

West Virginia Medicaid Adult and Children Dental Services Update 2021

Presented by:
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Agenda

- **Adult Dental Services Updates and Changes:**
- ***Appendix 505C, Covered Preventative and Restorative Services for Adults Age 21 and Older***
- **Adult Dental Prior Authorization**
- **Dental Services for Children under 21 Years of Age Overview**
- **Review Requirements**

Adult Dental Services

Adult Dental Services

- If a current dental terminology (CDT) code requires prior authorization, the service requires prior authorization regardless of place of service.
- The code list only includes services requiring prior authorization. Please see Chapter 505, Oral Health Services policy manual or Gainwell Technologies (formerly DXC Technologies), to determine if a service is covered:
 - The Master Code List can be found at: www.wvaso.kepro.com.
 - Chapter 505 Oral Health Services policy manual can be found at <https://dhr.wv.gov/bms/Pages/Manuals.aspx>.
- All inpatient and outpatient hospitalizations require prior authorization by the appropriate BMS utilization management contractor (UMC).
- Inpatient hospitalization shall not be reimbursed when the service could be provided in an outpatient setting.
- Covered dental services for 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.

Adult Dental Services (Cont.)

- Effective January 1, 2021, West Virginia Medicaid members 21 years of age and older, are eligible for diagnostic, preventative and restorative services.
- Services classified as diagnostic, preventative and restorative will require prior authorization prior to services rendered.
- There is a coverage limitation of \$1,000 per member per calendar year.
- Covered preventative and restorative services for adults age 21 and older are available in *Appendix 505C, Covered Preventative and Restorative Services for Adults Age 21 and Older*:
 - Only the codes listed in Appendix 505C are applied to the \$1,000 coverage limitation.
 - Services exceeding the \$1,000 limitation will be the responsibility of the member for payment.
 - The balance that remains at the end of the calendar year cannot be carried over to the new year.

Please note: Prior authorization does not guarantee payment of services.

***Appendix 505C, Covered Preventative
and Restorative Services for Adults
Age 21 and Older***

Appendix 505C

APPENDIX 505C - COVERED PREVENTATIVE AND RESTORATIVE SERVICES FOR ADULTS AGE 21 AND OLDER <u>THESE SERVICES HAVE A \$1,000 PER CALENDAR YEAR LIMIT</u>			
CDT Code	Description	Service Limits	Special Instructions
CLINICAL ORAL EVALUATION			
D0120	Periodic exam	2 per calendar years	
D0150	Initial comprehensive exam	1 per calendar year	
D0180	Comprehensive periodontal evaluation	1 per calendar years	
DIAGNOSTIC IMAGING (INCLUDING INTERPRETATION)			
D0210	Intraoral-complete series of radiographic images	1 per 2 years	Requires prior authorization
D0270	Bitewing - single radiographic image	4 per calendar year	Requires prior authorization
D0272	Bitewings – two radiographic images	1 per calendar year	Requires prior authorization
D0273	Bitewings – three radiographic images	1 per calendar year	Requires prior authorization
D0274	Bitewings - four radiographic images	1 per calendar year	Requires prior authorization
DENTAL PROPHYLAXIS			
D1110	Prophylaxis-adult	1 per 6 months	Requires prior authorization
AMALGAM RESTORATIONS (INCLUDING POLISHING)			
D2140	Amalgam - one surface, primary or permanent	5 surfaces per tooth number per 3 years	Requires prior authorization
D2150	Amalgam - two surfaces, primary or permanent	5 surfaces per tooth number per 3 years	Requires prior authorization
D2160	Amalgam - three surfaces, primary or permanent	5 surfaces per tooth number per 3 years	Requires prior authorization
D2161	Amalgam - four or more surfaces, primary or permanent	5 surfaces per tooth number per 3 years	Requires prior authorization
RESIN-BASED COMPOSITE RESTORATIONS – DIRECT			
D2330	Resin-based composite - one surface, anterior	5 surfaces per tooth number per 3 years	Requires prior authorization
D2331	Resin-based composite - two surfaces, anterior	5 surfaces per tooth number per 3 years	Requires prior authorization

Appendix 505C (Cont.)

