



COMMISSIONER  
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To: Community Based Alternatives (CBA) Providers

Subject: Information Letter No. 08-80  
Implementation of Dental Services as a CBA Service Category

The Centers for Medicare and Medicaid Services (CMS) approved the Texas Department of Aging and Disability Services' (DADS) request to establish a separate dental services category in the CBA program. CBA dental services were previously provided under the adaptive aids category. Effective August 29, 2008, DADS implemented separate dental services in CBA with an annual service cost limit of \$5,000 per Individual Service Plan (ISP) year. **The procedures for providers outlined in this letter were effective October 1, 2008.** Other than the changes described in this letter, all other CBA dental processes remain unchanged, including procedures for emergency dental services and evaluations.

This letter does not apply to Integrated Care Management (ICM) waiver providers. DADS has not yet received CMS approval to implement these changes in the ICM waiver program.

#### **Dental Services Criteria**

Dental services are those services provided by a dentist to preserve teeth and meet the medical needs of the CBA consumer. Allowable services in the CBA program include:

- **emergency** dental treatment procedures that are necessary to control bleeding, relieve pain and eliminate acute infection;
- preventative procedures that are required to prevent the **imminent** loss of teeth;
- treatment of **injuries** to the teeth or supporting structures;
- dentures and cost of fitting and preparation for dentures, including extractions, molds, etc; and
- routine and preventative dental treatment.

#### **Service Limit**

The service limit for CBA dental services is \$5,000 per ISP year and includes costs for dental treatments, evaluations, and requisition fees. Previously prohibited routine and preventive dental services are now covered within the initial \$5,000 annual service cost limit.

#### **Exceptions to the Service Limit**

DADS staff may authorize an additional \$5,000 when the services of an oral surgeon are required. All requests to exceed the \$5,000 cost limit are limited to an additional \$5,000 and must be reviewed by the DADS regional nurse for authorization determination.

The DADS regional nurse may approve requests exceeding the initial service limit to an additional \$5,000 per ISP year only when the services of an oral surgeon are required. The DADS regional nurse may approve requests exceeding the initial service limit when the consumer:

- already received services from an oral surgeon within or as part of the initial service limit; or
- needs the services of an oral surgeon after the initial service limit has been used.

In addition, the request to exceed the initial service limit must contain the dental procedures and estimated costs. After exceptions are made, the consumer may not exceed \$10,000 in dental services per ISP year and the plan must remain within the ISP cost limit.

### **Documentation of Dental Services by a Dentist**

A dentist must determine the medical necessity for dental treatment and submit a detailed treatment plan on page 2 of Form 3671-J, Dental Services - Proposed Treatment Plan, to the Home and Community Support Services Agency (HCSSA) in order to document the medical necessity and all specific dental procedures to be completed. The dentist may not bill the CBA consumer for the remainder of the cost over the approved amount.

### **Required Documentation of Dental Services**

The HCSSA must review the proposed dental treatment plan on Form 3671-J, prepared by a dentist, to ensure the request meets CBA allowable services. The HCSSA must list the total estimated cost of each treatment plan and evaluation on Form 3671-H, Dental Services. The HCSSA documents the actual cost of each dental evaluation that does not require prior approval and the estimated cost of dental evaluations and treatment plans requiring prior approval on Form 3671-H. Form 3671-H should be submitted per current HCSSA time-frames. Depending upon the timing of events in relation to current HCSSA timeframes, the evaluation and the treatment plan may be submitted on the same form or submitted on separate forms.

The HCSSA is not required to obtain estimates from three different dentists. The HCSSA documents on Form 3671-F, Rationale for Adaptive Aids, Medical Supplies, Dental Services, and Home Modifications, the medical need as indicated by the dentist on Form 3671-J.

The HCSSA's registered nurse may obtain multiple dental evaluations for CBA consumers without obtaining prior approval from the case manager. The evaluations include:

- one initial non-emergency dental evaluation that costs \$200 or less performed by a general dentist per ISP year; and
- additional dental evaluations that cost \$200 or less performed by a specialist based on a referral from a general dentist. A specialist's dental evaluation is usually performed before endodontic treatment or oral surgery.

Case managers must prior approve evaluations costing more than \$200.

Case managers have been instructed to accept the previous forms used for dental services requests until providers obtain the new forms referenced in this information letter. Case managers have also been instructed **not** to return the requests documented on the previous forms but to request additional information if necessary. In addition, case managers have been instructed to use the new dental policy to approve/disapprove dental services requests, even if the HCSSA submits the request using the previous forms.

