

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH AND RECOVERY SERVICES ADMINISTRATION
Olympia, Washington**

To: Dental Providers
Managed Care Organizations

Memo #: 09-27
Issued: June 30, 2009

From: Douglas Porter, Assistant Secretary
Health and Recovery Services
Administration (HRSA)

For information contact
1-800-562-3022, option 2, or go to:
<http://hrsa.dshs.wa.gov/contact/prucontact.asp>

Supersedes: # Memos 07-31 and 08-04

Subject: Dental Program: Fee Schedule and Coverage Changes and New Timelines for Resubmitting, Modifying, or Adjusting Initial Claims

Effective for dates of service on and after July 1, 2009, the Department of Social & Health Services (DSHS) will implement:

- Rate and coverage changes as designated by the legislature for specific services within the dental program; and
- New timelines for resubmitting, modifying, or adjusting initial claims.

Maximum Allowable Fees

Effective for dates of service on and after July 1, 2009, DSHS is implementing a rate reduction for the Dental program. The rate adjustment is in accordance with the final operating budget for medical assistance payments for fiscal years 2010 and 2011, as enacted by the Legislature. This operating budget is summarized on pages 134 and 135 in the government document "Statewide Summary and Agency Detail." You may access this document online at:
http://leap.leg.wa.gov/leap/budget/detail/2009/so0911agydetailfinal_0501.pdf.

Visit the DSHS/HRSA web site at: <http://hrsa.dshs.wa.gov/RBRVS/Index.html#D> to view the new fee schedule, **effective July 1, 2009**. Bill DSHS your usual and customary charge. You may visit the Dental program web site at: <http://hrsa.dshs.wa.gov/ProvRel/Dental/Dental.html>.

Coverage Changes

The State Legislature has directed DSHS to reduce its expenditures in order to help balance the budget. This means that certain services DSHS has provided in the past no longer will be available, or available only in a reduced amount. **These reductions will take effect starting July 1, 2009.**

Services affected by this required reduction are listed in the table below. Because these changes affect all Medicaid recipients, there is no right for an evidentiary hearing to challenge these reductions and therefore there will be no continuation of the affected services after July 1, 2009.

However, providers may request an exception to rule¹ to request coverage for a noncovered service, or request a limitation extension² for more services than the allowed amount by contacting DSHS and providing the necessary information for the program to make a decision in the client's individual case.

Age Group	Noncovered Service, as of July 1, 2009	Procedure Codes
Clients age 21 and older	Endodontic Therapy	D3320
		D3330
	Endodontic Retreatment	D3346
		D3347
		D3348
	Partial Dentures	D5225
		D5226
	Repairs to Partial Dentures	D5610
		D5620
		D5650
		D5660
	Alveoloplasty	D7310
	Brush Biopsy	D7288
	Removal of Bone	D7471
		D7472
D7473		
D7485		
Removal of Soft Tissue	D7972	
Removal of Foreign Body	D7530	
Clients through age 20	Posterior crowns	D2790
		D2791
		D2792
		D2794
	Partial Dentures	D5225
		D5226

Note: DSHS does not pay for procedure codes D2710 through D2752 when billed for posterior teeth.

¹ **Exception to Rule:** The prior authorization process used by DSHS to consider the appropriateness of a noncovered item when that service is specifically needed for that client because their clinical needs are so different than the rest of the population.

² **Limitation Extension:** The prior authorization process used to consider when it is medically necessary to allow more of a product for a specific client because their healthcare needs are not being met by the amount allowed in the base benefit for that service.

Change in Billing Timelines [Refer to WAC 388-502-0150]

Effective for claims with a date of service or admission on or after July 1, 2009:

- Within 24 months of the date the service was provided to the client, a provider may resubmit, modify, or adjust an initial claim, **other than a prescription drug claim or a claim for major trauma services.**
- After 24 months from the date the service was provided to the client, DSHS does not accept any claim for resubmission, modification, or adjustment. **This 24-month period does not apply to overpayments that a provider must refund to DSHS by a negotiable financial instrument, such as a bank check.**

Note: If a provider fails to bill a claim according to these requirements and DSHS denies payment of the claim, the provider or any provider's agent cannot bill the client or the client's estate. The client is not responsible for the payment.

Note: In order to meet initial timeliness standards, DSHS still requires providers to bill within 365 days of any of the following:

- The date the provider furnishes the service to the eligible client;
- The date a final fair hearing decision is entered that impacts the particular claim;
- The date a court orders DSHS to cover the services;
- The date DSHS certifies a client eligible under delayed certification criteria; or
- The date a DSHS managed plan or Basic Health Plus client's premium has been recouped by DSHS.

Updated Billing Instructions

DSHS has updated the *Dental Program for Clients Age 21 and Older Billing Instructions* and the *Dental Program for Clients Through Age 20 Billing Instructions* with the changes discussed in this memo. Visit the DSHS/HRSA web site at <http://hrsa.dshs.wa.gov/download/BI.html> to view the updated billing instructions, **effective July 1, 2009.**

How Do I Conduct Business Electronically With DSHS?

You may conduct business electronically with DSHS by accessing the WAMedWeb at <http://wamedweb.acs-inc.com>.

Later in 2009, DSHS will replace its current Medicaid Management Information System with a new payment processing system named ProviderOne. When fully operational, ProviderOne will pay about 100,000 providers who serve the one million people qualifying for DSHS services each year. Please visit <http://hrsa.dshs.wa.gov/ProviderOne> for more information.

How Can I Get DSHS/HRSA Provider Documents?

To obtain DSHS/HRSA provider numbered memos and billing instructions, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click the ***Billing Instructions and Numbered Memorandum*** link). These documents may be downloaded and printed.