

1 CABINET FOR HEALTH AND FAMILY SERVICES

2 Department for Medicaid Services

3 Division of Provider Operations

4 (Amendment)

5 907 KAR 1:626. Reimbursement of dental services.

6 RELATES TO: KRS 205.520, 42 C.F.R. 440.100, 447.200-205, 42 U.S.C. 1396a-d

7 STATUTORY AUTHORITY: KRS 194A.030(2), 194A.050(1), 205.520(3)

8 NECESSITY, FUNCTION, AND CONFORMITY: The Cabinet for Health and Family
9 Services, Department for Medicaid Services, has the responsibility to administer the
10 Medicaid Program. KRS 205.520(3) authorizes the cabinet, by administrative regulation,
11 to comply with any requirement that may be imposed or opportunity presented by fed-
12 eral law for the provision of medical assistance to Kentucky's indigent citizenry. This
13 administrative regulation establishes the method for determining the amount payable by
14 the cabinet for a dental service.

15 Section 1. Definitions. (1) "Comprehensive orthodontic procedure" means a medically
16 necessary dental service for a dentofacial malocclusion which requires the application
17 of braces for correction.

18 (2) "Current Dental Terminology" or "CDT" means a publication by the American
19 Dental Association of codes used to report dental procedures or services.

20 (3) "Debridement" means a procedure that is performed:

21 (a) For removing thick or dense deposits on the teeth which is required if tooth struc

1 tures are so deeply covered with plaque and calculus that a dentist or staff cannot
2 check for decay, infections, or gum disease; and

3 (b) Separately from a regular cleaning and is usually a preliminary or first treatment
4 when an individual has developed very heavy plaque or calculus.

5 (4) "Department" means the Department for Medicaid Services or its designee.

6 (5) "Disabling malocclusion" means that a patient has a condition that meets the cri-
7 teria established in 907 KAR 1:026, Section 13(7).

8 (6) "Incidental" means that a medical procedure is performed at the same time as a
9 primary procedure and:

10 (a) Requires little additional practitioner resources; or

11 (b) Is clinically integral to the performance of the primary procedure.

12 (7) "Integral" means that a medical procedure represents a component of a more
13 complex procedure performed at the same time.

14 (8) "Manually priced" or "MP" means that a procedure is priced according to complex-
15 ity.

16 (9) "Medically necessary" or "medical necessity" means that a covered benefit is de-
17 termined to be needed in accordance with 907 KAR 3:130.

18 (10) "Mutually exclusive" means that two (2) procedures:

19 (a) Are not reasonably performed in conjunction with one another during the same
20 patient encounter on the same date of service;

21 (b) Represent two (2) methods of performing the same procedure;

22 (c) Represent medically impossible or improbable use of CDT codes; or

23 (d) Are described in CDT as inappropriate coding of procedure combinations.

1 (11) "Prepayment review" or "PPR" means a departmental review of a claim to de-
2 termine if the requirements established in 907 KAR 1:026 have been met prior to au-
3 thorizing payment.

4 (12) "Prior authorization" or "PA" means approval which a provider shall obtain from
5 the department before being reimbursed for a covered service.

6 (13) "Provider" is defined in KRS 205.8451(7).

7 (14) "Recipient" is defined in KRS 205.8451(9).

8 (15) "Timely filing" means receipt of a claim by Medicaid:

9 (a) Within twelve (12) months of the date the service was provided;

10 (b) Within twelve (12) months of the date retroactive eligibility was established; or

11 (c) Within six (6) months of the Medicare adjudication date if the service was billed to
12 Medicare.

13 (16) "Usual and customary charge" means the uniform amount which the individual
14 dentist charges in the majority of cases for a specific dental procedure or service.

15 Section 2. Reimbursement. (1) Reimbursement for a covered service shall be the
16 lesser of the:

17 (a) Dentist's usual and customary charge;

18 (b) Reimbursement limits specified in Sections 3 and 4 of this administrative regula-
19 tion;

20 (c) Manually-priced amount; or

21 (d) Prior authorized fee.

