (dba Tesia Clearinghouse) *Providers can use Fast Attach™ for attachment services	SDS *Providers can use Fast Attach™ for attachment services
<a href="http://changehealthcare.com">changehealthcare.com</a>	<a href="http://dentalxchange.com">dentalxchange.com</a>	<a href="http://vynedental.com">vynedental.com</a>	<a href="http://sdata.us">sdata.us</a>

1.866.371.9066

1.800.576.6412

1.800.724.7240

1.855.297.4436

## Diagnostic, preventative, and restorative services billing guidelines:

The claim will deny as member responsibility once the member has exhausted the full benefit.

If a claim causes the member to reach \$1,000, the claim will pay the amount up to the \$1,000 and then the rest will fall to member responsibility.

A complete listing of emergent and preventative/restorative dental codes can be found on BMS' website, which is available at <https://dhhr.wv.gov/bms/Pages/Chapter-505-Dental-Services-.aspx>

### If a member has primary insurance and Medicaid is secondary:

Medicaid remains the payer of last resort.

Third party liability billing rules remain the same for diagnostic, preventative, and restorative services as those rules that apply to other services provided to Medicaid members.

Only the amount paid by West Virginia Medicaid as secondary will apply to the \$1,000 yearly cap.

### How Federally Qualified Health Centers (FQHCs)/Rural Health Clinics (RHCs) are reimbursed for diagnostic, preventative, and restorative services:

FQHCs/RHCs are advised to bill dental claims to Skygen USA.

FQHCs/RHCs receive their encounter rate for dental services.

The FQHC/RHC is required to bill the T1015 encounter code with itemized dental services underneath indicating the services rendered (ADA 5-character codes starting with the letter D).

The encounter rate is the amount that counts toward the member's \$1,000 limit.

ADA 2012 Dental Billing Instructions for Federally Qualified Health Centers/Rural Health Clinic (FQHC/RHC) can be found on West Virginia Medicaid Management Information System's website located at: <https://www.wvmmis.com/default.aspx>.

## Review/Revision History:

	Date	Action
Policy Issue Date	01/01/2021	
Date Revised	04/01/2021	Added emergent dental benefit under "Policy Description." Added Skygen USA administering benefit effective 04/01/2021 under "Policy Description." Changed the "Billing Information and Guidelines" section to reflect Skygen USA's billing and contact information.

## References and Research Materials:

ADA 2012 Dental Claim Form Coding Instructions. WV Medicaid Management Information System. Available at: <https://www.wvmmis.com/SitePages/Billing-Instructions.aspx>

Medicaid Dental Fee Schedule. West Virginia Department of Health and Human Resources Bureau for Medical Services. Available at: <https://dhhr.wv.gov/bms/FEES/Pages/Dental-Fee-Schedule.aspx>

Provider Manual Chapter 505 Oral Health Services. West Virginia Department of Health and Human Resources Bureau for Medical Services. Available at: <https://dhhr.wv.gov/bms/Pages/Chapter-505-Dental-Services-.aspx>

Provider Manual Chapter 505 Oral Health Services Appendix 505 B Covered Oral Health Services For Adults 21 Years of Age and Older. West Virginia Department of Health and Human Resources Bureau for Medical Services. Available at: [https://dhhr.wv.gov/bms/Provider/Documents/Manuals/Appendix\\_505B%20-%20Covered%20Oral%20Health%20Services%20-%20AdultsFinalApproved.pdf](https://dhhr.wv.gov/bms/Provider/Documents/Manuals/Appendix_505B%20-%20Covered%20Oral%20Health%20Services%20-%20AdultsFinalApproved.pdf)

Provider Manual Chapter 505 Oral Health Services Appendix 505 C Covered Preventative and Restorative Services for Adults Age 21 and Older. West Virginia Department of Health and Human Resources Bureau for Medical Services. Available at: <https://dhhr.wv.gov/bms/Pages/Chapter-505-Dental-Services-.aspx>

WV Medicaid Adult Dental Benefit Frequently Asked Questions. West Virginia Department of Health and Human Resources Bureau for Medical Services. Available at: <https://dhhr.wv.gov/bms/Provider/Documents/Manuals/AdultDentalBenefitFAQ.pdf>

