The Department of Health Services (DHS) will establish maximum allowable fees for certified dental providers for the provision of covered services provided to Medicaid members who are covered under Medicaid or are members of the BadgerCare Plus Standard Plan.

The DHS shall pay the lesser of a provider’s usual and customary charges or a maximum rate established by the DHS. The maximum allowable fee shall be based on various factors including a review of usual and customary charges submitted to Wisconsin Medicaid, the Wisconsin State Legislature’s Medicaid budgetary constraints, and other relevant economic limitations.

Providers are required to bill their usual and customary charges for services provided, that charge being the amount charged by the provider for the same service when provided to non-Medicaid patients. For providers using a sliding fee scale for specific services, usual and customary means the median of the individual provider’s charge for the service when provided to non-Medicaid patients.

The DHS shall adjust payments made to providers to reflect the amounts of any allowable copayments that providers are required to collect pursuant to ch. 49, Wis. Stats.

Payments for deductibles and coinsurance payable on an assigned Medicare claim shall be made in accordance with s. 49.46(2)(c), Wis. Stats.

In accordance with federal regulations contained in 42 CFR 447.205, the DHS will provide public notice in advance of the effective date of any significant proposed change in its methods and standards for setting payment rates for services.