

***NORTH CAROLINA DIVISION OF MEDICAL ASSISTANCE***

**Medicaid Dental: Frequently Asked Questions**

This list of frequently asked questions was compiled by the NC Division of Medical Assistance (DMA) in consultation with the North Carolina Dental Society. For additional questions, please contact either the CSC (Computer Sciences Corporation) Call Center at 800-688-6696 (851-8888 in the Raleigh area) or the Dental Program in DMA at (919) 855-4280.

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**A. Level of Participation in Medicaid**

**1. May I limit the number of Medicaid recipients I accept into my practice at any given time?**

Yes. A participating dentist may limit the number of Medicaid recipients accepted into his/her practice. In deciding to participate in Medicaid, a dentist is under no obligation to accept all Medicaid recipients that call seeking dental care.

**2. Are there criteria that cannot be used to limit the Medicaid recipients I accept into my practice?**

Yes. As a condition of participation in Medicaid, all health care providers agree to abide by Title VI of the U.S. Civil Rights Act. That federal law states that: "No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." In addition, the Americans with Disabilities Act prohibits discrimination in access to services on the basis of a person's disability as defined in the Act.

**3. Must I accept Medicaid recipients referred by other dentists or physicians?**

The decision of whether or not to accept Medicaid recipients referred from other providers is up to each participating dentist.

**4. May I limit the Medicaid recipients I accept based on age?**

Many dentists limit their practices to patients within a certain age range. As long as such limitations are applied consistently to Medicaid and non-Medicaid patients, then age can be used as a factor in deciding whether to accept a Medicaid recipient into a practice.

**5. May I limit the Medicaid recipients I accept based on where they live?**

Some dentists accept Medicaid recipients residing in their own community, county or geographic region. This is an acceptable method to limit participation as long as the dentist is not violating Title VI of the Civil Rights Act by discriminating based on race, color or national origin.

**6. May I limit the types of services that my practice offers to Medicaid recipients?**

No. If a dentist expressly accepts a patient into his/her practice as a Medicaid patient, then the dentist cannot arbitrarily limit the services offered to that patient as long as Medicaid covers the services. There may be situations where the complexity of the patient's case is beyond the training or skill level of the dentist. In such cases, the dentist should make a referral to another provider willing to treat the patient and document the situation in the treatment record.

**7. Must I accept Medicaid recipients who also have other dental insurance coverage?**

Some Medicaid recipients also have other dental insurance coverage. In such cases, Medicaid coverage is always secondary to the other dental insurance. Dentists are free to accept these patients when Medicaid is secondary coverage but are not obligated to do so.

**8. Why are the names of participating dentists listed on the DMA web site?**

Medicaid recipients frequently call in search of a dentist willing to treat them. To assist these recipients, DMA publishes on its web site a dental referral list. This list also is made available to the DHHS Care-Line, whose information and referral specialists help Medicaid recipients find dental care. Dentists who wish to be excluded from this referral list may contact the Dental Program at (919) 855-4280.

**9. Will having my name listed as a participating provider cause my practice to be overrun by Medicaid patients?**

No, since each dentist can decide the extent to which he/she wants to participate in Medicaid.

**10. Will I be able to discontinue participating in Medicaid any time I wish?**

Participating dentists may stop accepting new Medicaid patients any time they wish.

**B. Ongoing Dental Treatment Obligations****1. For a Medicaid patient of record in my practice, must I see them for treatment of dental emergencies?**

According to the American Dental Association Principles of Ethics and Code of Professional Conduct, dentists should “make reasonable arrangements for emergency care” whether or not the individual is a patient of record in his/her practice. This professional obligation applies equally to Medicaid and non-Medicaid patients.

**2. If a Medicaid patient calls to report a dental emergency, must I see the patient at that time or can I schedule an appointment for the patient at a more convenient time?**

This is a professional decision that is up to each participating dentist consistent with the ADA Principles of Ethics and Code of Professional Conduct. The guiding principles should be to make reasonable arrangements to treat the emergency and safeguard the patient’s oral health.

