



Date: March 20, 2019

To: Community Living and Support Services Direct Services Agencies
Community Living and Support Services Case Management
Agencies

Subject: Information Letter No. 19-04 – Recommendations for Dental
Treatment Plans

This letter contains recommendations by the Health and Human Services Commission (HHSC) for dentists or dental specialists who develop dental treatment plans for individuals in the Community Living Assistance and Support Services (CLASS) Program.

In accordance with the CLASS Provider Manual and Information Letter No. 13-14, for an individual to receive dental treatment in the CLASS Program, a CLASS direct services agency (DSA) must obtain a proposed dental treatment plan from a person with an active license to practice dentistry in the State of Texas, and submit the plan, along with other documentation, to HHSC for review.

The recommendations described below will help ensure the dental treatment in a proposed dental treatment plan meets the requirements described in HHSC's rules at §45.214(a)(1)(B)(iii)(I) and §45.214(b) and allow for a more efficient utilization review by HHSC of the dental treatment plan.

HHSC recommends that:

- (1) a general dentist examine the individual before referring the individual to a dental specialist; and
- (2) a dentist or dental specialist:
 - limit preventative procedures to twice annually unless an explanation of circumstances requiring those procedures more frequently is provided;

- provide a comprehensive treatment plan that addresses all of the individual's current dental needs and associated costs;
- treat underlying cause for dental problems before performing restorative procedures;
- provide clearly described stages of treatment that must occur over time and ensure the sequence of procedures described in the treatment plan are consistent with accepted treatment guidelines;
- keep treatment as specific as possible for each proposed visit and ensure the treatment plan only includes procedures that can reasonably be assumed would be accomplished at each appointment;
- if multiple procedures will be performed at the same visit, ensure the treatment plan does not include duplicative procedure codes;
- ensure the treatment plan contains correct and current American Dental Association (ADA) Codes on Dental Procedures and Nomenclature (CDT);
- ensure the ADA CDT codes are not mutually exclusive and can be performed within the number of appointments identified;
- ensure the requested procedure codes have been shown in scientific literature to be of significant and long-term benefit to the individual;
- ensure a statement of medical necessity includes a description of the procedure so that the benefit to the individual can be assessed;
- ensure a treatment plan including orthodontic dental treatment meets or exceeds a minimum score of 26 as measured on the Handicapping Labio-lingual Deviation Index and include information that supports the medical necessity for the treatment, including diagnostic models, radiographs, cephalometric x-ray with tracings, photographs, and other supporting information;
- ensure a treatment plan including orthodontic dental treatment includes verification that no active periodontal disease exists and the individual has sufficient oral hygiene to support orthodontic treatment;
- ensure photographic images or radiographic images submitted with the dental treatment plan are clear enough to verify the treatment plan and diagnostic quality radiographs are used;
- ensure the charges for individual radiographs or x-rays do not exceed the cost of full mouth radiographic series and radiographs utilized to verify either progress or completion of treatment are included in the cost of the treatment;

- provide a justification, detailing the reasons for the proposed use of anesthesia and include in the justification:
 - information about failed attempts at other levels of sedation;
 - a description of the behaviors which may hinder successful treatment;
 - a description of the proposed treatment;
 - a description of the need to provide comprehensive dental treatment based on extent of diagnosed dental issues; and
 - any relevant medical conditions;
- ensure the treatment plan includes the name of the provider who will administer deep sedation or general anesthesia, when deep sedation or general anesthesia is necessary;
- if requesting reimbursement for a fee charged by a facility, ensure the request for reimbursement for facility charges are for a facility such as a hospital separate from the dental office;
- ensure the treatment plan conforms to the usual notation of using code D9222 for the first 15 minutes of general anesthesia and the code D9223 for every 15 minutes increment thereafter; and
- ensure a fee associated with a procedure is cost effective.

HHSC may consult resources to determine if a dental procedure included in a dental treatment plan is cost effective, including:

- the applicable fee schedule or the online fee lookup on the TMHP website at <http://public.tmhp.com/FeeSchedules/StaticFeeSchedule/FeeSchedule.s.aspx>; and
- the ADA Survey of Dental Fees.

A CLASS DSA must provide the recommendations and resource information described above to a dentist or dental specialist who will develop a proposed dental treatment plan for an individual.

Further, in accordance with Information Letter No. 13-14, a case management agency (CMA) must, in addition to the proposed dental treatment plan, submit documentation to HHSC regarding the utilization of third party resources. If private dental insurance is available as a third party resource, the CMA must include in the documentation a statement from the insurance company or the dentist's office explaining whether private

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insurance may cover the cost of the dental procedure, and if so, the estimated amount of the cost covered.

If you have any questions about this Information Letter, please contact CLASSPolicy@hhsc.state.tx.us.

Sincerely,

[signature on file]

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