



**Department
of Health**

**Medicaid
Redesign Team**

Oral Health in New York State

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New York State Department of Health**

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NYS Oral Health Data

Medicaid Enrollees with at Least 1 Dental Visit					Average Medicaid Enrollees (Annual)
Population	Visit Type	2012	2013	2014	2012-2014
Adults	General	1,948,106	2,028,929	2,189,153	6,469,585
	Preventative	1,614,881	1,700,824	1,819,638	6,469,585
Children (Ages 2-20)	General	876,611	957,209	1,013,625	2,108,741
	Preventative	771,429	854,771	911,381	2,108,741

Source: 2012-2014 NYS Medicaid Program Data as of July, 2015

Children (aged 2-21) with at Least One Dental Visit in Government Sponsored Health Insurance Programs (Medicaid or Child Health Plus)

Children with at Least One Dental Visit	Children in at Least One Program
793,222	1,338,782

Source: 2013 NYS Medicaid and Child Health Plus Data as of July, 2015

New York State Coverage – Oral Health (FFS & Mgd. Care)

The Medicaid Program includes coverage for numerous preventative, restorative, diagnostic and surgical dental procedures.

Routine Services Include:

- Dental Prophylaxis
- Dental Sealants
- Fluoride Treatment
- Oral Cancer Screenings
- Radiographic Imaging
- Amalgam or Resin-Based Composite Restorations
- Endodontic Therapy
- Oral Surgery
- Removable Prosthetics

Collaborative Practice Agreement

- Changes to State Education Law now permit registered dental hygienists who provide dental services in facilities organized under Article 28 of the Public Health Law to enter into a collaborative practice agreement with a licensed and registered dentist who has a formal relationship with the same facility.
- Effective September 1, 2016 Medicaid reimburses Article 28 clinics for oral assessments provided by a registered dental hygienist in accordance with a collaborative practice agreement. In addition, Medicaid will reimburse the clinic for a follow up visit with a dentist for an oral exam or treatment.
- Article 28 facilities include: Dental Schools, Federally Qualified Health Centers (FQHCs), Hospital Out Patient Departments, Diagnostic and Treatment Centers (DTCs/Free-Standing Clinics), and School Based Health Centers.
- August 2016 Medicaid Update provided coverage policy and billing guidance.

Collaborative Practice Agreement

- A registered dental hygienist providing services pursuant to a collaborative arrangement shall:
 - Only provide those services that may be provided under general supervision, provided that the physical presence of the collaborating dentist is not required for the provision of such services.
 - Instruct individuals to visit a licensed dentist for comprehensive examination or treatment.
 - Provide collaborative services only pursuant to a written agreement that is maintained in the practice setting of the dental hygienist and collaborating dentist.

Collaborative Practice Agreement

- To provide dental services in an Article 28, “dental” services must be included on the facility's operating certificate.
 - SBHC – the sponsoring Art 28 must be authorized to provide dental care.
- The Article 28 is required to have a dental director on staff.
 - SBHC – the sponsoring Art 28 must have a dental director on staff.
- The dental hygienist collaborative practice agreement is with the Article 28 dental director, or other dentist who is employed or on contract to provide services within the Article 28.

Article 28 Clinic Billing for Dental Hygienist's Services

- Institutional claims are billed through APGs.
 - Clinic bills all dental procedure codes for services provided by the dental hygienist.
 - Oral screening performed by a dental hygienist – clinic bills D0190
 - ❖ D0190 - screening, including state or federally mandated screenings, to determine an individual's need to be seen by a dentist for a diagnosis.
 - ❖ D0191, Assessment of a patient, should not be billed.
 - Oral screening is not covered as a stand-alone service.

Patient Seen on Same Date of Service

- When patient is seen by the dental hygienist and dentist on the same date of service, one claim should be submitted with all services provided reported on the clinic claim.
 - D0190 should not be billed since the patient will be seen by a dentist providing an oral exam.
 - Oral exam by dentist is billed by the clinic using oral evaluation dental procedure codes:
 - D0120
 - D0140
 - D0145
 - D0150
 - D0160

Patient Seen on Different Dates of Service

- Two separate claims should be submitted to Medicaid
 - One clinic claim for the dental hygienist visit.
 - Second clinic claim for the follow-up visit with the dentist.