### **Emergency Dental Services**

Unless dental services are provided in an emergency, all dental treatments must be prior authorized by the case manager before the delivery of the service. In emergency situations, the HCSSA must meet the requirements in CBA Provider Manual, Section 4424.4.2 Emergency Procurement of Adaptive Aids and Medical Supplies. If the HCSSA does not obtain prior approval or fails to follow the procedures in Section 4424.4.2, DADS will not pay for the emergency dental treatments.

### **Authorization of CBA Dental Services**

The HCSSA submits Forms 3671-F, 3671-H, and 3671-J (if needed) to the DADS case manager. If the dentist completes Form 3671-J adequately, the HCSSA does not need to submit Form 3671-F to the case manager; however, if the documentation by the dentist is lacking on Form 3671-J, the HCSSA should provide additional documentation on Form 3671-F and submit that form in addition to Form 3671-J. If the HCSSA is submitting the evaluation separately from the dental treatment plan completed by a dentist, Form 3671-F or an alternate form is required with the request for an evaluation.

The case manager reviews the forms submitted by the HCSSA to ensure requested services are allowable according to CBA dental services policy. The case manager may consult the DADS regional nurse if there is a question about the appropriateness of the dental service. If approved, the case manager documents the amount approved on Forms 3671-H and 3671-1, Individual Service Plan. Please note that the Form 3671-1 has been revised to allow documentation of dental services and related requisition fees on the ISP.

When case managers authorize dental services, they must also authorize requisition fees. Case managers may authorize requisition fees for each evaluation and for the treatment plan completed by each dentist. HCSSAs are not entitled to a requisition fee based on each specific procedure to be completed in the treatment plan. Requisition fees will vary, based on the cost of the total dental treatment plan, and are calculated based on the following [CBA Adaptive Aid Requisition Fee Schedule](#):

<b>COST OF DENTAL TREATMENT PLAN</b>	<b>REQUISITION FEE</b>
Under \$500	10% of cost
\$500 to \$999.99	\$54.03
\$1,000 to \$1,499.99	\$92.85
\$1,500 to \$1,999.99	\$105.66
\$2,000 to \$2,499.99	\$118.86
\$2,500 to \$2,999.99	\$134.21
\$3,000 to \$3,499.99	\$140.81
\$3,500 to \$3,999.99	\$147.02
\$4,000 to \$4,499.99	\$153.62
\$4,500 to \$4,999.99	\$160.22
\$5,000 and over	\$168.96

### **Authorizations and Billing for Dental Services: Current and New ISPs with No Prior Dental Authorizations**

Effective August 29, 2008, case managers began using **Service Code 5A**, dental waiver programs, and **Service Code 41E**, requisition fees, to authorize CBA dental services in the following situations:

- no dental authorizations have been approved as adaptive aid in current ISP year; or
- any dental authorization for a new ISP beginning after September 1, 2008.

In order to bill for these services, HCSSAs must use service codes 5A and 41E to bill for these services. The bill codes associated with these service codes may be found on the LTC Bill Code Crosswalk at: <http://www.dads.state.tx.us/providers/hipaa/billcodes/LTCBillCodeCrosswalk.xls>.

### **Authorizations and Billing for Dental Services: Current ISPs with Prior Dental Authorizations**

Dental authorizations submitted or authorized after August 29, 2008, with previous dental services authorized as an adaptive aid in the current ISP year, will continue to be authorized as adaptive aids throughout the remainder of the current ISP year.

In order to bill for these services, HCSSAs must use Healthcare Common Procedure Coding System (HCPCS) code D9999 and service code 41, adaptive aids requisition fees, when billing CBA dental services as service code 15, adaptive aids – unspecified procedure. The bill codes associated with these service codes may be found on the LTC Bill Code Crosswalk.

The new \$5,000 service limit applies to ongoing CBA cases with previously authorized dental treatment as an adaptive aid. The additional \$5,000 for services requiring an oral surgeon also applies to these cases.

The process of adding CBA dental service codes 5A and 41 E to the billing system for each CBA waiver services contract has begun but will take time to complete. Providers needing these service codes added to their contract may call the Provider Services – Community Services Contracts unit at (512) 438-2080. The request must include the provider's CBA contract number.

If you have questions regarding this letter, please contact the CBA policy specialist at (512) 438-2578. All forms referenced in this letter are available on the DADS internet at: <http://www.dads.state.tx.us/forms/>.

Sincerely,

*[signature on file]*

Michelle Dionne-Vahalik  
Director  
Community Services

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