22 (2) If a rate has not been established for a covered dental service, the department
23 shall set an upper limit for the procedure by:

1 (a) Averaging the reimbursement rates assigned to the service by three (3) other
2 payer or provider sources; and

3 (b) Comparing the calculated average obtained from these three (3) rates to rates of
4 similar procedures paid by the department.

5 (3) If cost sharing is required, the cost sharing shall be in accordance with 907 KAR
6 1:604.

7 (4) For a service covered under Medicare Part B, reimbursement shall be in accor-
8 dance with 907 KAR 1:006.

9 (5) A service which is not billed within timely filing requirements shall not be reim-
10 bursed.

11 (6) If performed concurrently, separate reimbursement shall not be made for a proce-
12 dure that has been determined by the department to be incidental, integral, or mutually
13 exclusive to another procedure.

14 Section 3. Reimbursement Rates for Dental Services. (1) The following maximum
15 upper limits for reimbursement shall apply for a service provided to a recipient under
16 twenty-one (21) years of age:

Kentucky Medicaid Dental Services		
Description	Upper Limit	Authorization Requirement
Diagnostic Procedures		

Limited oral evaluation (trauma related injuries or acute infection only)	\$33	PPR required
Comprehensive oral evaluation	\$26	
Intraoral complete series	\$63.70	
Intraoral periapical, first film	\$10.40	
Intraoral periapical, each additional film	\$7.80	
Bitewing, single film	\$9.10	
Bitewing, 2 films	\$18.20	
Bitewing, 4 films	\$29.90	
Panoramic film	\$39	PA required for ages 5 and under
Cephalometric film	\$61.10	
Preventative Procedures		
Prophylaxis	\$48.10	
Sealant per tooth (ages 5-20)	\$19.50	
Space maintainer, fixed unilateral	\$135.20	

Space maintainer, fixed bilateral	\$262.60	
Space maintainer, removable unilateral	\$134	
Space maintainer, removable bilateral	\$202	
Restorative Procedures		
Amalgam, 1 surface	\$49.40	
Amalgam, 2 surfaces	\$65.00	
Amalgam, 3 surfaces	\$76.70	
Amalgam, 4 or more surfaces	\$93.60	
Resin, 1 surface, an- terior	\$57.20	
Resin, 2 surfaces, an- terior	\$71.50	
Resin, 3 surfaces, an- terior	\$85.80	
Resin, 4 or more sur- faces, anterior	\$101.40	
Resin, 1 surface, pos- terior	\$57.20	
Resin, 2 surfaces,	\$71.50	

posterior		
Resin, 3 surfaces, posterior	\$85.80	
Resin, 4 or more sur- faces, posterior	\$101.40	
Prefab stainless steel crown primary	\$119.60	
Prefab stainless steel crown permanent	\$133.90	
Prefab resin crown	\$113.10	
Pin retention, per tooth, in add. to resto- ration	\$13	
Endodontic Procedures		
Pulp cap direct	\$17	
Therapeutic pulpo- tomy	\$67.60	
Root canal therapy anterior	\$274.30	
Root canal therapy bicuspid	\$344.50	
Root canal therapy molar	\$481	

Apicoectomy anterior	\$201.50	
Apicoectomy, bicuspid first root	\$201.50	
Apicoectomy, molar first root	\$201.50	
Replace missing or broken tooth on denture	\$40.30	
Apicoectomy, per tooth each additional root	\$197	
Periodontic Procedures		
Gingivectomy, gingivoplasty per quadrant	\$336.70	PPR required
Gingivectomy, gingivoplasty per tooth	\$135.20	PPR required
Periodontal scaling and root planing per quadrant	\$101.40	PA required
Full mouth debridement	\$68.50	Pregnant women only
Removable Prosthodontic Procedures		

Repair resin denture base	\$61.10	
Repair cast framework	\$97.50	
Replace broken teeth, per tooth on a denture	\$36.40	
Reline complete maxillary denture	\$128.70	
Reline complete mandibular denture	\$128.70	
Interim partial upper	\$319.80	
Interim partial lower	\$336.70	
Maxillofacial Prosthetic Procedures		
Nasal prosthesis	\$2,036	
Auricular prosthesis	\$1,881	
Facial prosthesis	\$3,408	
Obturator (temporary)	\$1121.90	
Obturator (permanent)	\$1,992	
Mandibular resection prosthesis	\$1,660	
Speech aid-pediatric (13 and under)	\$2,036	

