MARYLAND Department of Health

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM
Dental Transmittal No. 49
May 1, 2019

TO: Dental Providers

FROM: Jill Spector, Director
Medical Benefits Management

RE: Adult Dental Pilot Program Jill Spector

NOTE: Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal.

The Maryland Medicaid Program will implement an Adult Dental Pilot program (the Pilot) for adults in June 1, 2019. The Pilot will:

- Provide limited dental benefits for adults aged 21-64 who are eligible for Medicare and Medicaid;
- Be administered by SKYGEN USA (formerly Scion Dental), the Maryland Department of Health's (MDH) dental benefits administrator; and
- Utilize the existing Maryland Healthy Smiles Dental Program (MHSDP) provider network.

A limited benefit package will be available for this population (See Attachment A). There will be an annual maximum benefit allowance of $800 for dental services for each member, which will reset at the beginning of each calendar year.

To ensure reimbursement, please submit your claims immediately after the services have been rendered. Claims will be applied to the $800 maximum benefit allowance as they are received by SKYGEN USA.

Provider Responsibilities

1. Providers are required to have each member review and sign a global treatment plan (See Attachment B). A copy must be given to the member and the original filed in the member's chart.
    a. This document states that the member understands that the Pilot is a limited benefit program with an $800 maximum benefit allowance.

b. Prior to rendering services, providers are required to discuss the global treatment plan with each member so that both parties understand the services recommended and costs for treatment.

2. If rendering any services not covered under the Pilot, providers are required to have the member sign a Non-Covered Services Agreement according to the instructions found in the MHSDP provider manual at: https://mmcp.health.maryland.gov/Documents/Provider%20Manual%20HealthySmiles.pdf.

3. Providers must charge the Medicaid rate for a covered service on the Maryland Medicaid Adult Dental Pilot Fee Schedule, even if the service is above the maximum benefit allowance. If the $800 benefit allowance covers only a portion of a covered service, the provider must bill the remaining portion to the member at the Medicaid rate.

4. Before providing services, providers must contact SKYGEN USA's Provider Services at 844-275-8753:

   a. When scheduling the appointment, select **Option 1** to check the IVR to ensure the member is eligible for services;

      Note: The member will be identified as eligible for the Pilot with the following message: "Maryland Medicaid Medicare - Limited Dental $800 Maximum."

   b. On the date of service, select **Option 5** to speak to a Customer Service Representative to verify that the member is eligible for the Pilot and to obtain the current dollar amount available for services. Providers are responsible for ensuring that the $800 benefit allowance has not been exceeded.

5. **Providers should immediately submit a claim to SKYGEN USA after services are rendered.** If a service is provided that exceeds the remaining balance available, then the provider will be reimbursed up to the amount that is remaining within the $800 service limitation. *Please note that providers must bill immediately after service is rendered to ensure that the information provided by SKYGEN USA is accurate.

The Medicaid Program is not responsible for reimbursing providers for claims submitted after the member has reached the annual $800 maximum benefit allowance. Once a member's annual maximum benefit allowance has been reached, SKYGEN USA will send a letter notifying the member that their benefits have been exhausted. Additionally, information on oral health resources and safety net providers will be included in the letter.

If you have questions, please contact Amani Miles at amani.miles@maryland.gov. For more information, please visit: https://mmcp.health.maryland.gov/Pages/maryland-healthy-smiles-dental-program.aspx.

Maryland Medicaid Adult Dental Pilot Fee Schedule

Code	Description	Fee
	Diagnostic codes	
D0120	Periodic oral evaluation - established patient	$29.08
D0140	Limited oral evaluation	$43.20
D0150	Comprehensive oral evaluation - new or established patient	$51.50
	Note: Limit one (1) D0120 or D0150 per patient per 6 month period.	
	Note: Limit one (1) D0140 per patient per 12 month period.	
	Note: Limit one (1) D0150 per patient per 36 month period.	
	Diagnostic Imaging	
D0270	Bitewing- Single Radiographic Image	$9.00
D0272	Bitewings- Two Radiographic Images	$15.00
D0273	Bitewings- Three Radiographic Images	$18.00
D0274	Bitewings- Four Radiographic Images	$22.00
	Note: Limit one (1) per patient per 12 months period for D0270, D0272, D0273, and D0724.	
D0210	Intraoral - Complete Series of Radiographic Images	$57.00
D0220	Intraoral – Periapical First Radiographic Image	$9.00
D0230	Intraoral – Periapical Each Additional Radiographic Image	$6.00
D0330	Panoramic Radiographic Image	$42.00
	Note: Limit six (6) per patient per 12 month period for D0230.	
	Note: Limit one (1) per patient per 36 month period for D0210 and D0330.	
	Preventive Care	
D1110	Prophylaxis – Adult (Permanent Dentition)	$58.15
	Note: Limit one (1) D1110 per Patient per 6 month period.	
	Restorative Care	
D2140	Amalgam – One Surface, Permanent	$70.00
D2150	Amalgam – Two Surfaces, Permanent	$88.00
D2160	Amalgam – Three Surfaces, Permanent	$104.00
D2161	Amalgam – Four or More Surfaces, Permanent	$104.00
D2330	Resin-Based Composite - One Surface, Anterior	$84.00
D2331	Resin-Based Composite – Two Surfaces, Anterior	$102.00
D2332	Resin-Based Composite – Three Surfaces, Anterior	$125.00
D2335	Resin-Based Composite – Four or More Surfaces or Involving Incisal Angle (Anterior)	$151.00
D2391	Resin-Based Composite – One Surface, Posterior	$93.00
D2392	Resin-Based Composite – Two Surfaces, Posterior	$120.00
D2393	Resin-Based Composite – Three Surfaces, Posterior	$150.00
D2394	Resin-Based Composite – Four Or More Surfaces, Posterior	$150.00
	Note: Limit one (1) restoration per patient per tooth per surface per 36 months.	