**3. Can a Medicaid recipient be accepted for treatment of a dental emergency and then dismissed from the practice to seek ongoing dental care elsewhere?**

Once emergency treatment has been completed for a Medicaid recipient who is not a patient of record, it is up to the dentist to decide whether to accept the patient into his/her practice. If the dentist decides not to accept the patient, then he/she should refer the patient to another provider willing to provide ongoing dental care. Such decisions should be discussed with the patient at the outset of treatment and documented appropriately in the treatment record.

**4. If a dentist completes a comprehensive examination on a Medicaid recipient, is that provider obligated to complete treatment or see to it that the patient receives treatment by another dentist?**

When a dentist accepts a Medicaid recipient as a patient of record, the dentist is accepting a professional obligation to provide those Medicaid-covered services that the patient needs. If the dentist cannot provide a given service because of a lack of training or experience, then that dentist has an obligation to see that the patient receives treatment by another dentist.

**5. May I dismiss a Medicaid recipient from my practice before the treatment plan is completed?**

When discontinuing a course of treatment, the dentist should inform the patient about the reason for dismissal and give adequate notice and an opportunity to find another dentist. For Medicaid and non-Medicaid patients alike, it is important that the patient's oral health is not harmed by the decision to discontinue treatment.

**6. May I dismiss a Medicaid recipient from my practice for breaking appointments or failing to follow treatment recommendations?**

A dentist may choose to dismiss a patient from his/her practice for various reasons, including broken appointments, failing to follow treatment recommendations, or abusive or threatening behavior. This policy should be applied consistently for Medicaid and non-Medicaid patients. Dentists also may wish to consult the State Board of Dental Examiners, which defines the standard of care for when and how a patient of record can be dismissed from a dental practice.

**C. Patient Scheduling and Fees****1. May I block schedule Medicaid recipients on certain days of the week or at certain times of the day?**

Yes. Each participating dentist is free to manage his/her practice schedule as desired.

**2. Must I confirm appointments or send reminder cards for Medicaid patients if I do so for non-Medicaid patients?**

If a dentist routinely confirms appointments or sends reminder cards to non-Medicaid patients, then this general policy should be followed for Medicaid patients as well.

**3. May I refuse to see a Medicaid patient who is late for an appointment?**

This decision is up to each participating dentist. Such an office policy should be communicated clearly to the patient in advance and should be applied consistently to Medicaid and non-Medicaid patients in the practice.

**4. May I charge Medicaid recipients the difference between what Medicaid pays and my typical charge?**

No. Participation in Medicaid means that a provider agrees to accept Medicaid's payment as payment in full for covered services. The provider cannot bill the recipient for any portion of the unpaid balance except for copayments specifically allowed under federal and state law. For example, copayments are not allowed for Medicaid recipients under age 21. Please consult the dental coverage policy on DMA's web site for specific information about allowable copayments.

**5. May I charge Medicaid recipients for services that are not covered by Medicaid?**

Yes. When a Medicaid recipient requests a dental service that is not covered by Medicaid, the dentist is permitted to charge the recipient for that service as a private pay patient. In such cases, the dentist must inform the recipient of the charge in advance of actually providing the service. If the recipient does not agree to pay the charge, then the dentist is under no obligation to provide that specific service. It may be good practice to document such situations in writing and obtain the signature of either the Medicaid recipient or a parent/guardian.

**6. May I charge a Medicaid recipient a fee for a broken appointment?**

No. Federal Medicaid policy does not allow providers to charge Medicaid recipients a fee for a broken appointment. Nor can providers collect an up-front deposit that is retained in the event of a broken appointment.

