This drafted policy is open for a two-week public comment period. This box is not part of the drafted policy language itself and is intended for use only during the comment period to provide readers with a summary of what has changed.

HHSC is performing a targeted review of the Texas Health Steps (THSteps) Diagnostic Dental Services benefit for Medicaid clients.

The following is a summary of changes in scope for this policy review:

* Described teledentistry dental services
* Expanded the provision of procedure codes D0120 and D0140 to be performed via teledentistry
* Added new procedure code D9995 to be billed along with D0120 and D0140 to indicate service was performed as teledentistry
* Identified client eligibility criteria to receive services via teledentistry

The following is out of scope for this review:

* All non-teledentistry dental benefits and services not otherwise included in this review

Some policy language that is out of scope for this review is included in this document for context. New policy language has been underlined and deleted language has been struck-through to highlight proposed policy changes.

Note: The current language regarding dental benefits can be found in the Texas Medicaid Provider Procedures Manual (TMPPM), Vol 2 Children’s Services Handbook, Section 3.2.1 THSteps Dental Services.

**Texas Medicaid**

# Texas Health Steps (THSteps) Diagnostic Dental Services

## Statement of Benefits

1. Texas Health Steps (THSteps) diagnostic dental services are benefits of Texas Medicaid for the early detection of dental health problems for Medicaid-eligible clients who are 20 years of age or younger.

## Texas Health Steps Dental Checkups

1. Texas Health Steps dental checkups include an oral evaluation, prophylaxis, topical fluoride, and appropriate radiographs.

## Exception-to-Periodicity Oral Evaluation, Dental Checkup and Emergency or Trauma Related Services

1. An oral evaluation or dental checkup may be reimbursed when the service falls outside the frequency specified in the periodicity schedule and is medically necessary.

## Exception-to-Periodicity Oral Evaluation

1. A Texas Health Steps exception-to-periodicity oral evaluation is limited to dental procedure code W-D0120.

## Exception-to-Periodicity Emergency or Trauma Related Oral Evaluation

1. A Texas Health Steps exception-to-periodicity emergency or trauma related oral evaluation is limited to dental procedure code W-D0140. Procedure code W-D0140 is limited to once per day for the same provider and twice per day for any provider.

## Documentation

1. When the need for an exception-to-periodicity Texas Health Steps oral evaluation, dental checkup or exception-to-periodicity emergency or trauma related service is established, a narrative explaining the reason for the exception must be documented in the client’s dental medical record and is subject to retrospective review.
2. Services not supported by the required documentation will be subject to recoupment.
3. Providers must include all appropriate procedure codes on the dental claim submission form. Additionally, dental providers must include one of the following modifiers to identify the reason for the exception in order to be considered for reimbursement:

Table A: Modifiers

|  |  |
| --- | --- |
| Modifiers | Modifier Description |
| 32 | Mandated Service |
| ET | Emergency – Trauma Related Services |
| SC | Medically Necessary Service |

## Authorization Requirements

1. Documentation to support the diagnosis and treatment of trauma must be retained by the requesting provider in the client’s medical record.

## Reimbursement/Billing Guidelines

1. Only one emergency/trauma claim per client, per day may be submitted. Separate services may be submitted for the same client on the same day, one for emergency/trauma and one for nonemergency/ routine may be submitted for the same client on the same day, any provider, for separate services and procedure codes.
2. Procedure code W-D0140 is limited to once per day for the same provider and twice per day for any provider.
3. Procedure code W-D0140 will be denied when billed on the same date of service, for the same provider as W-D0160.
4. When billing for emergency or trauma-related dental services, use the modifier ET indicating emergency.
5. Procedure code W-D0120 is used for periodic oral evaluations and is limited to once every six months for the same provider or dental group.
6. Procedure code W-D0120 will be denied when billed within six months of W-D0150 by the same provider.

## Teledentistry Services

1. Teledentistry refers to the use of communication technology, including audio and video interaction to remotely provide dental care services.
2. Teledentistry services are a benefit of Texas Medicaid.
3. THSteps dental providers must follow the rules and regulations of the Texas Dental Practice Act and Texas Board of Dental Examiners (TSBDE) in regard to the practice of teledentistry and the permissible work delegated to a licensed dental hygienist or dental assistant.

NOTE: Refer to the Telecommunications Services Handbook (Vol.2, Provider Handbooks) for more information on Medicaid services provided through telecommunications.

1. Services delivered through the use of teledentistry must meet the same standard of care as those provided in an in-person setting.
2. For teledentistry services delivered through a dental maintenance organization (DMO), providers must refer to the individual DMO benefit package for information on teledentistry services.
3. Procedure code W-D0120 (periodic oral evaluation for an established patient) or W-D0140 (emergency or trauma related oral evaluation) when provided through teledentistry must be billed with teledentistry procedure code W-D9995.
4. Services provided through teledentistry outside of the frequency specified in the periodicity schedule may be reimbursed when medically necessary and criteria for the procedure code W-D0120 or W-D0140 is met.
5. Procedure code W-D0120 or procedure code W-D0140 may be delivered through teledentistry when the following criteria is met:

**23.1** The client or parent/guardian agree to receiving the service through teledentistry.

* 1. The client must be 3-20 years of age for procedure code W-D0120.
	2. The client may be 0-20 years of age for procedure code W-D0140.
	3. The service is delivered using synchronous audiovisual technologies only.

**23.5** The teledentistry platform must be operated at the patient site by a dental assistant or hygienist trained in its operation.

* 1. A subsequent in-person visit must occur within 6 months of the teledentistry visit.
1. Synchronous teledentistry (procedure code W-D9995) must be included on the claim form when procedure code W-D0120 or W-D0140 is provided through teledentistry. Procedure code W-D9995 is not separately reimbursable.
2. When procedure code W-D0120 or W-D0140 is provided through teledentistry, additional documentation in the client’s dental record must indicate the service was provided using synchronous audiovisual technologies and include the following:
	1. Name and credentials of dental health care professional
	2. Name and type of audiovisual technology with secure connection
	3. Location of dentist at time of service

Table B: Procedure Codes

|  |  |
| --- | --- |
| ****Procedure Codes**** | ****Procedure Description**** |
| D0120 | Periodic oral evaluation |
| D0140 | Emergency or trauma related oral evaluation |
| D9995 | Synchronous teledentistry |