

Health First Colorado (Colorado's Medicaid Program)

NEW Orthodontia Billing Procedures

Gail Reeder

October 14, 2016



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Purpose Statement

Today's meeting is to inform you of upcoming changes to billing policy that will be implemented in January of 2017, so that your practice can take steps to prepare for the changes.



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Our Mission

Improving health care access and outcomes for the **people** we serve while demonstrating sound stewardship of financial **resources**



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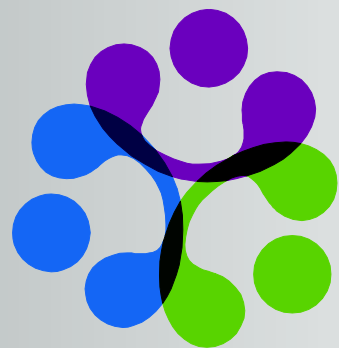
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Objectives

- **Announcements**
- **Background**
 - Budget Request
 - Increasing Costs
 - Continuation/Termination of Care
 - Continuous Eligibility
- **New Billing Procedures**
 - New Payment Methodology and Billing Details
 - What will global payment include?
 - New Forms
- **Current Clinical Criteria**



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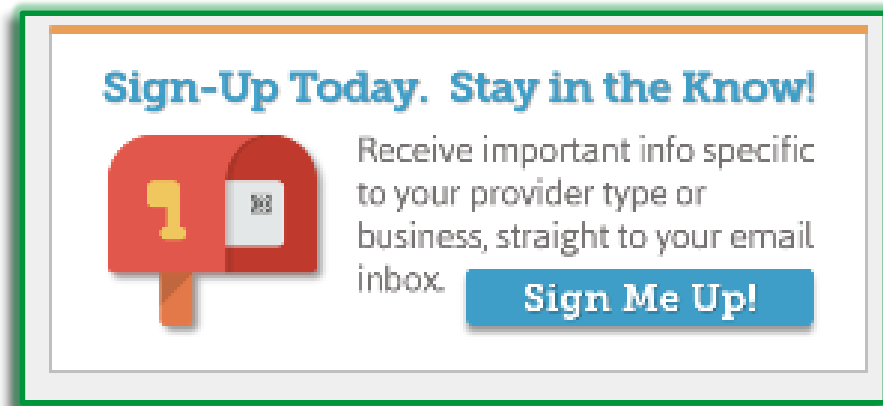


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Go Live Postponed



Transition to Colorado interChange will take place March 1, 2017.

Dental providers will continue to submit claims to DentaQuest

One to two week delay in claims payment in March

<https://www.colorado.gov/hcpf/provider-resources>



REVALIDATE

Rendering
Provider

Billing Entity

Please visit:

<https://www.colorado.gov/hcpf/provider-enrollment>

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Home

Home > Provider Enrollment Thursday 10/13/2016 07:23 PM MST

Provider Enrollment

[Enrollment Application](#)
Initiate a new provider enrollment application.

[Resume Enrollment](#)
Resume an existing enrollment application that has not been submitted.

[Enrollment Status](#)
Check the current status of an enrollment application.

Helpful Links

[Revalidation & Enrollment Training](#)

[Provider Help](#)

[Billing Manuals](#)

[Provider Bulletins](#)

[Privacy Notice](#) R05.00.116



Background



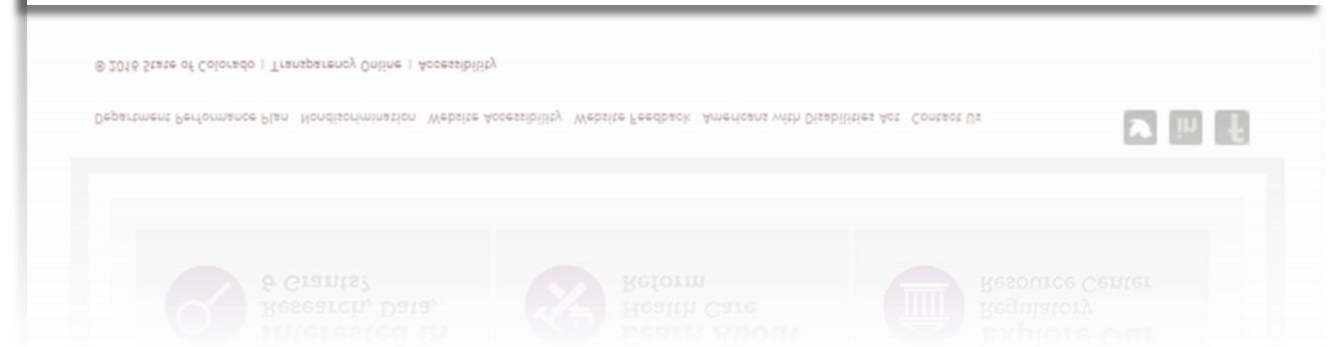
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FY2012-13 Funding Request

