



# INDIANA MEDICAID UPDATE

July 31, 1998

**TO: All Indiana Medicaid Dental Providers**

**SUBJECT: Dental Program Changes and Workshop Schedule**

## **Dental Program Changes**

Dental providers have previously been notified that Medicaid reimbursement rates for dental services were increased effective May 1, 1998 to 100% of the 75<sup>th</sup> percentile of the rates reported by the American Dental Association for the East North Central Region (ADA-ENC). These rates were adjusted for inflation to January 1998 using the Consumer Price Index-Urban Dental (CPI-UD). This rate adjustment substantially increased payments for dental services. Dentists were also notified that prior authorization requirements were removed effective September 1, 1997.

In addition to the rate increase and removal of prior authorization requirements, the Office of Medicaid Policy and Planning (OMPP) is carving out dental services from Medicaid's Risk-Based Managed Care (RBMC) program. Effective for dates of service 8/1/98 and later, Medicaid dental services billed on dental claim forms are being excluded from RBMC. Medicaid dental providers should submit dental claims for services furnished to RBMC enrollees (members of either Managed Health Services or MaxiHealth) to EDS for payment. Dental claims for dates of service prior to 8/1/98 should continue to be submitted to the appropriate Managed Care Organization (MCO). Providers may contact the MCOs at the numbers listed below:

Managed Health Services	1-800-356-1204	
Maxihealth	Central	1-800-401-6294
	Northern	1-800-414-5946
	Southern	1-800-401-6294

Only the ADA or CDT-2 codes included in the Medicaid Dental Fee Schedule effective May 1, 1998 and billed on a dental claim form (either paper or electronically billed) will be carved out of RBMC. A copy of the Medicaid Dental Fee Schedule may be obtained by the EDS Provider Assistance Unit at 1-800-577-1278 or locally at (317) 655-3240. When dental services are provided in an

inpatient\outpatient hospital setting or an ambulatory surgical -center (ASC), the facility charge is billed on a UB92 claim form and all associated professional services fees (i.e. anesthesiology, oral surgery) are billed on a HCFA 1500 claim form. Services billed on these claim forms are **not** carved out of RBMC and these services must be billed to the MCO.

Some professional dental services provided in an inpatient\outpatient or ASC setting may be billed with ADA or CDT-2 codes on a dental claim form. These services will be carved out of RBMC. However, dental providers will need to contact the MCO to get approval for payment of the facility charge by the MCO. NOTE: Providers should also be aware that services rendered in an inpatient\outpatient or ASC setting to an enrollee in the Primary Care Case Management (PCCM) or Prime Step delivery system must be authorized by the Primary Medical Provider (PMP) so that claims billed on a HCFA 1500 or UB92 claim form can be submitted for payment.

Dental claims for the small group of enrollees in the Managed Care for Persons with Disabilities (MCPD) delivery system (TeamSelect) will remain the MCO's responsibility until a later date (at the latest January 1, 1999). Please continue to submit claims for MCPD enrollees to TeamSelect until further notice. Providers may contact TeamSelect by calling 1-888-218-9014.

With the advice of a panel of dental providers from across the state, the OMPP has made changes to encourage all Indiana dentists to accept Medicaid patients. OMPP will continue to work with the Dental Advisory Panel for improvement in the Medicaid program. In order to improve communications with Indiana dentists, to attract greater dental participation, to promote re-enrollment of previously participating Medicaid dental providers and enrollment of new providers, provider relations staff from Medicaid's fiscal agent, EDS, have been working closely with the Indiana Dental Association to schedule the statewide workshops which are discussed below.

### **Medicaid Dental Workshops**

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To assist providers in understanding Medicaid program requirements, EDS is pleased to announce a series of dental workshops geared toward answering dental providers' claim payment questions. The primary focus of these sessions will be to allow for education and discussion regarding recent Medicaid dental program changes, fiscal agent procurement activities and general dental claim billing and payment processing overview.