Speech aid (14 - 20)	\$2,036	
Palatal augmentation prosthesis	\$1,550	
Palatal lift prosthesis	\$1,836	
Oral surgical splint	\$896	
Unspecified maxillo-facial prosthetic procedure	MP	PPR required
Oral and Maxillofacial Surgery Procedures		
Extraction, deciduous tooth	\$49.40	
Extraction, erupted tooth or exposed root	\$49.40	
Surgical removal of erupted tooth	\$93.60	
Removal of impacted tooth (soft tissue)	\$127.40	
Removal of impacted tooth (partially bony)	\$179.40	
Removal of impacted tooth (completely bony)	\$215.80	
Removal of impacted	\$222.30	

tooth (comp. bony or unusual)		
<u>Removal of torus palatinus (maxillary arch)</u>	<u>\$302.47</u>	
<u>Removal of torus mandibularis (lower left quadrant)</u>	<u>\$209.28</u>	
<u>Removal of torus mandibularis (lower right quadrant)</u>	<u>\$209.28</u>	
Surgical access of an unerupted tooth	MP	PPR required
Surgical removal of residual tooth roots	\$107.90	
Oroantral fistula closure	\$135.20	
Alveoplasty in conjunction with extraction per quadrant	\$101.40	
Alveoplasty not in conjunction with extraction per quadrant	\$101.40	

Excision of benign lesion	\$87.10	
Incision and drainage of abscess (intraoral)	\$67.60	
Incision and drainage of abscess (extraoral)	\$80.60	
Removal of foreign body	\$201.50	
Temporomandibular splint therapy	\$424	PA required
Suture of recent small wound	\$67.60	
Frenulectomy	\$167.60	
Orthodontic Procedures		
Removable appliance therapy	\$362	PA required
Fixed appliance therapy	\$259	PA required
Preorthodontic exam and treatment plan	PA Fee	PA required
Orthodontic treatment	PA Fee	PA required
Unspecified orthodontic procedure-final 1/3	PA Fee	PA required

Adjunctive General Services		
Palliative treatment of dental pain	\$27.30	
Intravenous sedation	\$158.60	
Hospital call	\$67.60	

- 1 (2) The following maximum upper limits for reimbursement shall apply for a service
- 2 provided to a recipient twenty-one (21) years of age and older:

Kentucky Medicaid Dental Services		
Description	Upper Limit	Authorization Requirement
Diagnostic Procedures		
Limited oral evaluation (trauma related injuries only)	\$33	PPR required
Comprehensive oral evaluation	\$26	
Intraoral complete series	\$49	
Intraoral periapical, first film	\$8	
Intraoral periapical, each additional film	\$6	

Bitewing, single film	\$7	
Bitewing, 2 films	\$14	
Bitewing, 4 films	\$23	
Panoramic film	\$39	
Cephalometric film	\$47	
Preventative Procedures		
Prophylaxis	\$37	
Restorative Procedures		
Amalgam, 1 surface	\$38	
Amalgam, 2 surfaces	\$50	
Amalgam, 3 surfaces	\$59	
Amalgam, 4 or more surfaces	\$72	
Resin, 1 surface, anterior	\$44	
Resin, 2 surfaces, anterior	\$55	
Resin, 3 surfaces, anterior	\$66	
Resin, 4 or more surfaces, anterior	\$78	
Resin, 1 surface, posterior	\$44	

