



# Dental/Orthodontic Services

WVCHIP Overview 2019

# Topics of Discussion



- WVCHIP Master Code List (MCL)
- Authorizations for Facilities
- Orthodontic Criteria
- Reconsiderations and Appeals

# WVCHIP Master Code List



- The WVCHIP Master Code List (MCL) provides a crosswalk of the WVCHIP benefit to the existing medical system and will direct you regarding how to submit requests (DDE or fax).
  - This list will include the codes that require prior authorization and codes with service limitations/special instructions.
  - There are some codes that are not eligible for direct-data-entry (DDE). These specific codes will need to be submitted via fax on the appropriate authorization request form.
  - It is recommended that codes available to be submitted via the DDE system are submitted in that manner.
- The WVCHIP Master Code List (MCL) will be available on the [www.wvaso.kepro.com](http://www.wvaso.kepro.com) website in the WVCHIP Section.
- Authorization request forms are available on the [www.wvaso.kepro.com](http://www.wvaso.kepro.com) website in the WVCHIP Section.

*NOTE: For Medicaid/WVCHIP dual providers the appropriate MCL should be consulted regarding prior authorization of codes.*

# Authorizations for Facilities



- Please be aware the D codes should be submitted in the Dental review area.
- CPT codes are considered medical codes and should be submitted in the designated review area.
  - Example: Even though 41899 is located on the Dental Services tab of the WVCHIP MCL, it should be submitted through Outpatient Surgery. Code 41899 is also a fax form only code that only the facility needs an authorization number.

# Submitting for 41899



- The dental provider will fill out completely, then fax the Outpatient Surgery prior authorization request form to 866-633-8427.
- If the form is incomplete, KEPRO staff will faxback the request.
  - This will delay services to your member.
- The servicing provider should be completed as the facility where the services are being provided.
- When completed, an authorizations number with all 0's will be generated due to the use of the "open grid".
  - DO NOT USE THIS NUMBER FOR BILLING PURPOSES.
- KEPRO staff will identify these cases, generate a manual authorization number (WXUTH#), and will post an authorization notification form containing the manual authorization number in the last annotations box on the Summary and Submit screen. The authorization notification form will also be faxed to the Dental provider only.
  - The WXUTH# is to be used for billing purposes.

# Summary and Submit Screen



A screenshot of a Windows Internet Explorer browser window. The address bar shows the URL "https://providerportal-training.apshealthcare.com/Request:". The browser's menu bar includes "File", "Edit", "View", "Favorites", "Tools", and "Help". The page content shows the KEPRO logo and a navigation menu on the left. The menu items are: "Member Demographics", "Provider Information", "Administrative", "Service Selection", "Diagnosis", "Evaluation", "Treatment Plan", and "Summary And Submit". The "Summary And Submit" link is circled in red. To the right of the menu, there are search fields and a "Delete Request" button. Below that, member information is displayed: "Member Name: Test Kern", "Request Category: Medical", and "10/01/2013". There are also sections for "Identification Numbers" and "Member Information".

Two screenshots of the "Annotations" form in the KEPRO system. The top screenshot shows a table with the following data:

Diagnosis Code	Description	Type	Onset D
R68.89	Other general symptoms and signs	ICD10	12/14/2

Below the table is the "Annotations" section with a "Note:" text area, an "Attach Document:" field with a "Browse..." button and a "Save" button, and an "Internal Only:" checkbox. The bottom screenshot shows the same "Annotations" form, but the "Note:" text area is circled in red.

# Orthodontia Criteria for WVCHIP



- Overjet in excess of 9 mm.
- Dentition exhibits a profound impact from a congenital or developmental disorder.
- True anterior open bite malocclusion (not including one or two teeth slightly out of occlusion or where the incisors have not fully erupted and not correctable by habit therapy). Definition of condition on WVCHIP precertification form.
- Large anterior-posterior discrepancy (Class II and Class III malocclusions that require a full tooth Class II or Class III).
- Deep impinging overbite that shows palatal impingement causing tissue trauma with the majority or lower incisors.
- Cleft palate, congenital or developmental disorder. Not an orthodontic precertification review requires separate medical necessity.
- Anterior crossbite (involves more than two teeth and in cases where gingival stripping from the crossbite is demonstrated and not correctable by limited orthodontic treatment).