November 1, 2011*

Budget Documents can be found in the For Our Stakeholders section of the Department's website, please click Research, Data and Grants



Program Statistics

From 2005-2011:

632% increase in the number of orthodontic cases

784% increase in the number of orthodontic claims (assessments, records, radiographs, evaluations)

32% increase in the number of Health First Colorado members



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FY2012-13 Funding Request

November 1, 2011

Dental Efficiencies Identified:

- Clarify rules regarding eligibility for orthodontic services
- Transition to new payment methodology
- Reimburse for diagnostic casts, x-rays and other preparatory diagnostics associated with the PAR process when associated with an approved case

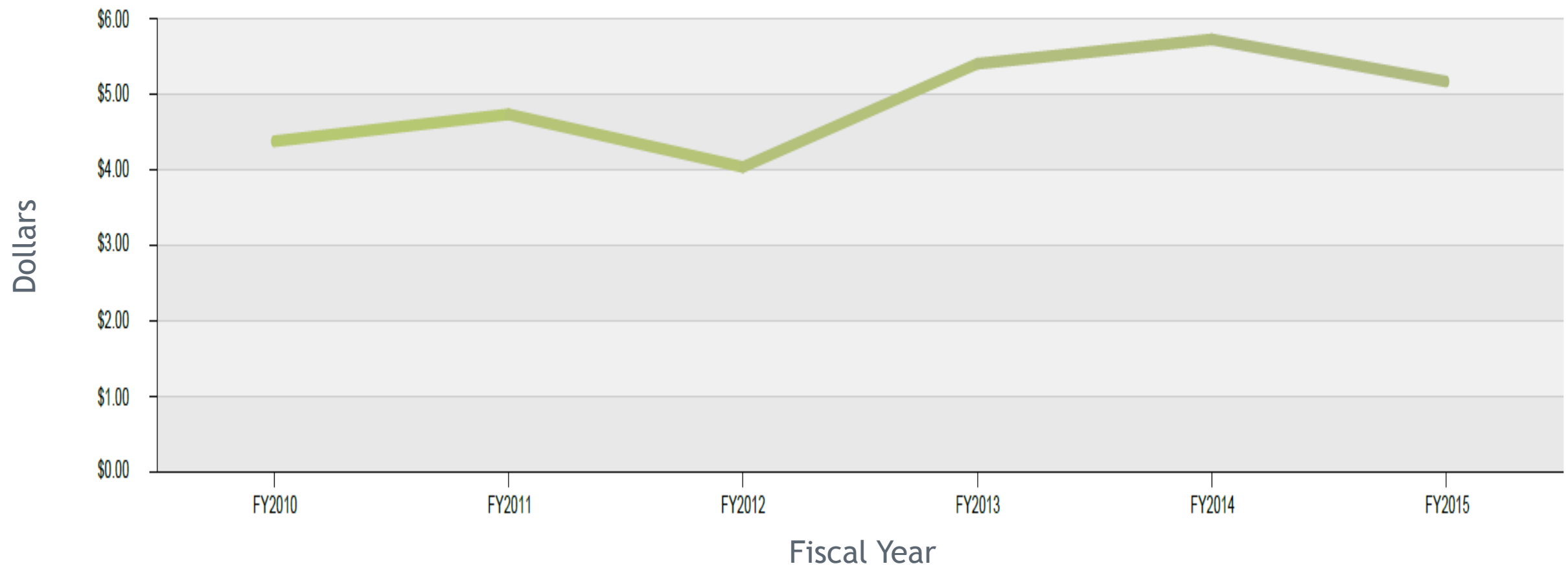
Savings projected: \$603,812



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Orthodontia Per Member Per Month Cost by Fiscal Year*



*FY2015 calculated without sufficient time for claims runout.