## **Disclaimer:**

*This policy is intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry standard claims editing logic, benefit design and other factors are considered in developing payment policies. This policy is intended to serve as a guideline only and does not constitute medical advice, any guarantee of payment, plan pre-authorization, an explanation of benefits, or a contract. This policy does not govern whether a specific procedure is covered under any specific member plan or policy, nor is it intended to address every claim situation. The determination that any service, procedure, item, etc., is covered under a member's benefit plan shall not be construed as a determination that a provider will be reimbursed for services provided. Individual claims may be affected by other factors, including but not necessarily limited to state and federal laws and regulations, legislative mandates, provider contract terms, and THP's professional judgement. Reimbursement for any services shall be subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management guidelines. Unless otherwise noted within the policy, THP's policies apply to both participating and non-participating providers and facilities. THP reserves the right to review and revise these policies periodically as it deems necessary in its discretion, and it is subject to change or termination at any time by THP. THP has full and final discretionary authority for its interpretation and application. Accordingly, THP may use reasonable discretion in interpreting and applying this policy to health care services provided in any particular case.*

*No part of this policy may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, whether electronic, mechanical, photocopying or otherwise, without express written permission from THP. When printed, this version becomes uncontrolled. For the most current information, refer to the following website: [healthplan.org](http://healthplan.org).*

All revision dates:

5/7/2021, 2/18/2021



Effective:	1/1/2021
Last Approved:	2/18/2021
Last Revised:	2/18/2021
Next Review:	2/18/2022

## Medicaid Adult Dental Benefit

### Applicable Lines of Business:

Commercial - Health Maintenance Organization (HMO), Preferred Provider Option (PPO) and Point of Service (POS)

Medicare Advantage - SecureCare HMO (includes the Dual Eligible Special Needs Plan [DSNP]) and SecureChoice PPO)

✓ WV Medicaid (Temporary Assistance for Needy Families [TANF], Expansion [WV Health Bridge] and Supplemental Security Income [SSI] populations)

Self-Funded/Administrative Services Only (ASO)

West Virginia Children's Health Insurance Program (WVCHIP)

West Virginia Public Insurance Agency (WV PEIA)

### Applicable Claim Type:

- ✓ Dental
  - Facility
  - Pharmacy
  - Professional

### Definitions:

Term	Definition
Bureau for Medical Services (BMS)	BMS is the designated single state agency responsible for the administration of the State of West Virginia's Medicaid program.
Claim Adjustment Reason Code (CARC)	A code used in billing to communicate a change or an adjustment in payment. A CARC code may be an informational code or may be an encompassing denial code.
Pre-Treatment Estimate (PTE)	A written estimate of benefits that may be available under a member's plan for proposed dental treatment. The dentist submits the proposed dental treatment to the

payer in advance of providing the treatment.

## Policy Purpose:

The purpose of this policy is to address general payment guidelines related to dental benefits available to West Virginia Medicaid members over the age of 21.

## Policy Description:

Effective January 1, 2021, The Health Plan (THP) is administering the adult preventative and restorative dental benefit for our Medicaid members over the age of 21.

This new benefit has a \$1,000 limit per calendar year.

Prior authorization is not required for the new \$1,000 preventive and restorative adult dental benefit for WV Medicaid members.

THP does not currently require providers to be contracted to administer this benefit.

However, providers contracted with THP have the following benefits:

- Listed in the Medicaid provider directory
- Access to member benefits
- Ability to view claims status
- Access to news and training materials
- Ability to view payment vouchers
- Receive announcements on up-to-date information and changes that are available only to contracted providers

To become an enrolled provider, visit [healthplan.org/providers/overview/join-our-network](http://healthplan.org/providers/overview/join-our-network).

## WV Medicaid Reimbursement Guidelines:

Dental providers are reimbursed at the current WV Medicaid dental fee schedule which is located on the Bureau for Medical Services' (BMS) website.

Remaining balances at the end of the year **CANNOT** be carried over to the following year.

Services classified as cosmetic in nature are not covered.

Any remaining balance over \$1,000 will be the responsibility of the member.

Dental providers may direct bill the member, at the Medicaid fee schedule, for any outstanding balance.

