

May 22, 2015

Subject: Billing Members for Dental Services Exceeding Annual Cap

Dear Dental Provider:

The Department of Vermont Health Access would like to clarify when you may bill members for services that exceed the adult maximum benefit. This information can also be found in the Dental Supplement Manual at <http://www.vtmedicaid.com/Downloads/manuals/Dental%20Supplement%2012-1-2014.pdf>

Billing Members for Dental Services Exceeding Annual Cap

Providers may, after obtaining written acknowledgement of financial liability from the member, bill patients for amounts that exceed the adult annual capped payment amount **but not more than the appropriate procedure code rate in the Medicaid Dental Procedure Fee Schedule, if it is a Vermont Medicaid covered service.**

Providers must confirm and document verification that a service is not covered by Vermont Medicaid prior to billing a member.

Please see below examples:

- 1) An adult has received dental services that total the \$510 cap. The following month (same calendar year (CY)), the adult presents at the dental office and requests a filling.

Q. Can I bill the member? What amount is appropriate?

A. After obtaining written acknowledgement of financial liability, bill the member directly for the service at the published Medicaid fee as it is a covered service

- 2) An adult has received dental services that total the \$510 cap. The following month (same CY), the patient presents at the dental office and requests placement of a bonded porcelain facing (a cosmetic procedure).

Q. Can I bill the member? What amount is appropriate?

A. After confirming and documenting verification that this is not a Medicaid covered service and obtaining written acknowledgement of financial liability, bill the member directly your usual and customary fee for this procedure.



- 3.) An adult has received dental services that total \$410.00 of \$510.00 dental cap. The adult has a Core build up including pins that exceeds remaining \$100.00 of dental cap.

Q: Can I bill the member? What amount is appropriate??

A: After obtaining written acknowledgement of financial liability for the amount over the cap prior to the service , you may bill Vermont Medicaid for the remaining dental benefit, and bill the member for the remaining amount at a rate not exceeding the published Medicaid fee as it is a covered service

Billing Member for Dental Services that are Non-Covered by Vermont Medicaid

Providers may, after obtaining written acknowledgement of financial liability from the member, bill patients for services **not covered** by Vermont Medicaid. Providers must confirm and document verification that a service is not covered by Vermont Medicaid prior to billing a member.

Usual & Customary charges may not be billed to a Medicaid member without prior written communication to the member explaining their financial liability should they choose to pursue receipt of a service in the instance that it is not covered by Medicaid.

Please see below examples:

- 1) A Medicaid eligible adult presents at a dental office and requests that a full upper denture be fabricated for his already edentulous upper arch.

Q. Can I bill the member? What amount is appropriate?

A. After confirming and documenting verification that this is not a Medicaid covered service and obtaining written acknowledgement of financial liability, bill the member directly your usual and customary fee.

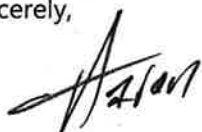
- 2.) A Medicaid eligible child presents at the office of an orthodontist. A Prior Authorization request is sent to DVHA. The PA request is denied for not meeting clinical criteria for coverage.

Q. Can I bill the member? What amount is appropriate?

A. After obtaining written acknowledgement of financial liability, bill the member directly your usual and customary fee as it is not eligible for reimbursement.

Should you have any questions, please do not hesitate to contact Clark Eaton, Dental Provider Relations Specialist at (802) 879-5647.

Sincerely,



Aaron French , MSN, RN, BC

Deputy Commissioner, Health Services & Managed Care