APPENDIX 505C - COVERED PREVENTATIVE AND RESTORATIVE SERVICES FOR ADULTS AGE 21 AND OLDER THESE SERVICES HAVE A \$1,000 PER CALENDAR YEAR LIMIT			
CDT Code	Description	Service Limits	Special Instructions
D2332	Resin-based composite - three surfaces, anterior	5 surfaces per tooth number per 3 years	Requires prior authorization
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	5 surfaces per tooth number per 3 years	Requires prior authorization
D2390	Resin-based composite crown, anterior	1 tooth number per 3 years	Requires prior authorization
D2391	Resin-based composite - one surface, posterior	5 surfaces per tooth per 3 years	Requires prior authorization
D2392	Resin-based composite - two surfaces, posterior	5 surfaces per tooth per 3 years	Requires prior authorization
D2393	Resin-based composite three surfaces, posterior	5 surfaces per tooth per 3 years	Requires prior authorization
D2394	Resin-based composite - four or more surfaces, posterior	5 surfaces per tooth per 3 years	Requires prior authorization
CROWNS – SINGLE RESTORATIONS ONLY			
D2740	Crown- porcelain/ceramic	1 tooth number per 5 years	Requires prior authorization
D2750	Crown - porcelain fused to high noble metal	1 tooth number per 5 years	Requires prior authorization
D2751	Crown- porcelain fused to predominately base metal	1 tooth number per 5 years	Requires prior authorization
D2752	Crown - porcelain fused to noble metal		Requires prior authorization
D2791	Crown - full cast predominately base metal	1 tooth number per 5 years	Requires prior authorization
OTHER RESTORATIVE SERVICES			
D2920	Recement crown	1 per tooth number per 1 calendar year	Requires prior authorization
D2931	Prefabricated stainless-steel crown - permanent tooth	1 per tooth number per 1 calendar year	Requires prior authorization
D2932	Prefabricated resin crown	1 per tooth number per 1 calendar year	Requires prior authorization
D2940	Protective restoration	2 per calendar year per tooth number	Requires prior authorization
D2950	Core buildup, including any pins	1 per calendar year per tooth number	Requires prior authorization

Appendix 505C (Cont.)

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CDT Code	Description	Service Limits	Special Instructions
D2952	Post and core in addition to crown - indirectly fabricated	1 per 3 years per tooth number	Requires prior authorization
D2954	Prefabricated post and core in addition to crown	1 per 3 years per tooth number	Requires prior authorization
ENDODONTIC THERAPY (INCLUDING TREATMENT PLAN, CLINICAL PROCEDURES, AND FOLLOW UP CARE)			
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	1 tooth number per lifetime	Requires prior authorization
D3320	Endodontic therapy, premolar tooth (excluding final restorations)	1 tooth number per lifetime	Requires prior authorization
D3330	Endodontic therapy, molar tooth (excluding final restorations)	1 tooth number per lifetime	Requires prior authorization
ENDODONTIC RETREATMENT			
D3346	Retreatment of previous root canal therapy - anterior	1 tooth number per lifetime	Requires prior authorization
D3347	Retreatment of previous root canal therapy – premolar	1 tooth number per lifetime	Requires prior authorization
D3348	Retreatment of previous root canal therapy - molar	1 tooth number per lifetime	Requires prior authorization
APICOECTOMY/PERIRADICULAR SERVICES			
D3410	Apicoectomy/periradicular surgery - anterior	1 tooth number per lifetime	Requires prior authorization
D3421	Apicoectomy – premolar (first root)	1 tooth number per lifetime	Requires prior authorization
SURGICAL SERVICES (INCLUDING USUAL POST-OPERATIVE CARE)			
D4210	Gingivectomy or Gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	1 quadrant per calendar year	Requires prior authorization.
D4211	Gingivectomy or Gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	1 quadrant per calendar year	Requires prior authorization.

Appendix 505C (Cont.)

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CDT Code	Description	Service Limits	Special Instructions
NON-SURGICAL PERIODONTAL SERVICE			
D4341	Periodontal scaling and root planing, per quadrant - four or more teeth	1 quadrant per calendar year	Requires prior authorization.
D4342	Periodontal scaling and root planing, per quadrant – one to three teeth	1 quadrant per calendar year	Requires prior authorization.
D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	1 per 2 years	Requires prior authorization.
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	1 per 6 months	Requires prior authorization.
OTHER PERIODONTAL SERVICE			
D4910	Periodontal Maintenance	1 per calendar year	Requires prior authorization
COMPLETE DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)			
D5110	Complete denture - maxillary	1 per 5 years	Requires prior authorization
D5120	Complete denture – mandibular	1 per 5 years	Requires prior authorization
D5130	Immediate denture – maxillary	1 per 5 years	Requires prior authorization
D5140	Immediate denture – mandibular	1 per 5 years	Requires prior authorization
PARTIAL DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)			
D5211	Upper partial denture resin base	1 per 5 years	Requires prior authorization
D5212	Lower partial denture resin base	1 per 5 years	Requires prior authorization
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	1 per 5 years	Requires prior authorization
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping	1 per 5 years	Requires prior authorization

Appendix 505C (Cont.)