Federally Qualified Health Center (FQHC)

Satellite Site (SBHC, etc.)	Host site	How to Bill
Dental Hygienist at a non-FQHC (Billing APGs)	Dentist at an FQHC	Satellite may bill through APGs per guidance above. Host site may bill PPS rate.
Dental Hygienist at an FQHC	Dentist at a non-FQHC (Billing APGs)	Satellite site may only bill PPS rate. Host site may not bill.
Dental Hygienist at an FQHC	Dentist at an FQHC	Satellite or Host site may only bill one PPS rate.

Dental Practitioner Billing

- Dental professional services are separately reimbursable outside of APGs only when the services are rendered in one of the following place of service (POS) locations.
 - Outpatient hospital-based ambulatory surgery center (POS 22)
 - DTC (free-standing clinic) ambulatory surgery center (POS 24)
 - Emergency department (POS 23), or
 - Hospital Inpatient setting(POS 21)
- Dentist is not allowed to submit a separate professional claim for professional dental services provided in hospital clinic, free-standing clinic, or school based health center.

Topical Fluoride and Dental Sealants

- Fluoride varnish (D1206) is covered for children under the age of 7.
- Topical application of fluoride - (D1208) is covered for individuals up to 21 years of age.
- Both fluoride varnish and topical application of fluoride are covered for developmentally disabled and TBI individuals.
 - No age restriction.
 - Developmentally disabled individuals are assigned Recipient Exception code 95.
 - TBI individuals are assigned Recipient Exception code 81.

APG Billing for Dental Anesthesia

- A provider must indicate the use of dental anesthesia that was provided in conjunction with any dental procedure.
 - D9223 - Deep sedation/general anesthesia each 15 min; and
 - D9243 - IV moderate (conscious) sedation each 15 min.
- Dental anesthesia has been assigned a “Procedure Based Weight” and is allowable with the submission of up to four (4) units.
 - APG reimbursement for downstate clinics is approximately \$234
 - APG reimbursement for upstate clinics is approximately \$196.
- Practitioner reimbursement for D9223/D9243 – \$76 for each 15 min
- D9223/D9243 are the only two anesthesia procedures reimbursed by Medicaid.

(Above reimbursement eff January 1, 2016)

Dental Behavioral Management

- A per visit incentive used to compensate for the greater knowledge, skill, sophisticated equipment, extra time and personnel required to treat members with a developmental disability.
- Dental Behavioral Management code D9920 is only reimbursable for eligible DD/TBI recipients (as defined by recipient exception codes (R/E) 81 or 95), and is reimbursed via the APG “Procedure Based Weights” file.
 - APG reimbursement for downstate clinics is approximately \$52
 - APG reimbursement for upstate clinics is approximately \$43.
 - Dental practitioners are reimbursed \$29 for the professional component of Dental Behavioral Management.
 - Does not require a report be submitted with claim but dentist must document need in dental record.

Developing Issues

- Use of Silver Diamine Fluoride as an alternative approach to treating cavities in children.
- Fluoride Varnish: presently covered up to age 7. Will be evaluating evidence for use in other age groups – up to age 21 and adults age 65+.
- Dental Sealants: Reviewing evidence for use for early childhood (baby teeth).
- Fluoride Varnish application by an RN/LPN – SED scope of practice.
- SBHC/Managed Care – Carve out continues through July 2018.
- OHIP Leadership has directed Program to focus on oral health needs of the Medicaid population, including children's oral health. We are in the process of hiring a dental director to provide clinical support to program staff.

References

NYS DOH Ambulatory Patient Groups (APGs):

https://www.health.ny.gov/health_care/medicaid/rates/apg/index.htm

eMedNY - CSRA, Inc. (CSRA f/k/a Computer Sciences Corporation - CSC):

<https://www.emedny.org/>

Contacts

DOH Article 28: APG Policy

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Policy Questions?

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