FY2012-13 Funding Request

November 1, 2011

Dental Efficiencies Identified:

- Clarify rules regarding eligibility for orthodontic services
- Transition to new payment methodology
- Only reimbursement for diagnostic casts, x-rays and other preparatory diagnostics associated with the PAR process when associated with an approved case

Savings projected: \$603,812



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FY2012-13 Funding Request

November 1, 2011

Dental Efficiencies Identified:

- ✓ Clarify rules regarding eligibility for orthodontic services
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New Orthodontia Billing Procedure

Beginning January of 2017

1. Transform current orthodontia payment structure.
2. Average the fee across treatment codes and include the exam and records codes in the global fee.
3. Pay a set fee on denied cases.



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Research



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Fifty ways to Pay for Ortho



Program Statistics



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Spending Fiscal Year 2014-15

Measure	FY14-15
Utilizer Count	10,511
Total Expenditures (D8050-D8090)	\$28,000,000
Cost per Utilizer	\$2,686.32
Total Paid to Orthodontic Providers	\$32,000,000
Total Providers	136
All Dental	\$228,000,000



Termination and Continuation of Care

The Department has paid
\$662,488.82 on Continuation
of Care since 12/13/2014.

Have only recouped
\$594,050.29 through
Termination of Care Forms.



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Continuation of Care

May 2016 Audit

**62% of the continuation of
care cases have NO
Termination of Care on File.**



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Termination of Care

May 2016 Audit

85% of terminated members have NO Continuation of Care on File.

The Department has collected on average only 70% of the fee paid to the new provider.



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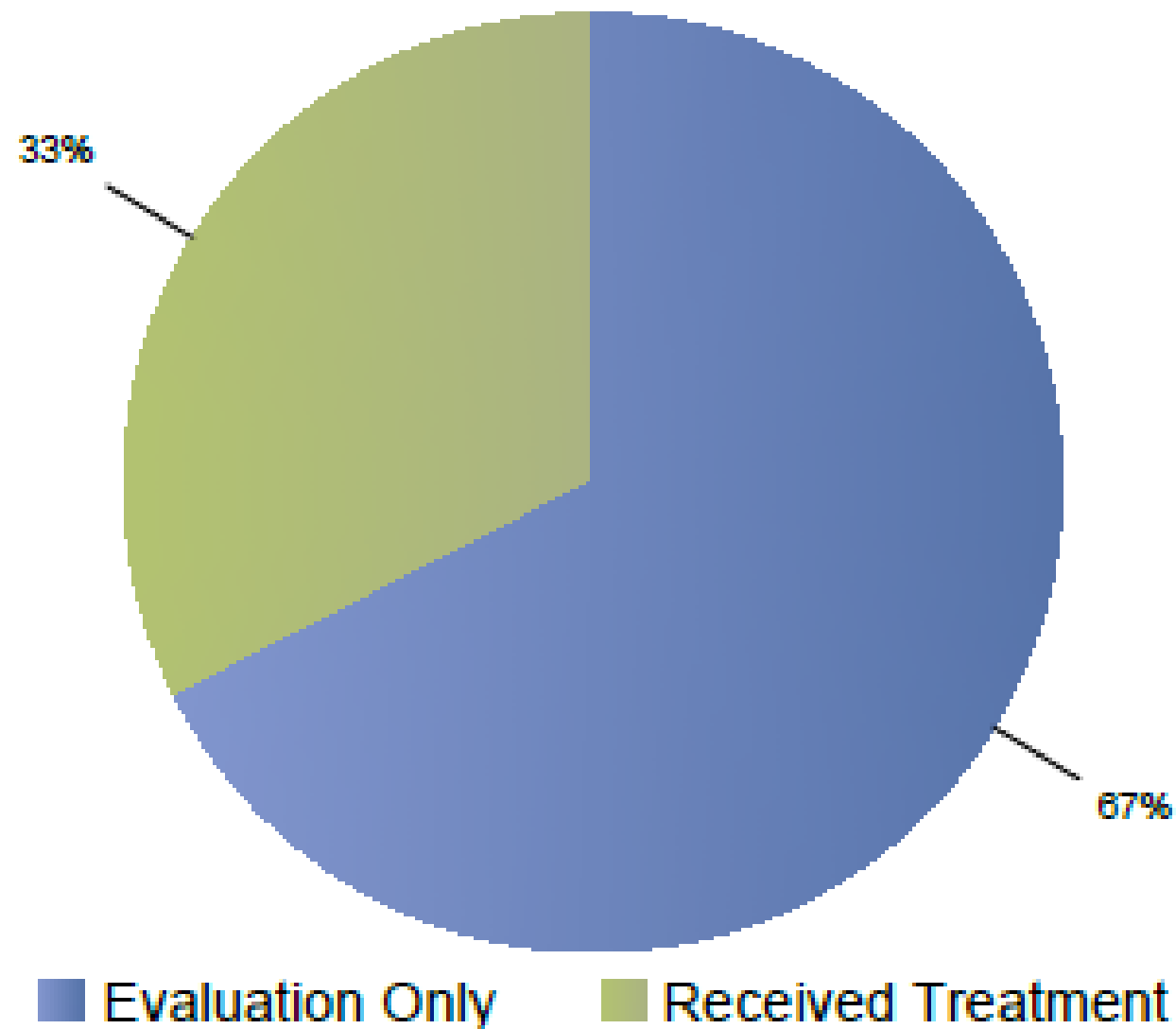
Percent Utilization Compared to the Total for Interceptive and Comprehensive Codes Data from Fiscal Year 2014-15