Resin, 2 surfaces, posterior	\$55	
Resin, 3 surfaces, posterior	\$66	
Resin, 4 or more sur- faces, posterior	\$78	
Pin retention, per tooth, in add. to resto- ration	\$13	
Endodontic Procedures		
Apicoectomy anterior	\$155	
Apicoectomy, bicus- pid first root	\$155	
Apicoectomy, molar first root	\$155	
Apicoectomy, per tooth each additional root	\$197	
Periodontic Procedures		
Full mouth debride- ment	\$68.50	Pregnant women only
Gingivectomy, gin- givoplasty per quad-	\$259	PPR required

rant		
Gingivectomy, gingivoplasty per tooth	\$104	PPR required
Periodontal scaling and root planing per quadrant	\$78	PA required
Maxillofacial Prosthetic Procedures		
Nasal prosthesis	\$2,036	
Auricular prosthesis	\$1,881	
Facial prosthesis	\$3,408	
Obturator (temporary)	\$863	
Obturator (permanent)	\$1,992	
Mandibular resection prosthesis	\$1,660	
Speech aid - Adult	\$2,036	
Palatal augmentation prosthesis	\$1,550	
Palatal lift prosthesis	\$1,836	
Oral surgical splint	\$896	
Unspecified maxillofacial prosthetic procedure	MP	PPR required

Oral and Maxillofacial Surgery Procedures		
Extraction, deciduous tooth	\$38	
Extraction, erupted tooth or exposed root	\$38	
Surgical removal of erupted tooth	\$72	
Removal of impacted tooth (soft tissue)	\$98	
Removal of impacted tooth (partially bony)	\$138	
Removal of impacted tooth (completely bony)	\$166	
Removal of impacted tooth (comp. bony or unusual)	\$171	
<u>Removal of torus palatinus (maxillary arch)</u>	<u>\$302.47</u>	
<u>Removal of torus mandibularis (lower left quadrant)</u>	<u>\$209.28</u>	

<u>Removal of torus mandibularis (lower right quadrant)</u>	<u>\$209.28</u>	
Surgical access of an unerupted tooth	MP	PPR required
Surgical removal of residual tooth roots	\$83	
Oroantral fistula closure	\$104	
Alveoplasty in conjunction with extraction per quadrant	\$78	
Alveoplasty not in conjunction with extraction per quadrant	\$78	
Excision of benign lesion	\$67	
Incision and drainage of abscess (intraoral)	\$52	
Incision and drainage of abscess (extraoral)	\$62	
Removal of foreign body	\$155	

Suture of recent small wound	\$52	
Frenulectomy	\$129	
Adjunctive General Services		
Palliative treatment of dental pain	\$21	
Hospital call	\$52	

- 1 (3) A comprehensive orthodontic procedure shall be reimbursed as follows:
- 2 (a) Except as specified in paragraph (b) of this subsection, an orthodontic consulta-
- 3 tion, including examination and development of a treatment plan, \$112;
- 4 (b) The Medicaid reimbursement rate for an orthodontic consultation shall not exceed
- 5 fifty-six (56) dollars if:
- 6 1. The provider determines that comprehensive orthodontic treatment services are
- 7 not needed;
- 8 2. The provider is unable or unwilling to provide the needed orthodontic treatment
- 9 services; or
- 10 3. Prior authorization for comprehensive orthodontic services is not approved by the
- 11 department or is not requested by the provider;
- 12 (c) A service for an early phase of moderately severe or severe disabling malocclu-
- 13 sion:
- 14 1. \$1,367 for an orthodontist; or
- 15 2. \$1,234 for a general dentist;

1 (d) A service for a moderately severe disabling malocclusion:

2 1. \$1,825 for an orthodontist; or

3 2. \$1,659 for a general dentist; or

4 (e) A service for a severe disabling malocclusion:

5 1. \$3,000 total for an orthodontist; or

6 2. \$2,674 total for a general dentist.

7 (4) Reimbursement for comprehensive orthodontic treatment shall consist of two (2)
8 payments.

9 (a) The first payment shall be two-thirds (2/3) of the prior authorized payment
10 amount.

11 (b) The second payment shall:

12 1. Be one-third (1/3) of the prior authorized payment amount; and

13 2. Not be billed until six (6) monthly visits are completed following the banding date.

14 (c) The two (2) payments shall be inclusive of all services associated with the com-
15 prehensive orthodontic treatment.

16 Section 4. Oral Surgeons. Except for a service specified in 907 KAR 1:026, Section
17 12(8), a service provided by an oral surgeon shall be reimbursed in accordance with
18 907 KAR 3:010.

