

INFORMATIONAL LETTER NO. 2240-FFS-D

DATE: July 12, 2021

TO: All Iowa Maternal, Child, and Adolescent Health Title V Contractors

APPLIES TO: Fee-for-Service (FFS), Dental (D)

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

RE: Billing of Direct Dental Services Provided to Medicaid Children

EFFECTIVE: July 1, 2021

Effective, July 1, 2021, the administration of the Iowa Medicaid children's dental benefit transitioned from FFS to a Pre-Ambulatory Health Plan (PAHP). As a result, the process of billing for direct care dental services has changed.

While a very small population will remain in FFS, most members will be assigned to either Delta Dental of Iowa (DDIA) or Managed Care of North America (MCNA). Eligibility and plan assignment can be verified by using the IME Eligibility and Verification System (ELVS) line at 1-800-338-7752.

All direct care dental services provided on or after July 1, 2021, must be submitted on an American Dental Association (ADA) claim form. The Centers for Medicare and Medicaid Services (CMS) 1500 Health Insurance Claim Form will no longer be accepted, including services for members that remain in FFS. This change eliminates the use of modifiers and the need for a diagnosis code. No changes have been made to documentation requirements for claim submission. In addition, services billable to Title V contractors still do not require prior authorization.

Services available to members remain the same, with the following exceptions:

- D0145 *Oral evaluation and counseling with primary caregiver*, is no longer a billable code.
- Code D0190 *Oral evaluation completed by a dental hygienist, nurse, nurse practitioner, or physician assistant*, will be used for both initial and periodic, and reimbursed at a single rate of \$16.22.
- Codes *D1310 Nutritional Counseling*, *D1320 Tobacco Counseling*, and *D1330 Oral Hygiene Instruction* no longer require minimum time increments to bill;

however, total time spent should be documented within the member's record for auditing purposes.

As noted in [Informational Letter \(IL\) 2090-MC-FFS-D](#)¹, the IME is still mandating electronic billing for all Medicaid-enrolled dental providers. If billing through Electronic Data Interchange (EDI) Support Services, providers need to be registered for the 837D health care claim. The 837D is the format established to meet the Health Insurance Portability and Accountability Act (HIPAA) requirements for the electronic submission of healthcare claim information. [This link](#)² details how providers can complete this registration process.

For any billing inquiries, the contact information for each dental plan administrator is provided below:

Delta Dental of Iowa		MCNA Dental	
DWP Provider Services - Billing / Claims - Eligibility - Benefits - Care coordination	1-888-472-1205 1-888-472-2793 or arasmusson@deltadentalia.com	Provider Hotline - Billing / Claims - Eligibility - Benefits - Care coordination	1-855-856-6262 1-800-494-6262 (Ext. 022) casemanagement@mcna.net
Provider Relations	provrelations@deltadentalia.com	Provider Relations	ia_pr_dept@mcna.net
Website	www.dwpiowa.com	Website	www.mcnaia.net
Online dentist portal	www.dwpiowa.com	Online dentist portal	https://portal.mcna.net
Address:	Delta Dental of Iowa Dental Wellness Plan PO Box 9040 Johnston, IA 50131-9040	Address:	MCNA Dental Attn: Provider Relations PO Box 29008 San Antonio, TX 78229

Iowa Medicaid Enterprise	IME Provider Services	1-800-338-7909 / 515-256-4609
	ELVS (Eligibility Verification System) Line	1-800-338-7752 / 515-323-9639

¹ <https://secureapp.dhs.state.ia.us/IMPA/Information/ViewDocument.aspx?viewdocument=8372705c-b4ba-4643-bc4f-34f4be64bc8f>

² [Registration - EDI Support Services \(edissweb.com\)](#)