# Orthodontia Criteria for WVCHIP Cont.



- Posterior transverse discrepancies (involves several posterior teeth in crossbite, one of which must be a molar and not correctable by limited orthodontic treatment).
- Significant posterior open bite malocclusions (not involving partially erupted teeth or one or two teeth slightly out of occlusion and not correctable by habit therapy).
- Impacted incisors or canines that will not erupt into the arches without orthodontic or surgical intervention (does not include cases where incisors or canines are going to erupt ectopically).
- Crowding of 7-8 mm in either the maxillary or the mandibular arch.
- Significant facial asymmetry requiring a combination of orthodontic and Orthognathic surgery for correction.

**MUST SUBMIT WITH PRIOR AUTHORIZATION REQUEST: Radiographs; Photographs; and Treatment Plan**

**\*If these are not available provider must indicate why**



# Reconsiderations/Appeals



## Reconsideration Options for Submitting Providers:

- Expedited Reconsideration
- Peer-to-Peer (Level 1) – This is a dentist to dentist/orthodontist to orthodontist discussion available to providers to present additional clinical information or medical necessity information following initial denial. The Level 2 reconsideration is STILL available after the Level 1 review. The provider can elect to go directly to Level 2 but cannot go back to Level 1 once a Level 2 review has been completed.
  - Please provide the dentist/orthodontist name, contact information, and best dates/times to contact him/her.
- Reconsideration (Level 2) – In the KEPRO system this is the same as the Peer-to-Peer defined in the WVCHIP benefit.
  - Please attach additional information, or indicate that additional information is being faxed or mailed.
  - When faxing additional information, the KEPRO fax coversheet must be used and completed in its entirety. If for any reason additional information must be mailed a cover letter indicating the Authorization request ID, Request for Reconsideration and information indicating why the provider believes medical necessity is met should be included.

***Note: The Reconsideration process for KEPRO is to be initiated by the Submitting Provider not the member/guardian.***

## Reconsiderations/Appeals Cont.



The member/guardians may request a level III review. A written request with attached copies of all written statements of facts, issues, letters, and relevant information provided in the case file must be mailed, faxed or emailed to:

**Executive Director, WVCHIP  
350 Capitol Street, Room 251  
Charleston, WV 25301-3706**

**Fax: 304-558-2741, Attn: Executive Director**

**Email: [WVCHIP@wv.gov](mailto:WVCHIP@wv.gov) with Appeal in the subject line**

# Training and Technical Assistance



- KEPRO offers additional training via webinar, phone and various materials.
  - These will be offered to assist with submitting online for Prior Authorization an easier process for providers.
- Each PowerPoint presentation from WVCHIP trainings are posted to the [www.wvaso.kepro.com](http://www.wvaso.kepro.com) in the WVCHIP Medical Section.

# WVCHIP PA Contact Information



- WVCHIP Phone: 888-571-0262
- WVCHIP General Fax: 866-209-9632
- WVCHIP Dental Fax: 844-633-8431
- WVCHIP Outpatient Surgery (code 41899 only): 844-633-8427
- WVCHIP Email: [wvchip@kepro.com](mailto:wvchip@kepro.com)
- Address: 1007 Bullitt Street, Suite 200 Charleston, WV 25301

# KEPRO WVCHIP PA Contact Information



## KEPRO

1007 Bullitt Street, Suite 200

Charleston, WV 25301

WVCHIP: 1-888-571-0262

WVCHIP SERVICES EMAIL: [WVCHIP@KEPRO.COM](mailto:WVCHIP@KEPRO.COM)

WVCHIP FAX NUMBER: 1-866-438-1360

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GENERAL KEPRO AND WVCHIP INFORMATION: [WWW.WVASO.KEPRO.COM](http://WWW.WVASO.KEPRO.COM)

FOR SUBMITTING AUTHORIZATIONS: [HTTPS://PROVIDERPORTAL.KEPRO.COM](https://PROVIDERPORTAL.KEPRO.COM)

WEBSITE FOR ORG MANAGERS TO REGISTER/ADD/MODIFY USERS: [HTTPS://C3WV.KEPRO.COM](https://C3WV.KEPRO.COM)