19 Section 5. Supplemental Payments. (1) In addition to a payment made pursuant to
20 Sections 2 through 4 of this administrative regulation, the department shall make a sup-
21 plemental payment to a dental school faculty dentist who is employed by a state-
22 supported school of dentistry in Kentucky.

23 (2) The supplemental payment shall be:

1 (a) In an amount which, if combined with other payments made in accordance with
2 this administrative regulation, does not exceed the dentist's charge for a service he has
3 provided:

4 1. As a dental school faculty; and

5 2. For which the payment is made directly or indirectly to the dental school;

6 (b) Based on the funding made available through an intergovernmental transfer of
7 funds for this purpose by a state-supported school of dentistry in Kentucky; and

8 (c) Made on a quarterly basis.

9 Section 6. Appeal Rights. An appeal of a department decision regarding a Medicaid
10 provider based upon an application of this administrative regulation shall be in accor-
11 dance with 907 KAR 1:671.

907 KAR 1:626

REVIEWED:

Date

Elizabeth A. Johnson, Commissioner
Department for Medicaid Services

APPROVED:

Date

Janie Miller, Secretary
Cabinet for Health and Family Services

A public hearing on this administrative regulation shall, if requested, be held on August 21, 2008, at 9:00 a.m. in the Cabinet for Health and Family Services Health Services Board Room, Second Floor, 275 East Main Street, Frankfort, Kentucky. Individuals interested in attending this hearing shall notify this agency in writing by August 14, 2008, five (5) workdays prior to the hearing, of their intent to attend. If no notification of intent to attend the hearing is received by that date, the hearing may be canceled. The hearing is open to the public. Any person who attends will be given an opportunity to comment on the proposed administrative regulation. A transcript of the public hearing will not be made unless a written request for a transcript is made. If you do not wish to attend the public hearing, you may submit written comments on the proposed administrative regulation. You may submit written comments regarding this proposed administrative regulation until close of business September 2, 2008. Send written notification of intent to attend the public hearing or written comments on the proposed administrative regulation to:

CONTACT PERSON: Jill Brown, Office of Legal Services, 275 East Main Street 5 W-B, Frankfort, KY 40601, (502) 564-7905, Fax: (502) 564-7573

REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

Administrative Regulation #: 907 KAR 1:626

Cabinet for Health and Family Services

Department for Medicaid Services

Agency Contact Person: Linda Dailey (502) 564-5969 or Cheryl Bentley (502) 564-6204

- (1) Provide a brief summary of:
 - (a) What this administrative regulation does: This administrative regulation establishes provisions related to dental services provided to Medicaid recipients.
 - (b) The necessity of this administrative regulation: This administrative regulation is necessary to establish provisions related to dental services.
 - (c) How this administrative regulation conforms to the content of the authorizing statutes: This administrative regulation conforms to KRS 194A.050 and other authorizing statutes by establishing provisions related to dental services.
 - (d) How this administrative regulation currently assists or will assist in the effective administration of the statutes: This administrative regulation assists in the effective administration of KRS 194A.050 and other authorizing statutes by establishing provisions related to dental services.

- (2) If this is an amendment to an existing administrative regulation, provide a brief summary of:
 - (a) How the amendment will change this existing administrative regulation: This amendment allows reimbursement for additional dental procedures for Medicaid recipients in both age categories, under and over twenty-one (21) years of age. The additional dental procedures are: removal of torus palatinus (maxillary arch), with an upper limit reimbursement fee of \$302.47; removal of torus mandibularis (lower left quadrant), with an upper limit reimbursement fee of \$209.28; and removal of torus mandibularis (lower right quadrant), with an upper limit reimbursement fee of \$209.28.
 - (b) The necessity of the amendment to this administrative regulation: This amendment is necessary to enable dental providers to be reimbursed for the removal of torus palatinus (maxillary arch), torus mandibularis (lower left quadrant), and torus mandibularis (lower right quadrant). A few dentists are performing these procedures free-of-charge because they are necessary and currently Medicaid does not allow reimbursement for these services; however, other dental providers are not performing these procedures due to the lack of reimbursement by Medicaid.
 - (c) How the amendment conforms to the content of the authorizing statutes: This amendment conforms to the content of the authorizing statutes by enabling dental providers to be reimbursed for the removal of torus palatinus (maxillary arch), torus mandibularis (lower left quadrant), and torus mandibularis (lower right quadrant).
 - (d) How the amendment will assist in the effective administration of the statutes: This amendment will assist in the effective administration of the authorizing statutes

by enabling dental providers to be reimbursed for the removal of torus palatinus (maxillary arch), torus mandibularis (lower left quadrant), and torus mandibularis (lower right quadrant).

