

Tony Evers
Governor

Andrea Palm
Secretary



State of Wisconsin
Department of Health Services

DIVISION OF PUBLIC HEALTH

1 WEST WILSON STREET
PO BOX 2659
MADISON WI 53701-2659

Telephone: 608-266-1251
Fax: 608-267-2832
TTY: 711 or 800-947-3529

May 28, 2020

Dear Ryan White Part B or Mike Johnson Life Care Services Provider:

The purpose of this letter is to update the policies and reimbursement rates that should be followed for agencies contracted with the Division of Public Health to provide dental services to individuals living with HIV and AIDS. The HIV Program has established a list of procedure codes and corresponding maximum fees that may be reimbursed with Life Care Services and Ryan White funds. This letter is informing you of updates to those maximum fees. The updated maximum fees are based on a 2016 American Dental Association survey and are the higher of the average or median reimbursement rate for dental providers in Illinois, Indiana, Michigan, Ohio, and Wisconsin. The procedure code and rate information is attached and you should begin using this information immediately.

The Ryan White and Life Care Services programs are the payers of last resort for all services covered by your agency; i.e., all other insurances must be billed prior to using Ryan White or Life Care Services funds to cover the cost of dental services. Case managers must ensure that client files are up-to-date and contain accurate insurance coverage information.

Coordination with private insurance: Clients who have private dental coverage must receive their dental care from a provider who is part of their insurance network. Ryan White and Life Care Services funds may not be used to pay for services that are a covered benefit of the insurance plan. When clients have a copay that must be paid, Ryan White and Life Care Services funds may be used to cover the cost of the copay.

If it is determined by the dental provider that a client needs a dental service not covered under the insurance plan, Ryan White and Life Care Services funds may be used to cover the cost. Reimbursement should be limited to the rates provided in the attached table.

Coordination with Medicaid, BadgerCare Plus, and other state-administered plans: Clients who have coverage under a state-administered plan like Medicaid or BadgerCare Plus must obtain care from a Medicaid-certified provider. The provider must bill the appropriate state program for reimbursement. Ryan White and Life Care Services may not be used to cover the cost of services rendered. Because the standard Medicaid policy does not mandate that clients pay copays, Ryan White and Life Care Services cannot be used to cover the cost of Medicaid copays. If it is determined by the dental provider that a client needs a dental service not covered under the state-administered plan, then Ryan White and Life Care Services funds may be used to cover the cost. Reimbursement should be limited to the rates provided in the attached table.

Coordination of services for uninsured clients: For clients who have no dental insurance, the agency should work with providers who will accept the rates on the attached table. If a provider cannot be found who will accept these rates, please contact the Ryan White Coordinator, Elizabeth Miller via email at ElizabethR.Miller@dhs.wisconsin.gov or via telephone at (608) 266-0463.

Agency Dental Policies: The HIV Program will continue to allow funded agencies to develop the eligibility criteria and service coverage most appropriate for the agency. However, the HIV Program would like to make the following recommendations for each agency to consider:

- Because proper dental care is not only important to good oral health, but important to overall health, do not impose lifetime caps on dental benefits.
- To promote regular dental visits and good oral health, do not establish caps on diagnostic, preventive, or basic restorative care. This would include procedure codes D0120-D0999, D1110-D1555, D2140-D2394, D2791, D2930-D2934, D3310-D3330, D4341-D4910, D5510-D5761, D6980, D7111-D7485, and D9110-D9999. Note that many of these are code ranges and based on the attached table. Some of these codes may not be covered.
- Consider an annual maximum cap for major restorative work. This would include procedure codes D2520-D2790, D3351-D3430, D4210-D4260, and D5110-D5226.
- Remember that both Life Care Services and Ryan White funds are a limited resource and establish eligibility criteria accordingly.

Questions or comments about this letter may be directed to Elizabeth Miller via email at ElizabethR.Miller@dhs.wisconsin.gov or via telephone at (608) 266-0463.

Sincerely,

A handwritten signature in black ink that reads "Scott Stokes". The signature is written in a cursive, flowing style.