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CDT Code	Description	Service Limits	Special Instructions
	materials, rests and teeth)		
D5225	Upper Partial Case - Flexible Base	1 per 5 years	Requires prior authorization
D5226	Lower Partial Case - Flexible Base	1 per 5 years	Requires prior authorization.
ADJUSTMENTS TO DENTURES			
D5410	Adjust complete denture – maxillary	3 per calendar year	Requires prior authorization
D5411	Adjust complete denture – mandibular	3 per calendar year	Requires prior authorization
D5421	Adjust partial denture – maxillary	3 per calendar year	Requires prior authorization
D5422	Adjust partial denture – mandibular	3 per calendar year	Requires prior authorization
REPAIRS TO COMPLETE DENTURES			
D5511	Repair broken complete denture base, mandibular	2 per calendar year per arch	Requires prior authorization
D5512	Repair broken complete denture base, maxillary	2 per calendar year per arch	Requires prior authorization
D5520	Replace missing or broken teeth - complete denture (each tooth)	2 per calendar year per tooth number	Requires prior authorization
REPAIRS TO PARTIAL DENTURES			
D5611	Repair resin partial denture base, mandibular	2 per calendar year per arch	Requires prior authorization
D5612	Repair resin partial denture base, maxillary	2 per calendar year per arch	Requires prior authorization
D5621	Repair cast partial framework, mandibular	2 per calendar year per arch	Requires prior authorization
D5622	Repair cast partial framework, maxillary	2 per calendar year per arch	Requires prior authorization
D5630	Repair or replace broken retentive/clasping materials – per tooth	2 per calendar year	Requires prior authorization
D5640	Replace broken teeth – per tooth	2 per calendar year	Requires prior authorization
D5650	Add tooth to existing partial denture	2 per calendar year	Requires prior authorization

Appendix 505C (Cont.)

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CDT Code	Description	Service Limits	Special Instructions
D5660	Add clasp to existing partial denture – per tooth	2 per calendar year	Requires prior authorization
DENTURE REBASED PROCEDURES			
D5710	Rebase complete maxillary denture	1 per 5 years	Requires prior authorization
D5711	Rebase complete mandibular denture	1 per 5 years	Requires prior authorization
D5720	Rebase maxillary partial denture	1 per 5 years	Requires prior authorization
D5721	Rebase mandibular partial denture	1 per 5 years	Requires prior authorization
DENTURE RELINE PROCEDURES			
D5730	Reline complete maxillary denture (chairside)	1 per 2 years	Requires prior authorization
D5731	Reline complete mandibular denture (chairside)	1 per 2 years	Requires prior authorization
D5740	Reline maxillary partial denture (chairside)	1 per 2 years	Requires prior authorization
D5741	Reline mandibular partial denture (chairside)	1 per 2 years	Requires prior authorization
D5750	Reline complete maxillary denture (laboratory)	1 per 2 years	Requires prior authorization
D5751	Reline complete mandibular denture (laboratory)	1 per 2 years	Requires prior authorization
D5760	Reline maxillary partial denture (laboratory)	1 per 2 years	Requires prior authorization
D5761	Reline mandibular partial denture (laboratory)	1 per 2 years	Requires prior authorization
D5810	Interim (temporary) complete upper denture	1 per 5 years	Requires prior authorization
D5811	Interim (temporary) complete lower denture	1 per 5 years	Requires prior authorization
D5820	Interim (temporary) complete upper denture with clasps	1 per lifetime	Requires prior authorization
D5821	Interim (temporary) complete lower denture with clasps	1 per lifetime	Requires prior authorization
D5850	Tissue conditioning-maxillary tissue		Requires prior authorization

Appendix 505C (Cont.)

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CDT Code	Description	Service Limits	Special Instructions
D5851	Tissue conditioning-mandibular		Requires prior authorization
OTHER FIXED DENTURE SERVICES			
D6930	Recement fixed partial denture	1 per calendar year	Requires prior authorization
OTHER SURGICAL PROCEDURES			
D7250	Surgical removal unexposed root	1 per tooth per lifetime	Requires prior authorization
ALVEOLOPLASTY – SURGICAL PREPARATION OF RIDGE			
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	1 quadrant UR, UL, LL, LR per lifetime.	Requires prior authorization
EXCISION OF BONE TISSUE			
D7471	Removal of lateral exostosis (maxilla or mandible)		Requires prior authorization
D7472	Removal of torus palatinus		Requires prior authorization
D7473	Removal of torus mandibularis		Requires prior authorization
D7485	Surgical reduction of osseous tuberosity		Requires prior authorization
D7490	Radical resection of maxilla or mandible		Requires prior authorization
OTHER SERVICES			
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician		Requires prior authorization
D9610	Therapeutic parenteral drug		Requires prior authorization
D9630	Other drugs and/or medicaments, by report		Requires prior authorization
D9910	Application of desensitizing medicament		Requires prior authorization
D9944	Occlusal Guard-hard appliance, full arch	1 per 5 years	Requires prior authorization

Appendix 505C (Cont.)