Procedure Code	Description	% of All Submitted
D8050	Interceptive orthodontic treatment of the primary dentition	0.2%
D8060	Interceptive orthodontic treatment of the transitional dentition	99.8%
D8070	Comprehensive orthodontic treatment of the transitional dentition	2.6%
D8080	Comprehensive orthodontic treatment of the adolescent dentition	23.6%
D8090	Comprehensive orthodontic treatment of the adult dentition	73.8%

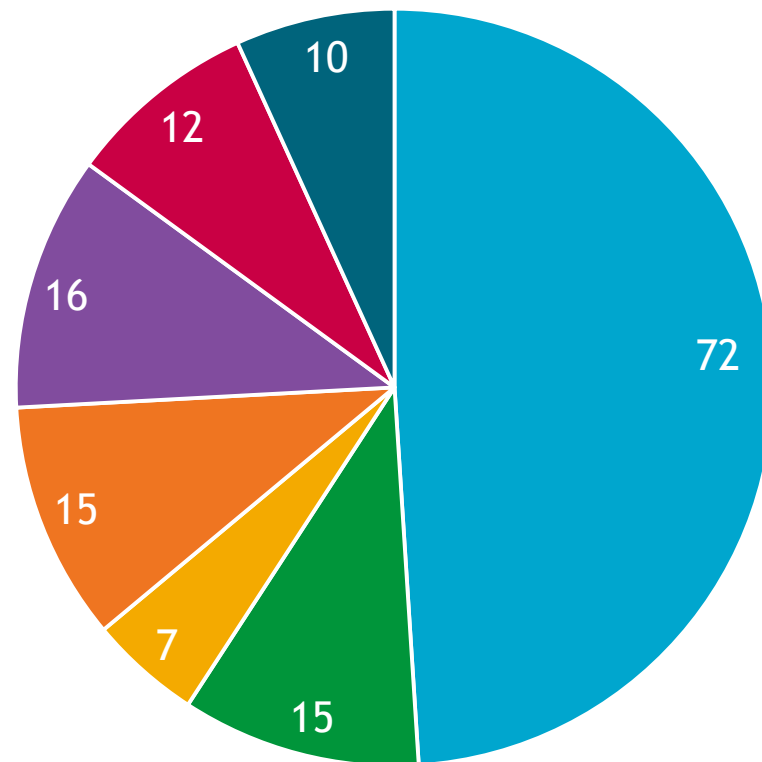


Payment of exams and records on denied cases

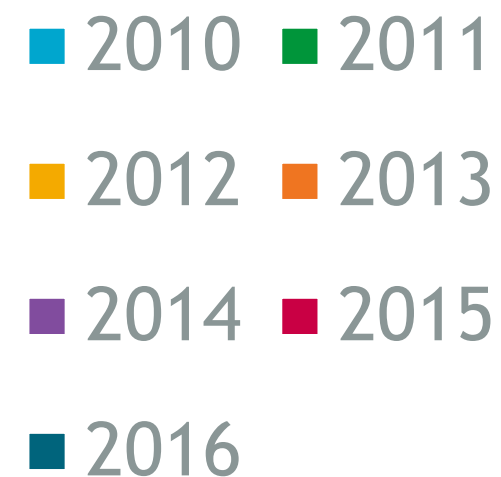
Percentage of Evaluated Clients Receiving Treatment