- (3) List the type and number of individuals, businesses, organizations, or state and local government affected by this administrative regulation: This administrative regulation will affect Medicaid dental service recipients and Medicaid dental providers.
- (4) Provide an analysis of how the entities identified in question (3) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:
 - (a) List the actions that each of the regulated entities identified in question (3) will have to take to comply with this administrative regulation or amendment. Dental providers, approved to provide Medicaid services, will be allowed to receive reimbursement for the added procedures and will not have to take any action to comply with the amendment.
 - (b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (3). This amendment imposes no cost on the regulated entities.
 - (c) As a result of compliance, what benefits will accrue to the entities identified in question (3). As a result of the amendment, dental providers will be allowed to be reimbursed for additional dental procedures and DMS anticipates that recipients will have more access to these procedures.
- (5) Provide an estimate of how much it will cost to implement this administrative regulation:
 - (a) Initially: The Department for Medicaid Services (DMS) anticipates the cost will exceed \$38,000 annually because during the past year the cost for the procedures was approximately \$38,000 while the coverage was limited to fewer providers.
 - (b) On a continuing basis: DMS anticipated the cost will exceed \$38,000 based on prior service utilization while providers were more limited.
- (6) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation: The sources of revenue to be used for implementation and enforcement of this administrative regulation are federal funds authorized under Title XIX of the Social Security Act and matching funds from general fund appropriations.
- (7) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change if it is an amendment: Neither an increase in fees nor funding is necessary as a result of the amendment.
- (8) State whether or not this administrative regulation establishes any fees or directly

or indirectly increases any fees: This amendment establishes reimbursement fees for dental providers for additional procedures.

- (9) Tiering: Is tiering applied? (Explain why tiering was or was not used)
Tiering is not applied_as the amendment applies equally to all providers.

FISCAL NOTE ON STATE OR LOCAL GOVERNMENT

Reg NO: 907 KAR 1:626

Contact Person: Linda Dailey (502) 564-5969 or
Cheryl Bentley (502) 564-6204

1. Does this administrative regulation relate to any program, service, or requirements of a state or local government (including cities, counties, fire departments or school districts)?

Yes X No _____

If yes, complete 2-4.

2. What units, parts or divisions of state or local government (including cities, counties, fire departments, or school districts) will be impacted by this administrative regulation? This amendment will affect the Department for Medicaid Services but is not expected to affect local government units, parts or divisions.
3. Identify each state or federal regulation that requires or authorizes the action taken by the administrative regulation. This amendment is authorized by 194A.030(2), 194A.050(1), 205.520(3), 42 C.F.R. 440.100, 447.200-205, and 42 U.S.C. 1396a-d.
4. Estimate the effect of this administrative regulation on the expenditures and revenues of a state or local government agency (including cities, counties, fire departments, or school districts) for the first full year the administrative regulation is to be in effect.

(a) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for the first year? DMS anticipates no revenue will be generated by the amendment.

(b) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for subsequent years. DMS anticipates no revenue will be generated by the amendment.

(c) How much will it cost to administer this program for the first year? The Department for Medicaid Services (DMS) anticipates the cost will exceed \$38,000 annually because during the past year the cost for the procedures was approximately \$38,000 while the coverage was limited to fewer providers.

(d) How much will it cost to administer this program for subsequent years? DMS anticipated the cost will exceed \$38,000 based on prior service utilization while providers were more limited.

Note: If specific dollar estimates cannot be determined, provide a brief narrative to explain the fiscal impact of the administrative regulation.

Revenues (+/-): .
Expenditures (+/-):