	Non-Surgical Periodontal Service	
D4355	Full Mouth Debridement to Enable a Comprehensive Evaluation and Diagnosis On a Subsequent Visit	$100.00
	Note: Limit one (1) full mouth dedbridement per patient per twenty four (24) month period	
	Oral Surgery	
D7140	Extraction, Erupted Tooth Or Exposed Root	$103.01
D7210	Surgical Removal – Erupted Tooth, Removal of Bone/Sectioning of Tooth	$103.01
D9230	Inhalation of Nitrous Oxide/Analgesia, Anxiolysis	$18.00

*** These fees are consistent with the fees on the current Maryland Medicaid Dental Fee Schedule**

Maryland Adult Dental Global Treatment Plan

Instructions: At each visit, the provider and member must sign this agreement prior to services being rendered. If rendering any services that are not covered by the Adult Dental Pilot, or that exceed the patient's maximum benefit allowance, a signed Non-Covered Services Agreement will also be required.

CDT Code	Description Diagnostic Procedure	Medicaid Fee	Visit 1	Visit 2	Visit 3	Member Initial
	Oral Evaluations					
D0120	Periodic oral evaluation - established patient	$29.08				
D0140	Limited oral evaluation	$43.20				
D0150	Comprehensive oral evaluation - new or established patient	$51.50				
	Diagnostic Imaging (X-rays)					
D0270	Bitewing- Single Radiographic Image	$9.00				
D0272	Bitewings- Two Radiographic Images	$15.00				
D0273	Bitewings- Three Radiographic Images	$18.00				
D0274	Bitewings- Four Radiographic Images	$22.00				
D0210	Intraoral - Complete Series of Radiographic Images	$57.00				
D0220	Intraoral – Periapical First Radiographic Image	$9.00				
D0230	Intraoral – Periapical Each Additional Radiographic Image	$6.00				
D0330	Panoramic Radiographic Image	$42.00				
	Preventive Care (Cleanings)					
D1110	Prophylaxis – Adult (Permanent Dentition)	$58.15				
	Restorative Care (Cavity Fillings)					
D2140	Amalgam – One Surface, Permanent	$70.00				
D2150	Amalgam – Two Surfaces, Permanent	$88.00				
D2160	Amalgam – Three Surfaces, Permanent	$104.00				
D2161	Amalgam – Four or More Surfaces, Permanent	$104.00				
D2330	Resin-Based Composite - One Surface, Anterior	$84.00				
D2331	Resin-Based Composite – Two Surfaces, Anterior	$102.00				
D2332	Resin-Based Composite – Three Surfaces, Anterior	$125.00				
D2335	Resin-Based Composite – Four or More Surfaces or Involving Incisal Angle (Anterior)	$151.00				
D2391	Resin-Based Composite – One Surface, Posterior	$93.00				
D2392	Resin-Based Composite – Two Surfaces, Posterior	$120.00				
D2393	Resin-Based Composite – Three Surfaces, Posterior	$150.00				
D2394	Resin-Based Composite – Four Or More Surfaces, Posterior	$150.00				
	Non-Surgical Periodontal Service					
D4355	Full Mouth Debridement to Enable a Comprehensive Evaluation and Diagnosis On a Subsequent Visit	$100.00				
	Oral Surgery					
D7140	Extraction, Erupted Tooth Or Exposed Root	$103.01				
D7210	Surgical Removal – Erupted Tooth, Removal of Bone/Sectioning of Tooth	$103.01				
D9230	Inhalation of Nitrous Oxide/Analgesia, Anxiolysis	$18.00				
		Total Funds Needed for Visit				

I,_____(*member name*), understand that Maryland Adult Dental Pilot Program has an annual $800.00 maximum benefit allowance for covered dental services. I also understand that my maximum benefit allowance for dental services will be reset at the beginning of the next calendar year, if I am still eligible for this benefit plan. If I need dental services that exceed the maximum benefit allowance during this calendar year, I understand that I will be responsible for signing a Non-Covered Service Agreement that will detail my out-of-pocket expenses. I also understand that I can only be required to pay up to the Medicaid rate of reimbursement for the services listed above.

Member Signature_____Date _____

Provider/Office Representative Signature_____Date_____