



# Tribal Dental Billing 2024

## Provider Frequently Asked Questions

This document outlines the billing procedures for dental services provided by Tribal facilities. Please review the entire document to learn more about the updates to Tribal Dental Billing since January 1, 2024.

The Managed Care Organizations will be accepting retroactive authorization requests for services provided between **January 1, 2024** and **April 19, 2024** until **May 20, 2024**. All services provided after **April 19, 2024** that require prior authorization must be authorized prior to services being rendered (see below for more detail).

### Billing for Services

**Q: Do the Tribes still bill with the T1015 encounter rate code at the IHS encounter rate and include dental service-specific CDT code(s) on the subsequent line(s) for dental services that were completed on the date of service?**

**A:** Yes. All dental services provided by the Tribal facilities that qualify as an encounter (i.e., are appropriately provided by a dentist at the clinic/facility) are to be billed in this manner and reimbursed at the IHS encounter rate. This includes dental services where the FFS rate is higher than the IHS encounter rate. It also includes services where the FFS rate is lower than the IHS encounter rate – all qualifying dental services provided are billed and reimbursed at the IHS encounter rate. For situations where services provided fall outside the scope of the encounter, the Tribes should reach out and coordinate with NE Medicaid and the Managed Care Organizations (MCOs) if billing guidance is needed.

**Q: Are there limitations on which dental services can be reimbursed at the IHS encounter rate with the removal of the \$750 benefit maximum limit?**

**A:** No. All dental services appropriately provided by the Tribal facilities that qualify as an encounter (i.e., are covered services appropriately provided by a dentist at the clinic/facility) are to be billed and reimbursed at the IHS encounter rate. A list of Medicaid covered dental services can be found on the most up-to-date 'Dental Services' [Fee Schedule](#).

**Q: When the Tribes provide dentures to patients, it could take up to five visits before the dentures are seated. Previously, the Tribes were only paid one encounter rate when the dentures were seated. The IHS encounter rate amount does not even cover the lab bill for the complete dentures D5110 & D5120 to be made. Can the Tribes be paid the IHS encounter rate for each visit?**

**A:** For these services, the prior authorization approval from the MCO would outline how many visits are allowed based on medical necessity. As part of their authorization review process, the MCOs will work with Tribal providers to ensure an appropriate number of visits are captured in the prior authorization. If additional visits beyond the standard three are deemed appropriate, the MCOs can set the prior authorization units accordingly.

Tribal providers would then bill for each visit with the T1015 encounter rate code at the IHS encounter rate and include the dental service-specific code(s) for the dentures/interim service on the subsequent line(s). Each visit for these services (as approved in the prior authorization) would utilize the same service-specific code(s) and would be billed and reimbursed at the IHS encounter rate.

**Q: If a Tribe cannot add the T1015 encounter rate code to the dental claim (due to software limitations) will they still be paid at the IHS encounter rate?**

**A:** Any one-off situations regarding system limitations will be addressed between the Tribe, MCO(s), and MLTC to determine a reasonable solution. Collaboration must occur between representatives from MLTC and the MCO(s) for consistency/continuity.

**Q: Due to the limited staffing at Tribal facilities, can the Tribes go back to 12 months billing from the date of service and follow up on denials the way it used to be?**

**A:** No. The Tribes would still be expected to meet standard timely filing requirements when billing for dental services. Any extenuating circumstances will be addressed between the Tribe, the MCO(s), and NE Medicaid to determine a reasonable solution.

## Prior Authorizations

**Q: Which dental services require prior authorization?**

**A:** Dental services billed to MLTC on a fee-for-service basis should follow the most recent Nebraska Medicaid 'Dental Services' [Fee Schedule](#). Prior authorization requirements for dental services billed to the MCOs should follow the 'MCO Dental Prior Authorization Grid 01/01/24' which has been approved by MLTC. Dental services on this list require prior authorization in order to be reimbursed by the MCOs. The Tribes should work with each of the MCOs to ensure they are familiar with prior authorization billing expectations for dental services.

**Q: Periodontics maintenance (D4910) is usually done three to four times a year after perio-scaling and root planning (D4341, D4342) is completed. Does D4910 need prior authorization? If a prior authorization is needed to be completed, can D4910 be prior authorized for the whole year at one time?**

**A:** Yes, Periodontal maintenance (D4910) does need to be prior authorized and this needs to be done annually. Prior authorization should specify the frequency of the maintenance being requested.

**Q: If a prior authorization is not completed before services are completed, can the Tribes request a post-authorization for payment when the claim is sent in?**

**A:** No, as this would defeat the purpose of the prior authorization process. Exceptions would only be made in emergency situations or under special circumstances.

**Q: The Tribes have seen patients at their health facilities and provided medically necessary services that require prior authorization. However, at the time these services were delivered, the scope of dental services that require prior authorization hadn't been clarified by MLTC or the MCOs. How are these previously provided services requiring prior authorization to be billed and reimbursed?**

**A:** All three MCOs are honoring and recognizing prior authorizations that were approved prior to January 1, 2024 (under MCNA) for dental services provided after January 1, 2024. There are some limitations to the acceptance of these prior authorizations, see [Provider Bulletin 24-02](#) for details.

For dental services provided between **January 1, 2024** and **April 19, 2024** (the date the Tribal Dental Billing FAQ Flyer (this document) was published and provided to the Tribes), which require authorization prior to payment, the MCOs will work with the Tribes to ensure proper authorization and reimbursement.

The Tribes need to submit a retroactive prior authorization request, along with all necessary documentation to support the authorization, for the previously provided services. The MCOs will then review to ensure that prior authorization requirements are met. Once notified the service has been authorized the Tribes can submit the claim to the MCO for reimbursement.

All three MCOs will be accepting these retroactive authorization requests for services provided between **January 1, 2024** and **April 19, 2024** until **May 20, 2024**. All services provided after **April 19, 2024** that require prior authorization must be authorized prior to services being rendered.