**7. Must I provide copies of treatment records when requested by a Medicaid patient?**

Yes. Rules of the North Carolina State Board of Dental Examiners state that: “A dentist shall, upon request by the patient of record, provide original or copies of radiographs and a summary of the treatment record to the patient or a licensed dentist identified by the patient.” This rule applies equally to Medicaid and non-Medicaid patients. [Reference: 21 NCAC 16T .0102]

**8. May I charge Medicaid recipients for duplication of dental records?**

State Board rules allow North Carolina dentists to charge a fee “for duplication of radiographs and diagnostic materials.” Nothing in Medicaid law or policy would prevent a dentist from charging such a record duplication fee to a Medicaid recipient. Board rules do not set a maximum level for this duplication fee. [Reference: 21 NCAC 16T .0102] Records cannot be withheld due to a patient’s failure to pay his/her account in full. When DMA or CSC requests records (e.g., to verify medical necessity or accuracy of billing), providers do not receive compensation.

**D. Claims Filing Procedures****1. May group dental practices bill under one National Provider Identifier (NPI)?**

Yes. Group dental practices should obtain an organization NPI from the National Plan and Provider Enumeration System (NPPES) and then enroll the organization with NCTracks. Services provided by dentists affiliated with the group practice can then be billed under the organization NPI. This allows all Medicaid payments to be made to the group practice. Claims billed under an organization NPI must also include the individual NPI of the rendering dentist who actually provided the treatment.

**2. May an individual dentist in a group practice bill under another dentist’s NPI?**

No. The dentist who actually provides the treatment must be enrolled with NCTracks and provide his/her individual NPI on the claim.

**3. How much time is allowed to file a claim with Medicaid?**

Medicaid claims must be filed within (a) 365 days of the actual date of service, (b) 180 days from the date of a third party or Medicare payment or denial, or (c) 18 months after a Medicaid denial for reasons other than the time limit. Claims filed beyond these time limits are not eligible for federal matching funds, which are essential to the operation of the Medicaid program. Except under extremely rare circumstances, claims filed beyond these time limits will be denied.

**4. How much time is allowed to correct an error on a previously paid or denied claim?**

If a claim was originally filed in a timely manner (i.e., within one year of the date of service), then providers have 18 months to request either a payment adjustment or a reconsideration of the denied claim.

**5. Can prior approval be granted retroactively if my staff forgets to file a prior approval request in advance?**

No. Retroactive prior approval will be granted only in cases where (1) a patient has been granted retroactive Medicaid eligibility or (2) where the patient’s condition requires treatment under general anesthesia and a pretreatment oral evaluation cannot be completed. A dental consultant will review such cases after treatment to determine if prior approval can be granted.

**6. If I bill Medicaid for a non-covered service, will I be held liable for Medicaid fraud?**

DMA publishes its dental coverage policy on its web site, and we encourage dentists to stay informed about which services are covered in the Dental Program. On occasion, clerical or payment system errors can result in improper payment for a non-covered service. Such an error can be corrected by the provider filing an adjustment request or by the fiscal agent recouping the erroneous payment. DMA considers the vast majority of these cases to be simple errors that do not represent fraud or abuse.

**E. Working with NC Medicaid****1. If I accept Medicaid recipients, to what extent will my practice be audited or investigated?**

DMA is under federal and state obligation to operate the Medicaid program as efficiently and effectively as possible. The Program Integrity unit carries out an important part of that obligation by conducting post-payment review of claims for payment accuracy as well as for evidence of Medicaid fraud and abuse. As a condition of participation in Medicaid, all providers agree to cooperate with Program Integrity when investigations are warranted. DMA makes every effort to treat providers with fairness and respect and to give all parties the benefit of due process in any investigation.

**2. If I feel treated unfairly by employees of Medicaid or its fiscal agent (CSC), to whom can I complain?**

You have a number of options if you feel treated unfairly by employees of Medicaid or CSC. You may contact DMA's Dental Program by telephone at 919-855-4280 or by e-mail at [DMA.DentalProgram@ncmail.net](mailto:DMA.DentalProgram@ncmail.net). You also may express your concerns in writing to the Division Director at the following address:

Director  
NC Division of Medical Assistance  
2501 Mail Service Center  
Raleigh, NC 27699-2501

**3. Will my making such a complaint result in retribution by Medicaid or fiscal agent staff?**

DMA management will not tolerate retribution against a provider who files a complaint. Any such concern should be sent in writing directly to the Division Director at the address listed above.