Iowa Department of Human Services

INFORMATIONAL LETTER NO.1916-MC-FFS-D

DATE: June 22, 2018

TO: Iowa Medicaid Dentists, Federally Qualified Health Centers (FQHC) and Indian Health Services (IHS)

APPLIES TO: Managed Care, Fee-for-Service, Dental

FROM: Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

RE: Annual Dental Benefit Maximum

EFFECTIVE: July 1, 2018

In an effort to better align the services and benefits of the Dental Wellness Plan (DWP) with commercial dental plans and the state's dental insurance plan, the IME will be implementing the following changes for the next state fiscal year.

Effective July 1, 2018, an Annual Benefit Maximum (ABM) will be implemented for every adult Medicaid member, age 21 and older. The ABM amount of one thousand dollars ($1,000.00) is per state fiscal year (July 1- June 30). This ABM will be applied to members served through Fee-for-Service (FFS) Medicaid and members enrolled in the DWP. Children will not be affected by this change.

Exclusions to the ABM

The $1,000 ABM will *not* apply to certain services within the following service categories:

- Preventive
- Diagnostic
- Emergent
- Anesthesia in conjunction with oral surgery procedures
- Fabrication of dentures and partial dentures.

A full list of excluded codes will be distributed in a future informational letter.

Members will also be limited to dentures once every five years unless medically necessary and only with prior authorization.

Enrollees under 21 years of age will continue to be eligible for medically necessary dental services in accordance with federal Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements (per 42 CFR §440).

Tracking a member's $1,000 ABM
Providers should determine if a DWP member will exceed their $1,000 ABM at the time of treatment plan development. Details on the various ways a provider can inquire about a member's ABM limit will be forthcoming.

Prompt billing is important as ABM amounts are based on claims submission. If a patient has exhausted their $1,000 yearly maximum benefit, but the provider has not submitted claim(s) for the services, those services will not be reflected in the ABM until the claim is received. Services received at another dental office or a dental specialist count toward a member's ABM.

The IME encourages providers to help members track and prioritize their oral health needs. Providers must explain to the member that they will be responsible to pay the Medicaid reimbursement rate for qualifying services that exceed their ABM.

Existing prior authorizations
Services that are covered with the new DWP benefit design and approved prior authorizations before July 1, 2018, will still be honored; however, the ABM will apply to services provided after July 1, 2018. A prior authorization would not override an ABM limit, should it be reached.

If you have questions, please contact the IME Provider Services Unit at 1-800-338-7909, or by email at imeproviderservices@dhs.state.ia.us.