TEXAS ROUNDUP
Program Updates for Texas Dentists

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Taxonomy Code Verification

To avoid delay in claims processing and/or claim denials, it is imperative that you validate that your taxonomy code registered with NPPES matches the taxonomy code that is on file with TMHP. Listed are the websites where you're able to confirm your taxonomy codes.

NPPES - https://npiregistry.cms.hhs.gov/
TMHP - https://www.tmhp.com

Reminder: Interim Care Transfer (ICT)

Referrals from a Main Dentist to General Dentist/Pediatric Dentist for Interim Care.

This process is to be utilized when a Main Dentist Dental Home Provider (Main Dentist) determines that it is necessary for another Main Dentist (general or pediatric dentist) to provide interim care to a member; yet the Main Dentist assignment should be maintained. Interim Care Transfers (ICTs) can be submitted via the DentaQuest Provider Portal. Each registered user has the capability to submit and view Internal Care Transfers (ICTs) on the portal.

Reminder: Benefit Changes Effective 9/1/2023

Effective 9/1/2023, the benefit limitations have changed for some preventative services for HHSC TX Medicaid. Listed are benefit limitation changes.

Caries Arresting Medicament (D1354)
Application of caries arresting medicament (procedure code D1354) will become a benefit for Texas Health Steps for clients who are birth through six years of age.

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- Procedure code D1354 will be limited to once per lifetime per Tooth ID (A-T and 3, 14, 19, and 30) by any provider for services rendered in the office setting.
- Procedure code D1354 will be denied if billed on the same date of service for the same tooth ID as procedure code D1351 or D1352 by any provider.

Note: Silver diamine fluoride is the only material providers may use for procedure code D1354.

Preventive Procedure Codes

The following changes will be implemented for preventive procedure codes:
- Topical application fluoride (procedure codes D1206 or D1208) is limited to once every six months, by any provider.
- Procedure codes D1110, D1120, D1206, and D1208 will be denied when billed as an emergency claim.
- Procedure codes D1110 and D1120 will no longer be reimbursed to orthodontist and oral maxillofacial surgeon providers.
- Procedure code D1208 will no longer be reimbursed to orthodontist and oral maxillofacial surgeon providers for services rendered in the office setting and to all provider types for services rendered in the inpatient and outpatient hospital setting.

Dental Sealants (D1351 & D1352)

The following changes will be implemented for dental sealants:
- The age range for procedure code D1351 will be updated to clients who are 1 year through 20 years of age.
- Procedure codes D1351 and D1352 are limited to once per lifetime, per tooth ID, by any provider.
- Reimbursement for procedure codes D1351 and D1352 will be on a per-tooth basis, regardless of the number of surfaces sealed. Tooth ID and surface identification (SID) must be indicated on the claim form.
- Procedure code D1351 will be denied if billed on the same date of service for the same permanent tooth ID as procedure code D1352, by any provider.
- Procedure codes D1351 and D1352 will be denied if billed as an emergency claim.
- Procedure code D1351 will no longer be reimbursed to orthodontists and oral maxillofacial surgeon.

Space Maintainers

The following changes will be implemented for space maintainers:
- Procedure codes D1510, D1520, D1553, D1556 and D1575 are limited to once per lifetime, per quadrant, by any provider.
- Procedure codes D1516, D1517, D1526, and D1527 are limited to once per lifetime, same procedure code, by any provider.
- Procedure code D1553 will be denied if procedure code D1510 was reimbursed within the previous rolling year, same quadrant, by the same provider.
- Procedure code D1551 will be denied if procedure code D1516 was reimbursed within the previous rolling year, by the same provider.
- Procedure code D1552 will be denied if procedure code D1517 was reimbursed within the previous rolling year, by the same provider.
- Procedure codes D1551 and D1552 are limited to once per lifetime, by the same provider.

Provider Network & Directory Audit

DentaQuest would like to remind all providers that provider directory information must be updated when a change in your office is made. This includes, but is not limited to the following information:

• Provider joins/leaves practice
• Telephone and/or fax number
• Office hours
• Ages treated
• Languages spoken
• Handicap accessible (yes/no)
• Plan participation
• Accepting new patients' status

Failure to provide current information can result in termination from the DentaQuest network. If you have any questions regarding directory updates, please call your local Provider Relations Representative.

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Public Health Emergency (PHE) Ended

In response to the COVID-19 pandemic, the federal government declared a public health emergency (PHE); which allowed Medicaid recipients to have continuous coverage. The continuous coverage ended on May 11, 2023. Coverage will end for Medicaid recipients that fails to respond to the renewal notices or submits requested information to HHSC.

Important Reminders

Provider Resource Documents	The following documents are listed on the Provider Resources tab on the Texas Provider microsite. • Office Reference Manuals (ORM) • Provider Training Schedule • Quarterly Newsletters https://dentaquest.com/texas/providers/provider-resources
Contact Your Regional Provider Partner	To locate the Provider Partner for your region, visit https://dentaquest.com/texas/providers/provider-resources/provider-relations-contacts
DentaQuest Holiday Closures	In observance of Martin Luther King, Jr. Day holiday, DentaQuest will be closed for the following day: • Monday, January 15

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