



Virtual Office Hours – Questions and Answers

Questions	Answers
Will CDT info be available to providers for both Standard Plans and Tailored Plans?	Current Dental Terminology (CDT) codes are the standard procedure codes approved annually by the American Dental Association (ADA) for dental services. NC Medicaid and Health Choice will continue to use CDT codes for dental prior approval requests and claims for payments (837D or ADA Claim Form) filed through the NCTracks system. Dental Services are carved out of Managed Care (not part of the standard plan or the tailored plan). Note: Physician Fluoride Varnish Services (Into the Mouths of Babies) will continue to be covered under the prepaid Health Plans (PHPs). There will be an additional session scheduled in October or November to discuss the Physician Fluoride Varnish Services that are covered by the PHPs and billed on the Professional Claim (837P or CMS-1500 Claim Form).
Dental will still be submitting dental claims through NC Tracks, then?	That is correct. NC Medicaid and Health Choice will continue to use CDT codes for dental prior approval requests and claims for payments (837D or ADA Claim Form) filed through the NCTracks system.
If we are an oral surgery office that is also a Medicare contracted provider, but also provides dental service through Medicaid, will we need to contract with the managed care health plans?	If the Oral Surgery Provider has a medical (MD) license and submits professional claims using Current Procedural Terminology (CPT) codes on the 837P or CMS-1500 Claim Form, the provider will need to enroll with the PHPs.
Where can I find additional information in relation to the transition to Medicaid Managed Care?	Provider Playbook for more information: https://medicaid.ncdhhs.gov/providers/provider-playbook-medicare-managed-care

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<p>Can you share some information about the Liberty Dental group that has been contacting dental providers to try and get them to enroll as a Liberty provider?</p>	<p>Liberty Dental Group was working with one of the PHP's (Healthy Blue - Blue Cross and Blue Shield of North Carolina) to include dental benefits as a Value-Added Service (VAS). Their plan was to include dental benefits for adult Medicaid patients. They did not realize that NC Medicaid already has a comprehensive dental program for adults. This has now been removed from their plan of action.</p>
<p>How is Oral Surgery effected by this? Does it fall under Dental or Medical?</p>	<p>If the Oral Surgery Provider has a medical license (MD) and submits professional claims using Current Procedural Terminology (CPT) codes on the 837P or CMS-1500 Claim Form, the provider will need to enroll with the PHPs.</p>
<p>What if patient has dental insurance as well as Medicaid?</p>	<p>If the patient has both private dental insurance and Medicaid/Health Choice, Medicaid will continue to be the payer of last resort. The claim must be filed to the third-party insurance first. Then the claim will be filed to Medicaid/Health Choice through NCTracks by entering the third-party insurance payment information on the claim.</p>
<p>Are they going to continue to need prior approval for health choice patients</p>	<p>Dental services that currently require prior approval (PA) will continue to require PA for Health Choice patients such as extractions of impacted teeth (D7220, D7230, D7240, D7241) and orthodontic services for severe malocclusions caused by a craniofacial anomaly.</p>
<p>Are dental services going to be affected by Managed Care? Provider read that dental services will not be provided by managed care but that beneficiaries could still see dental providers.</p>	<p>Dental services are a "Carve-Out" of Managed Care. This means that dental services are EXCLUDED from Managed Care and Capitation. Per the North Carolina General Assembly Session Law 2015-245/House Bill 372 which states: "the capitated contracts required by this subdivision shall not cover dental services".</p>

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<p>What's your best advice when patients are insisting that changes will affect dental?</p>	<p>NCDHHS website (Benefits and services) - https://ncmedicaidplans.gov/learn/benefits-and-services</p>
<p>My employer has a DDS Degree and specializes in Oral Surgery, he is not a MD, do we still enroll in the pre-paid plans?</p>	<p>If the Oral Surgery Provider only has a dental license (DDS or DMD) and submits dental claims using Current Dental Terminology (CDT) codes on the 837D or ADA Claim Form, the provider will continue to bill the carved out dental services through NCTracks and will not have to enroll with a PHP.</p>
<p>Will transportation still be available for patients who need it to get to their dental appointments?</p>	<p>Yes, by DSS.</p>
<p>Are the patients meeting goals for enrollment in the managed care plans?</p>	<p>This is contingent upon the PHPs goals metrics for enrollment.</p>
<p>1) Hi, we have been asked by a couple of patients if the new Medicaid changes will impact on their dental care with Medicaid. Do patients have to select any type of insurance company in order to receive Medicaid benefits for dental services? We have not received any correspondence regarding these changes from Medicaid/NCTracks.</p>	<p>Dental services are a "Carve-Out" of Managed Care. This means that dental services are EXCLUDED from Managed Care and Capitation. Patients can continue to receive dental and orthodontic treatment with any enrolled Medicaid or Health Choice provider.</p>
<p>1) How will dental be listed on new cards? And will co-pays be listed for dental?</p> <p>2) Will we still have the access to tracks, or will we have to verify coverage thru everyone in option they have?</p>	<p>Around August 15, 2019, health plans will begin to mail Welcome Packets to beneficiaries who have enrolled in their plan. The Welcome Packets will contain the Medicaid ID card specific to each plan. Beneficiaries will use their Medicaid ID card for all Medicaid covered services. This includes all services provided by their health plan as well as any services which are carved out of Medicaid Managed Care and which are still provided by Medicaid Direct. Carved out services are those services which are covered by Medicaid but excluded from Medicaid Managed Care. These services include dental, eyeglasses, local education agencies (LEA) and Children's Developmental Services Agency (CDSA). These services will continue to be provided to the beneficiary through Medicaid Direct. More information on carved out services can be found online. Beneficiaries will have only one Medicaid ID number and one Medicaid ID</p>

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

	<p>card which is used for services received by both Medicaid Managed Care and Medicaid Direct. The Medicaid ID card will include carved out services listed on the back. Once a beneficiary is enrolled in Medicaid Managed Care, they will only need this Medicaid card to receive all Medicaid services regardless of if the services are part of the health plan or are a carved-out service. Beneficiaries can call their health plan for replacement cards, at no cost. Dental providers will continue to use the NCTracks Recipient Eligibility Verification tool to confirm eligibility for each date of service. The NCTracks system will continue to provide the eligibility program code, copayment information, and other third-party insurance information. The Prior Approval - Dental Benefit Limitations tool will continue to provide dental claims history for time limited procedures such as radiographs, prophylaxis, periodontal services, partial and complete dentures, extractions, and orthodontics.</p>
<p>Are dental providers required to complete any enrollment or credentialing for the NC Medicaid Managed Care or does this only apply to healthcare providers?</p>	<p>All Dental Providers will continue to enroll in NCTracks and complete re-verification once every five years in NCTracks. If the Oral Surgery Provider has a medical license (MD) and submits professional claims using Current Procedural Terminology (CPT) codes on the 837P or CMS-1500 Claim Form, the provider will need to enroll with the PHPs.</p>
<p>Are the slides available for download?</p>	<p>Yes - NCDHHS NC Medicaid Division of Health Benefits Provider Playbook for Medicaid Transformation Website under Virtual Office Hours. Website: https://medicaid.ncdhhs.gov/virtual-office-hours</p>
<p>Will into the Mouths of Babes still be covered?</p>	<p>"Into the Mouths of Babes" included under the 1A-23 Physician Fluoride Varnish Services Clinical Coverage Policy will continue to be covered. There will be an additional Virtual Office Hours session scheduled in October or November to discuss the Physician Fluoride Varnish Services that will be covered under Managed Care by the PHPs and billed on the Professional Claim (837P or CMS-1500 Claim Form).</p>