The workshops are being offered at eight (8) locations around the state. Each location will have one (1) session available and will be held from 9:00 a.m. to 4:00 p.m., with an hour for lunch (on your own). The specific location sites are outlined on the following pages.

EDS and the OMPP recognize that the notification for this workshop may not afford all offices enough time to adjust their schedules. We do apologize for the short notification; however, the need to communicate the new policy and reimbursement changes at this time is critical. Please be aware that additional workshops will be taking place this fall. The fall series will target all provider specialties and will be geared toward providing information regarding the new contract and service level enhancements.

Please review the Indiana Dental Training Registration Form instructions on the bottom of this page and complete the form on the reverse side of this page to ensure your participation in the training session.

### **Dental Workshop Registration Form**

Due to limited seating availability, providers **must** pre-register for one of the following sessions. This registration will be handled on a first come, first serve basis. If no time slots are available for your session, you will be notified and arrangements will be made for attendance at another session. It is imperative that all required information (Provider Name; Provider Number (if applicable); Provider Phone Number; Session Date and Location; and Contact Person) be completed on this form to ensure your participation in the Dental training sessions. Upon completion, please mail this form to:

EDS Dental Training  
Attention: Richard Thomas  
950 North Meridian Street  
Suite 1150  
Indianapolis, Indiana 46268

Or you may fax your registration to EDS at (317) 488-5171.

**All registrations must be received no later than August 14, 1998.**

Please pay careful attention to the Banner Page information provided to you with your weekly Remittance Advice notices for possible updates should any of the information regarding the times and location of the aforementioned workshops change. If you have any questions regarding the contents of this bulletin, please contact Provider Services at (317) 488-5136.

**The aforementioned workshops will be held at the following addresses:**

August 18	Richmond	Reid Hospital - Wallace Auditorium 1401 Chester Blvd. Richmond, Indiana 47374
August 19	Terre Haute	Larry Bird's Boston Connection - Room LB1 555 South Third Street Terre Haute, Indiana 47808
August 20	Indianapolis	Indiana Government Center South State Auditorium 402 West Washington Street Indianapolis, Indiana 46204
August 25	Evansville	Holiday Inn Airport 4101 U.S. Highway 41 North Evansville, Indiana 47711
August 26	New Albany	Indiana Univ. Southeast - University Center Bldg The Hoosier Room 4201 Grant Line Road New Albany, Indiana 47150
September 1	Gary	Genesis Convention Center One Genesis Center Plaza - Lake Room Gary, Indiana 46402
September 2	South Bend	Saint Mary's College 933 U.S. 31 North (just south of the Indiana Tollroad) Haggar College Center - Room 303 Notre Dame, Indiana 46556
September 3	Fort Wayne	Parkview Memorial Hospital John F. Young Auditorium 2200 Randallia Drive Fort Wayne, Indiana 46805

<b>TO</b>	Richard Thomas	<b>DATE</b>	<b># of Pages</b>
<b>CO/DEPT</b>	EDS/Provider Services	<b>FROM</b>	
<b>PHONE #</b>	317- 488-5136	<b>CO</b>	
<b>FAX #</b>	317-488-5171	<b>PHONE #</b>	
		<b>FAX #</b>	

**\* Please print information legibly on the lines provided below:**

Provider Name: \_\_\_\_\_

Provider Number: \_\_\_\_\_

Provider Phone Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

**Session Information:**

Time: \* Please indicate your first and second preference on the lines below:

1st choice \_\_\_\_\_ location \_\_\_\_\_

2nd choice \_\_\_\_\_ location \_\_\_\_\_

\* The following is a listing of available times:

9:00 a.m.-4:00 p.m.

<u>Date</u>	<u>Location</u>
August 18, 1998	Richmond
August 19, 1998	Terre Haute
August 20, 1998	Indianapolis
August 25, 1998	Evansville
August 26, 1998	New Albany
September 1, 1998	Gary
September 2 1998	South Bend
September 3, 1998	Fort Wayne