Dental FAQS

Q **Which Dental Fee Schedule should I use?**

A. For any claims you are billing for DOS on or before 12/31/2020, you will utilize the 2020 Dental Fee Schedule.
   i. Reflects rates before 1/1/2021
B. For any claims you are billing for DOS 1/1/2021 or later, you will utilize the 2021 Dental Fee Schedule.
   i. Added columns for co-pay information and Prior Authorization Requirements
   ii. Reflects the rate changes effective as of 1/1/2021

Q **How do I know if a procedure requires a co-pay?**

A. 2021 Dental Fee Schedule has added a column indicating which procedure codes require a co-pay.

Q **What is the policy for billing D1330 – Oral Hygiene Instructions?**

A. D1330 is an allowed code once per lifetime for members 4-20.
B. Providers should not bill more than once for a single patient, **unless:**
   i. Member sees a different treating provider and further instruction was provided, ensuring proper care of member's teeth.
   ii. Accurate and complete record keeping is the responsibility of the provider to avoid duplicate billing of this code

Q **How do I know if a member will qualify based on age?**

A. 2021 Dental Fee Schedule provides a column with the age limits for each Dental Procedure Code.

Q **How do I obtain a Prior Authorization?**

A. As of July 1, 2021, all Dental Prior Authorizations (PAs) must be submitted to WYHealth.
B. Prior Authorizations must be submitted electronically through the iExchange Portal.
C. Providers must obtain a PA prior to rendering services.

Note: Prior Authorizations will not be issued after a procedure is complete.

Q **How do I know if a Dental Procedure requires a Prior Authorization?**

A. Any code that requires Prior Authorization is now listen as a column in the 2021 Dental Fee Schedule

Q **What is the policy on Denture Adjustments and Relines?**

A. Starting January 1, 2021, the policy for both adjustments and relines changed:
   i. D5410 – D5422 for adjustments will be limited to two per arch, per 12 month period
   ii. D5730 – D5761 for relines will now only be allowed once per every 3 years

Dental FAQS

Q **Can we bill the patient for any charges WY Medicaid does not cover?**

A. If the provider informs the member of his/her financial responsibility prior to rendering services, and a mutual agreement is provided in writing to services which are not covered, then the provider may bill the member for services provided. See Chapter 3 in the Dental Manual.

Note: Providers cannot bill a client for billing errors or to bill the remaining balance due on a claim. Per the provider agreement, the provider must accept Medicaid payment as payment in full for a covered service.

Q **Can I charge a patient if they miss an appointment?**

A. If it is your office policy to charge for a missed appointment, you may do so.
B. For record keeping, bill for code D9986 for $0.00

Q **Can a filling and a sealant be billed out on the same tooth on the same Date of Service?**

A. No, Medicaid will not pay for a sealant and a filling on the same tooth on the same date of service.

Q **How do I void or adjust claim?**

A. Once you are logged into the BMS portal, you will select:
    i. Claims Access
    ii. Manage Claims
        1. Adjust/Void Claim Provider
        2. Enter TCN to Adjust/Void and click “Go”
        3. You will be on the header line where you will be able to choose from the show drop down in the top, right hand corner to choose your service line detail
        4. At the bottom right of the page, you may select
            a. Adjust to adjust the claim
            b. Void to void the claim
            c. Save to save the changes made to the claim
            d. Cancel to go back to the previous screen

Q **How do I report Medicaid Fraud and Abuse?**

A. Contact the Fraud Hotline at 1-855-846-2563 or visit https://health.wyo.gov/healthcarefin/program-integrity/

Additional information can also be found at: Stop Medicaid Fraud