Scott Stokes
Director, HIV Program
Wisconsin Division of Public Health

Attachment

**Maximum Reimbursement Rates for Dental Procedures Covered by Ryan White or Mike Johnson
Life Care Services**

Procedure	Description	Maximum Reimbursement Rate
D0120	Periodic oral exam	\$ 48.00
D0140	Emergency/Limited oral exam	\$ 70.00
D0150	Comprehensive oral exam	\$ 78.30
D0160	Detailed and extensive oral evaluation - problem focused, by report	\$ 104.84
D0170	Re-evaluation - limited, problem focused, established patient; not post-operative	\$ 60.00
D0180	Comprehensive periodontal evaluation	\$ 85.40
D0210	Full mouth series – once per year	\$ 130.21
D0220	Periapical, single film	\$ 28.00
D0230	Periapical, each additional film	\$ 24.00
D0240	Occlusal film	\$ 43.00
D0250	Extraoral - first film	\$ 61.00
D0270	Bitewing, single film	\$ 30.00
D0272	Bitewings, 2 films	\$ 43.65
D0273	Bitewings, 3 films	\$ 53.58
D0274	Bitewings, 4 films	\$ 61.45
D0277	Vertical bitewings - 7 to 8 films	\$ 91.00
D0330	Panoramic radiographic image	\$ 113.41
D0340	Cephalometric film	\$ 128.00
D0350	2D Oral/facial photographic image photographic image obtained intraorally or extra-orally	\$ 58.00
D0470	Diagnostic casts	\$ 100.93
D0999	Unspecified diagnostic procedures, by report	\$ 161.00
D1110	Prophylaxis - adult	\$ 85.16
D1120	Prophylaxis - child	\$ 63.00
D1206	Topical fluoride varnish, therapeutic application for moderate to high caries risk patient	\$ 38.00
D1351	Sealant - per tooth	\$ 51.46
D1510	Space maintainer - fixed - unilateral	\$ 310.63
D1515	Space maintainer - fixed - bilateral	\$ 406.85
D1550	Re-cement space maintainer	\$ 83.00
D1555	Removal of fixed space maintainer	\$ 61.00
D2140	Amalgam - one surface, primary or permanent	\$ 130.16
D2150	Amalgam - two surfaces, primary or permanent	\$ 161.87
D2160	Amalgam - three surfaces, primary or permanent	\$ 193.64
D2161	Amalgam - four or more surfaces, primary or permanent	\$ 231.31
D2330	Resin-based composite - one surface, anterior	\$ 151.71
D2331	Resin-based composite - two surfaces, anterior	\$ 186.44
D2332	Resin-based composite - three surfaces, anterior	\$ 225.36
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$ 277.91
D2390	Resin-based composite crown, anterior	\$ 388.00
D2391	Resin-based composite - one surface, posterior	\$ 168.16
D2392	Resin-based composite - two surfaces, posterior	\$ 213.85
D2393	Resin-based composite - three surfaces, posterior	\$ 260.00

Procedure	Description	Maximum Reimbursement Rate
D2394	Resin-based composite - four or more surfaces posterior	\$ 309.00
D2520	Inlay - metallic - two surfaces	\$ 849.98
D2543	Onlay - metallic - three surfaces	\$ 993.00
D2620	Inlay - porcelain/ceramic - two surfaces	\$ 948.00
D2642	Onlay - porcelain/ceramic - two surfaces	\$ 1,028.00
D2643	Onlay - porcelain/ceramic - three surfaces	\$ 1,070.00
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$ 1,100.00
D2651	Inlay - resin-based composite - two surfaces	\$ 836.44
D2662	Onlay - resin-based composite - two surfaces	\$ 896.24
D2663	Onlay - resin-based composite - three surfaces	\$ 926.00
D2664	Onlay - resin-based composite - four or more surfaces	\$ 956.13
D2710	Crown resin-based composite (indirect)	\$ 879.00
D2740	Crown, porcelain/ceramic substrate	\$ 1,092.00
D2750	Crown, porcelain fused to high noble metal	\$ 1,085.16
D2751	Crown, porcelain fused to predominantly base metal	\$ 1,023.03
D2752	Crown, porcelain fused to noble metal	\$ 1,055.41
D2780	Crown - 3/4 cast high noble metal	\$ 1,086.21
D2783	Crown - 3/4 porcelain/ceramic	\$ 1,100.96
D2790	Crown - full cast high noble metal	\$ 1,106.90
D2791	Crown - full cast predominantly base metal	\$ 1,007.00
D2799	Provisional crown	\$ 322.00
D2910	Re-cement inlay, onlay or partial coverage restoration	\$ 106.00
D2915	Re-cement cast or prefabricated post and core	\$ 95.00
D2920	Re-cement crown	\$ 102.56
D2930	Prefabricated stainless steel crown - primary tooth	\$ 274.00
D2931	Prefabricated stainless steel crown - permanent tooth	\$ 312.00
D2932	Prefabricated resin crown	\$ 356.00
D2933	Prefabricated stainless steel crown with resin window	\$ 379.00
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	\$ 379.00
D2940	Sedative filling	\$ 111.80
D2950	Core buildup, including any pins	\$ 262.00
D2951	Pin retention - per tooth, in addition to restoration	\$ 72.00
D2952	Cast post and core in addition to crown	\$ 392.00
D2954	Prefabricated post and core in addition to crown	\$ 327.18
D2961	Labial veneer (resin laminate) - laboratory	\$ 931.60
D2962	Labial veneer (porcelain laminate) - laboratory	\$ 1,100.00
D2999	Unspecified restorative procedure, by report	\$ 706.00
D3110	Pulp cap - direct (excluding final restoration)	\$ 76.09
D3120	Pulp cap - indirect (excluding final restoration)	\$ 73.00
D3220	Therapeutic pulpotomy (excluding final restoration)	\$ 185.10
D3221	Pulpal debridement, primary and permanent teeth	\$ 196.09
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$ 247.92
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$ 278.73
D3310	Anterior (excluding final restoration)	\$ 711.16
D3320	Bicuspid (excluding final restoration)	\$ 825.00
D3330	Molar (excluding final restoration)	\$ 995.92

