Connecticut Medical Assistance Program

Policy Transmittal 2019-10

Provider Bulletin 2019-38 June 2019

Roderick L. Bremby, Commissioner

Effective Date: July 1, 2019 Contact: Refer to Responsible Units Section

TO: Physicians, Dentists, Dental Hygienists, Advanced Practice Registered Nurses, Physician

Assistants, Dental Clinics and Federally Qualified Health Centers

RE: Update for Billing Coding for the Access for Baby Care to Dental Examination and

Fluoride Program (ABC Program)

Effective July 1, 2019, the coding and fee schedules for providers who bill for services performed under the Access for Baby Care to Dental Examinations and Fluoride Program (ABC Program) at physician offices and outpatient settings (other than federally qualified health centers (FQHCs)) are revised. In addition, children ages 4-7 years old who are HUSKY Health members are now covered under this benefit.

Background about the ABC Program

In an effort to reduce or prevent dental caries (cavities) for children who are HUSKY Health members, the Department of Social Services (DSS) established a program to encourage physicians, physician assistants and advanced practice registered nurses (APRNs) to become certified to perform select dental services as a non-dental provider under the ABC Program. **Dental providers are not eligible to participate in the ABC Program.**

Until July 1, 2019, only children under four (4) years old were covered under the ABC Program. DSS anticipates that HUSKY Health members, who are under the age of 7 years old and have not received routine oral health services from a dental provider, would receive an oral health assessment and fluoride varnish application from a non-dental provider. HUSKY Health children who are already in the routine care of a dental provider should be referred to that dental provider for the application of fluoride varnish.

The Connecticut Dental Health Partnership (CTDHP) will train non-dental providers in office to perform oral health assessments and apply fluoride varnish to HUSKY Health children under the age of 7 years.

In order for Connecticut Medical Assistance Program (CMAP) medical providers to participate in the ABC Program, they must (1) be eligible to bill off the physician office and outpatient fee schedule; (2) complete the CTDHP training for the ABC Program; (3) retain documentation of completion of the training and the Continuing Education Unit (CEU) associated with it.

Oral health assessments in the ABC Program include providing the appropriate Anticipatory Guidance for the HUSKY child's age group and referring the child to a dental office for ongoing, routine care. Please contact CTDHP at 1-855-CT-DENTAL (1-855-283-3682) Monday through Friday from 8:00 a.m. to 5:00 p.m. for assistance in receiving training for the ABC Program or for assistance with locating HUSKY Health dental providers for referrals.

Physician Office and Outpatient Fee Schedule Revisions for ABC Program Services Performed in Office and Outpatient Settings Other than FOHCs:

Effective for dates of service July 1, 2019 and forward, the coding for the oral health assessment and application of fluoride varnish is being revised. Eligible medical providers who have received the CEU for the completion of the ABC Program training must use the following codes and/or modifier when billing for services eligible under the ABC Program.

Oral Health Assessment

Effective for dates of service July 1, 2019 and forward, modifier "DA-Oral health assessment by a licensed health professional other than a dentist" must be billed with select Evaluation and Management (E/M) procedure codes when billing for the ABC Program oral health assessment. This modifier can only be billed when oral health assessments are performed on HUSKY Health members under the age of 7 years old.

Code	Description	
99201-	Office & Outpatient Services -	
99205*	New Patient	
99211-	Office & Outpatient Services –	
99215*	Established Patient	
99381-	Preventative Medicine Services	
99383*	– New Patient	
99391-	Preventative Medicine Services	
99393*	– Established Patient	

*CPT codes 99201-99205; 99211-99215, 99383 and 99393 should only be billed with modifier DA for HUSKY Health members under the age of 7 years.

The billing of these select E/M procedure codes with modifier DA will reimburse an additional \$25.00 to the current rate listed on the physician office and outpatient fee schedule for performance of an oral health assessment.

Application of Topical Fluoride Varnish

Effective for dates of service July 1, 2019 and forward, the following CPT code must be billed when an eligible medical provider applies topical fluoride.

Code	Description	Rate
99188	App topical fluoride varnish	\$20.00

For applying fluoride varnish only, the eligible medical provider will be reimbursed \$20.00. If the provider performs only the oral health assessment, reimbursement will be \$25.00. If the eligible medical provider performs an oral health assessment **and** applies fluoride varnish, the provider will be reimbursed \$45.00. Eligible provider must follow the coding as outlined above in order to receive the appropriate reimbursement.

Physicians, APRNs and PAs working in office and hospital outpatient settings may become certified to perform these select dental services as non-dental providers under the ABC Program. Billing for these services, however, must follow the above-referenced coding. Providers are reminded to bill with place of service 19 or 22 on the professional claim if the service is performed in the hospital setting. DSS considers procedure code 99188 to be a professional service only.

Physicians, APRNs and PAs may delegate application of fluoride varnish to Registered Nurses (RN), Licensed Practical Nurses (LPN) or Certified Medical Assistants (CMA) under their supervision. Oral assessments must be performed by the Physician, APRN or PA.

Effective for dates of service starting July 1, 2019 and forward, DSS will end-date the following Current Dental Terminology (CDT) codes listed on the physician office and outpatient fee schedule. Any claims submitted by a medical provider with these CDT codes will deny for dates of service after June 30, 2019.

- D0145 Oral evaluation pt<3 yrs
- D1206 Topical fluoride varnish

<u>Federally Qualified Health Centers-</u> Medical:

As in other outpatient settings, eligible medical providers may perform oral health assessments and apply fluoride varnish to HUSKY Health members under the age of 7 years old who do not have a current dental home. Eligible medical providers at medical FQHCs should bill using CPT code 99188, even though the FQHC will be paid its regular encounter rate for performing oral health assessments and applying fluoride varnish for this population during a well-child visit. DSS will not issue supplemental payments for oral health assessments and fluoride applications performed by eligible medical providers at medical FQHCs.

FQHCs are reminded that claims billed by a licensed dental professional, whether in a medical office or a dental clinic, for application of fluoride varnish (both CDT code D1206 or CPT code 99188) and/or an oral health assessment, will be denied. In order to bill for dental service at an FQHC dental clinic, the full periodic evaluations services (prophylaxis, examination, fluoride and bitewing radiographs if applicable) must be provided at the appropriate time intervals.

For questions about billing or if further assistance is needed to access the fee schedule

on the CMAP Web site, please contact the Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.

For information on the ABC Program contact CTDHP at 1-855-CT-DENTAL (1-855-283-3682) Monday through Friday from 8:00 a.m. to 5:00 p.m.

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Responsible Units:

<u>Dental-Pediatric, Dental Clinics and Federally</u> <u>Qualified Health Centers-Dental:</u> Donna Balaski, D.M.D. at (860) 424–5342.

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<u>General Acute Care Hospitals:</u> Colleen Johnson, Medical Policy Consultant at (860) 424-5195.

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