The comprehensive codes set and service limitations can be found in the Oral Health section of BMS' Provider Manual located on BMS' website.

Skygen, Inc. will continue to administer the dental benefits for THP's WV Medicaid children's population.

## Billing Information and Guidelines:

THP is requiring providers to contact the Customer Service Department at 1.888.613.8385 prior to rendering any Medicaid adult dental service.

THP will provide an estimate of the current available fund balance for each member to allow the provider to



estimate what the potential member responsibility is for the service.

The conveyance of available funds is a point-in-time estimate and not a guarantee of THP payment, as it does not account for outstanding claims that have not yet been submitted/processed.

A pre-treatment estimate (PTE) is not required.

If a PTE is submitted, the eligible codes and billed amounts are required to be provided.

The PTE will not be processed if these items are not submitted together.

The PTE may take up to 30 days for processing and generating returned results.

There is no member cost-sharing (such as a copay) for the adult WV Medicaid population.

Claims specific to this benefit and the adult emergent dental benefit should be sent to **THP** for processing.

Please submit **original** American Dental Association (ADA) claim forms to the mailing address or through the electronic payer listed below for the adult dental benefit.

THP will not accept hand-written claims.

**NOTE:** Claims with supporting documentation require postal mailing.

When submitting imaging, please send copies of current, diagnostic images. **Images will not be returned.**

### **Mailing address for paper claims, PTE and supporting documentation submission:**

The Health Plan  
1110 Main Street  
Wheeling, WV 26003

### **Electronic claim submission:**

Submit electronic claims through Emdeon - Clearinghouse Payer ID #34150.

### **Denial codes for exhausted member benefit:**

A claim received after the adult member has exhausted their \$1,000 yearly dental benefit will have denial code:

- "B" (maximum dental benefit exhausted) displayed on paper payment vouchers OR
- Claim Adjustment Reason Code (CARC): 119 (benefit maximum for this time period or occurrence has been reached) displayed on 835 electronic remittances:

More billing information may be found in The Health Plan's Provider Manual located at [healthplan.org](http://healthplan.org) "For Providers," "Resources."

## **References and Research Materials:**

West Virginia Medicaid Adult Dental Program Memo. WV Department of Health and Human Resources. Available at: <https://dhhr.wv.gov/bms/News/Pages/Attention-Adult-Dental-Program-Providers!-.aspx>



Oral Health Services, Provider Manual Chapter 505. West Virginia Department of Health and Human Resources Bureau for Medical Services. Available at: <https://dhhr.wv.gov/bms/Pages/Chapter-505-Dental-Services-.aspx>

Medicaid Dental Fee Schedule. West Virginia Department of Health and Human Resources Bureau for Medical Services. Available at: <https://dhhr.wv.gov/bms/FEES/Pages/Dental-Fee-Schedule.aspx>

## **Disclaimer:**

*This policy is intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry standard claims editing logic, benefit design and other factors are considered in developing payment policies. This policy is intended to serve as a guideline only and does not constitute medical advice, any guarantee of payment, plan pre-authorization, an explanation of benefits, or a contract. This policy does not govern whether a specific procedure is covered under any specific member plan or policy, nor is it intended to address every claim situation. The determination that any service, procedure, item, etc., is covered under a member's benefit plan shall not be construed as a determination that a provider will be reimbursed for services provided. Individual claims may be affected by other factors, including but not necessarily limited to state and federal laws and regulations, legislative mandates, provider contract terms, and THP's professional judgement. Reimbursement for any services shall be subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management guidelines. Unless otherwise noted within the policy, THP's policies apply to both participating and non-participating providers and facilities. THP reserves the right to review and revise these policies periodically as it deems necessary in its discretion, and it is subject to change or termination at any time by THP. THP has full and final discretionary authority for its interpretation and application. Accordingly, THP may use reasonable discretion in interpreting and applying this policy to health care services provided in any particular case.*

*No part of this policy may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, whether electronic, mechanical, photocopying or otherwise, without express written permission from THP. When printed, this version becomes uncontrolled. For the most current information, refer to the following website: [healthplan.org](http://healthplan.org).*

All revision dates:

2/18/2021