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CDT Code	Description	Service Limits	Special Instructions
D9945	Occlusal Guard-soft appliance, full arch	1 per 5 years	Requires prior authorization
D9999	Unspecified adjunctive procedure, by report		Requires prior authorization

Adult Dental Prior Authorizations

Adult Dental Prior Authorizations

- Providers must fax the Dental Prior Authorization Request Form completed in its entirety to 844-633-8431. This fax number is also shown at the top of the request form.
- Services for adult dental services that require prior authorization must be submitted to the Kepro. Any services provided in an operating room must be submitted as an Outpatient Surgical request on the portal.
- Kepro's direct data entry (DDE) provider portal system does not have the option for adult dental services to be entered at this time. The prior authorization request form will then be keyed by Kepro staff.
- Dental Provider who have capability to access Kepro's provider portal DDE system must login to view determinations of requests submitted. If you do not have access, please contact Kepro's Medical unit at 800-346-8272 for assistance.
- Authorizations will be issued with a 30-day date span. If service is not performed, providers can submit a modification request form to request a date extension.
- Prior Authorization Requests and Modification Requests Forms can be downloaded from Kepro's Provider website: www.wvaso.kepro.com.

Adult Dental Prior Authorizations (Cont.)

- Medicaid members will automatically be enrolled with Case Management.
- The UMC will call and notify the provider and the fee-for-service (FFS) member of the cost of the prior authorization request(s) and balance remaining for the member.
- If there is a prior approval prior authorization request from another provider, the second provider will need to submit a “vendor/provider” letter signed electronically or cosigned if obtained verbally from the member indicating the change.
- The cost of dental services reimbursed is determined by the fee schedule.
- The \$1,000 service limitation does not start over or reset when a member changes from fee-for-service to a managed care organization (MCO) or from MCO to fee-for-service:
 - Any service provided during MCO enrollment will be subtracted from the \$1,000 and will be recognized by Kepro.

Dental Services for Children under 21 Years of Age

Covered Services for Children

- Dental services are covered for enrolled children up to 21 years of age.
- Orthodontic services for children up to 21 years of age must be medically necessary and requires prior authorization before services are provided.
- Clinical documentation including treatment plan of care, radiograph results and photographs, must be available to the UMC for prior authorization review and final determination of approval.
- One treatment of comprehensive orthodontia procedure codes (D8070, D8080, or D8090) per lifetime per member is covered:
 - If more than one comprehensive orthodontic procedure code is billed, the claim will be denied.

Requirements for Review

Requirements for Review

- A referral for treatment.
- The primary diagnosis and appropriate CDT code for service to be provided.
- A treatment plan (Orthodontics):
 - Benefit for children up to 21 years of age only.
- Radiographs.
- Photos, when appropriate.
- Dental molds, when appropriate (can be mailed to the address on the next slide).
- Clinical documentation, including a treatment plan of care, radiograph results and photographs, must be available to the UMC for prior authorization review and final determination of approval.
- Documentation to justify medical necessity.
- Copy of Prior Authorization Request Form, when applicable.
- Copy of ADA claim form submitted for payment consideration, when appropriate.
- While DDE system is preferred, if using a faxed version, make sure it is the appropriate authorization request form.

Radiographs

If you have the capability to email X-rays please contact KEPRO to set up a secure email account for your convenience.

- X-rays must include the name of the patient.
- X-rays can be faxed to 844-633-8431.
- X-rays/dental molds/photos can be mailed to:

KEPRO

1007 Bullitt Street, Ste. 200,
Charleston, WV 25301

- If x-rays are mailed, please note if they need to be returned.
- Make sure all attachments include the patient's name and date of birth.

Resources

- *Chapter 505 Oral Health Services, including Appendixes 505B and 505C Covered Preventative and Restorative Services for Adults Age 21 and Older:* <https://dhhr.wv.gov/bms/Pages/Chapter-505-Dental-Services-.aspx>
- Dental Fee Schedule: <https://dhhr.wv.gov/bms/FEES/Pages/Dental-Fee-Schedule.aspx>
- Kepro DDE System: <https://providerportal.kepro.com>
- Kepro General Information: www.wvaso.kepro.com

Contacts



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FOR SUBMITTING AUTHORIZATIONS: [HTTPS://PROVIDERPORTAL.KEPRO.COM](https://PROVIDERPORTAL.KEPRO.COM)

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Questions