Current Orthodontia Network by Beginning Effective Date



Total Providers 147
October 2016



Department Initiatives



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Continuous Eligibility Effective October 2015

Provides children up to 12 months of Health First Colorado or Child Health Plan Plus (CHP+) coverage, regardless of changes in the family's circumstances, with some exceptions.

Please see FAQs for more information:

<https://www.colorado.gov/pacific/sites/default/files/Continuous%20Eligibility%20frequently%20asked%20questions.pdf>

Continuous Eligibility: Frequently Asked Questions

Effective October 18, 2015

Continuous eligibility provides children up to 12 months of Medicaid or Child Health Plan Plus (CHP+) coverage, regardless of changes in the family's circumstances, with some exceptions.

In March 2014, the Department implemented this policy for children who qualified for Modified Adjusted Gross Income (MAGI) Medicaid or CHP+. These two categories encompass the majority of the children enrolled in Medicaid and CHP+. Following the initial implementation of this policy, the Department sought and received additional guidance from its federal partners at the Centers for Medicare & Medicaid Services (CMS) that the program is intended for all children, regardless of the Medicaid program for which they qualify.

Effective October 18, 2015, continuous eligibility is extended for up to 12 months to Medicaid children in the following non-MAGI categories: children eligible for Supplemental Security Income (SSI) mandatory, Pickle, Disabled Adult Child (DAC), Medicaid Buy-In Program for Children with Disabilities and children in Long-Term Care programs such as Children's Home and Community Based Services (HCBS) waiver and the Children with Autism Waiver (CWA). Continuous eligibility also applies to children under the age of 19 who are no longer eligible for Foster Care Medicaid.

What is continuous eligibility?

Continuous eligibility is a policy that provides Medicaid and CHP+ eligible children up to 12 months of continuous coverage through Medicaid or CHP+, regardless of changes in the family's circumstances, such as changes to household income or household size, with some exceptions.

Who can receive up to 12 months of continuous eligibility?

Children, under the age of 19, eligible for any Medicaid program or CHP+ may qualify. This includes children eligible for MAGI Medicaid and non-MAGI programs, such as SSI mandatory, Pickle, DAC, Medicaid Buy-In Program for Children with Disabilities, and

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www.colorado.gov/hcpf



Rate Reviewing and Rate Setting

Rate Reviewing:

- Examines broad categories of services,
- Uses multiple analysis (access, utilization, rate comparison) to draw a general impression of rate adequacy,
- Does not guarantee a change to rates, and
- Can inform the rate setting process.

Rate Setting:

- Focuses on narrow and specific set of codes/rates,
- Involves the act of setting or changing a rate,
- Is a core function of Department operations, and
- Happens independent of the rate review process, but can be informed by the rate review process.



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NEW Billing Procedures



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Interceptive Orthodontic Treatment

Submit a PAR for D8050, D8060.

If approved, PAR will be active for 1080 days.

1. Submit claim with D8050 or D8060 on the date of banding.

If denied, D8660 will be approved by DentaQuest for this PAR.

1. Submit claim for D8660.



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Comprehensive Orthodontic Treatment

Submit a PAR for D8070, D8080, or D8090.

If approved, PAR will be active for 1080 days.

1. Submit claim with D8070, D8080, or D8090 on the date of banding.
2. Submit claims with D8670 for up to 4 semi-annual adjustments. Must be submitted with an actual DOS. Member can be seen as often as medically necessary within that six month time frame. Providers will not be paid more than once every 6 months.
3. Submit D8680 for debanding on that date of service.

If denied, D8660 will be approved by DentaQuest for this PAR.

