CARING FOR SMILES

OVERVIEW

The Caring for Smiles program aims to ensure better access to dental care for individuals with developmental disabilities in a typical dental office setting.

ELIGIBLE PROVIDERS

In order to receive payment, all eligible servicing and billing provider's National Provider Identifiers (NPI) must be enrolled with South Dakota Medicaid. Servicing providers acting as a locum tenens provider must enroll in South Dakota Medicaid and be listed on the claim form. Please refer to the provider enrollment chart for additional details on enrollment eligibility and supporting documentation requirement.

A participating Medicaid provider must complete the Caring for Smiles attestation form to provide the enhanced services offered through the Caring for Smiles program. The attestation form is available in the Dentist section of the dental vendor's website at www.deltadentalsd.com. Contact the dental vendor at 1-877-841-1478 or sdmedicaid@deltadentalsd.com with questions.

ELIGIBLE RECIPIENTS

All Medicaid eligible recipients with a developmental disability can receive enhanced services under the Caring for Smiles program. Patients eligible for Caring for Smiles are generally in aid categories 35-38 or in level of care A, C, E, F, T, Z, 5 or 8. When working with recipients with a developmental disability who are not in the identified aid categories or level of care, the provider should document the patient's developmental disability diagnosis and provide it with the claim for enhanced services. Providers are responsible for checking a recipient's Medicaid ID card and verifying eligibility before providing services. Eligibility can be verified using South Dakota Medicaid's online portal.

COVERED SERVICES

Caring for Smiles enhanced services apply only when rendered in a dental office or extended care facility. Treatment performed in surgical centers or hospitals are not eligible for enhanced services.

Under Caring for Smiles, all recipients with developmental disabilities are eligible to receive the following enhanced benefits, even if the provider is not participating in the Caring for Smiles program:

- Up to two fluoride applications (D1206/D1208) allowed for adults per benefit year.
    - Completion of a risk assessment in order to access fluoride applications is not required for recipients eligible for the Caring for Smiles program if services are provided by a provider participating in the Caring for Smiles program.
- One additional prophylaxis (D1110) allowed per benefit year for children or adults (for a total of three prophylaxis when combined with standard Medicaid dental benefits).

Providers participating in the Caring for Smiles program are eligible to receive the following enhanced benefits:

- Behavior management (D9920) is a benefit that may be reimbursed when a recipient requires additional time or additional staff for a preventative or restorative visit due to a developmental disability that interferes with a provider's attempt to perform a dental service. D9920 should not be used solely based on diagnosis if significant modifications to care were not required. D9920 may not be used if the behavior management strategy is sedation. Providers must document the following information in the patient's clinical notes when billing for behavior management:
    - The specific behavior management strategy used;
    - The reason for the additional time or staff needed to complete the dental visit;
        - The duration of the service provided and standard duration of the service; and/or
        - The additional staff required and their time and role in providing the services beyond what is standard.
- A house/extended care facility call (D9410) is a benefit per visit to facility, not per patient, and must be well documented in the patient's dental history file. Documentation must include the name of the facility, staff or family involved in the visit, the start/stop time, and services provided. A house/extended care facility call will be allowed for the visits to the patient's care facility to meet the patient, complete the intake form, and get necessary consent form. Other procedures, i.e., cleaning, fluoride, or sealants, done at the same visit can be billed separately.

Documentation Requirements

Providers must keep legible medical and financial records that fully justify and disclose the extent of services provided and billed to South Dakota Medicaid. These records must be retained for at least six (6) years after the last date a claim was paid or denied. Records must not be destroyed when an audit or investigation is pending. Per ARSD 67:16:01:08 health services that are not documented are not covered.

Providers must grant access to these records to agencies involved in a Medicaid review or investigation.

Reimbursement and Billing

Per ARSD 67:16:35:04 the department must receive a provider's completed claim form within six months of the date of service. Requests for reconsiderations will only be considered if they are received within 6 months of the date of service or within 3 months of the date a claim was denied.

Please refer to the dental fee schedules for approved code rates.

Definitions

(1) "Developmental disability", a severe, chronic disability diagnosed by a medical provider which originated at birth or during childhood, is expected to continue indefinitely, and substantially restricts the individual's functioning in several major life activities.

REFERENCES

- South Dakota Medicaid State Plan Attachment 4.19 B, Page 16

FREQUENTLY ASKED QUESTIONS

1. **How do I sign up to be a Caring for Smiles dentist?**

   It's simple. Just contact the dental vendor's website www.deltadentalsd.com and fill out the attestation form. If you have questions, you can contact the dental vendor at 1-877-841-1478 or sdmedicaid@deltadentalsd.com.

2. **Do I need to fill out an attestation form for each office I practice at?**

   Only one form per provider will need to be completed. Once you are enrolled in the program, you are eligible for additional fees and enhancements at all offices you practice at.

3. **If one of the providers at our office is enrolled, can all providers submit claims for enhanced services?**

   Each provider will need to enroll in the program to bill for additional services or enhanced fees.

4. **Why should I participate in the Caring for Smiles program?**

   By participating in the Caring for Smiles program, your developmentally disabled patients will receive enhanced services to ensure the best possible oral health outcomes.