1. Submit claim for D8660.



Interceptive Orthodontic Treatment Payment

CDT Code	Description	Rate
D8050/60	Interceptive Ortho Primary/Transition Dentition	\$ 1,084.30

**Total Case Rate on
Approved D8050/60** **\$ 1,084.30**



Comprehensive Orthodontic Treatment Payment

CDT Code	Description	Submission Instructions	Rate
D8070/80/90	Comprehensive Ortho Transition/Adolescent/Adult Dentition	Submit at banding	\$ 1,314.18
D8670	Periodic Orthodontic Treatment Visit	Submit at 6 months	\$ 400.00
D8670	Periodic Orthodontic Treatment Visit	Submit at 12 months	\$ 400.00
D8670	Periodic Orthodontic Treatment Visit	Submit at 18 Months	\$ 400.00
D8670	Periodic Orthodontic Treatment Visit	Submit at 24 months	\$ 400.00
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer (s))	Submit at Debanding	\$ 221.73
Total Case Rate on Approved D8070/80/90		\$ 3,135.91	



NEW Exams and Records and the Global Fee

Payment for comprehensive and interceptive orthodontic treatment is all inclusive and includes payment for all orthodontic records, including models, radiographs and other means used to document the need for, or assess the course of, orthodontic treatment.

Pre-treatment records are not to be billed to Health First Colorado separately.



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CURRENT Orthodontic Services included in the global fee.

Cephalometric tracing

Cephalometric analysis

Computerized cephalometric analysis

Specialized cephalometric analysis

Articulation of diagnostic casts

Special preparation of orthodontic models

Invisalign orthodontic treatment

Limited orthodontic treatment codes D8010, D8020,
D8030, D8040 and D8660



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NEW FORMS



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Dentist Endorsement for Braces

Patient Name: _____ DOB: _____

Member ID Number: _____ Date: _____

I _____, certify the following:

- I have performed a thorough examination.
- I certify that based on the last examination this member is caries free and does not have any periodontal needs.
- I certify that it is my opinion that this member has excellent oral health and is ready to have braces placed.

Signature of dentist: _____ Date: _____



Patient Assistance Attestation

PLEASE COMPLETE ALL SECTIONS, SIGN AND RETURN THIS FORM TO YOUR PROVIDER.
FOR QUESTIONS, PLEASE CALL 1-800-225-2722

Patient's Name:		
Date of Birth:	SSN (Last four digits only):	
Patient ID:	Service:	Provider's Name:
<p>Please read before signing.</p> <p>I acknowledge that I understand and agree to receive treatment and comply with the treatment plan and services provided by the Dentist listed above.</p> <p>I acknowledge that my treatment plan has been fully explained to me. I agree to receive treatment and to comply with this treatment plan and services provided by the dentist listed above.</p> <p>Specifically:</p> <ol style="list-style-type: none"> I agree to comply with the attached treatment plan. I will keep all appointments. If I do need to reschedule an appointment, I will follow the office policy for canceling and rescheduling appointments. This policy has been explained to me by the provider's office. I have the ability to maintain oral hygiene consistent with periodontal health during the course of the orthodontic treatment. 		
Patient's Name (printed):	Signature:	Date:
<p>Personal Representative Authorization (if Applicable):</p> <p>Notes: If the Applicant is unable to sign, is under the age of 18, or has delegated signature authority, the Applicant's Personal Representative may sign this form. However, only certain individuals may qualify as the Applicant's Personal Representative for purposes of this Authorization. An Applicant's Representative must have the requisite knowledge and information regarding the Applicant's financial and health care status to verify that all responses provided are accurate. State law may prescribe who can be a Personal Representative for purposes of this Authorization. A person or entity in the supply chain of the product to be received through the Foundation, including a health care provider or pharmacy receiving the medication at no cost, may not be named a Personal Representative. If Applicant's Personal Representative is a consumer assistance or charitable organization, please list name of entity and purpose of entity under "Relat (and up to Patient)".</p>		
Patient's Personal Representative's Name (printing):	Signature:	
Relationship to Patient:	Date:	

Coming Soon...

Mid Treatment Report Template

Member Billing Agreement

Retainer Policy

Adding Clinical Criteria to Rule



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CLINICAL CRITERIA



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Questions or Concerns?



Contact Information

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Thank You!



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