Procedure	Description	Maximum Reimbursement Rate
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$ 382.00
D3351	Apexification/recalcification - entire procedure	\$ 325.00
D3410	Apicoectomy/periradicular surgery - anterior	\$ 689.00
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	\$ 769.00
D3425	Apicoectomy/periradicular surgery - molar (first root)	\$ 843.80
D3430	Retrograde filling - per root	\$ 296.00
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	\$ 600.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	\$ 266.65
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	\$ 1,010.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$ 246.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$ 165.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$ 174.00
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	\$ 82.07
D4910	Periodontal maintenance	\$ 132.00
D5110	Complete denture - maxillary	\$ 1,574.75
D5120	Complete denture - mandibular	\$ 1,577.61
D5130	Immediate denture - maxillary	\$ 1,710.03
D5140	Immediate denture - mandibular	\$ 1,712.29
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$ 1,212.56
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$ 1,208.97
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$ 1,665.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$ 1,669.00
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$ 1,470.00
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$ 1,473.00
D5510	Repair broken complete denture base	\$ 196.28
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$ 170.00
D5610	Repair resin denture base	\$ 191.48
D5621	Repair cast partial framework, mandibular	\$ 396.00
D5622	Repair cast partial framework, maxillary	\$ 396.00
D5630	Repair/replace broken clasp - partial denture	\$ 278.00

Procedure	Description	Maximum Reimbursement Rate
D5640	Replace broken teeth - per tooth	\$ 171.00
D5650	Add tooth to existing partial denture	\$ 208.00
D5660	Add clasp to existing partial denture	\$ 250.00
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$ 708.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$ 708.00
D5710	Rebase complete maxillary denture	\$ 533.00
D5730	Reline complete maxillary denture (chairside)	\$ 347.00
D5731	Reline complete mandibular denture (chairside)	\$ 347.00
D5750	Reline complete maxillary denture (laboratory)	\$ 441.00
D5751	Reline complete mandibular denture (laboratory)	\$ 443.00
D5760	Reline upper partial denture (laboratory)	\$ 499.00
D5761	Reline lower partial denture (laboratory)	\$ 499.00
D5932	Obturator prosthesis, definitive	\$ 2,890.00
D5955	Palatal lift prosthesis, definitive	\$ 4,600.00
D6056	Prefabricated abutment - includes placement	\$ 666.00
D6057	Custom abutment - includes placement	\$ 810.00
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$ 1,297.34
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$ 1,429.78
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$ 1,307.85
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	\$ 1,413.04
D6080	Implant maintenance procedures, including removal or prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis	\$ 195.00
D6210	Pontic - case high noble metal	\$ 1,057.94
D6211	Pontic - case predominantly base metal	\$ 1,028.00
D6240	Pontic - porcelain fused to high noble metal	\$ 1,076.33
D6241	Pontic - porcelain fused to predominantly base metal	\$ 1,019.96
D6245	Pontic - porcelain/ceramic	\$ 1,100.00
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$ 660.71
D6750	Crown - porcelain fused to high noble metal	\$ 1,089.32
D6751	Crown - porcelain fused to predominantly base metal	\$ 1,030.64
D6790	Crown - full cast high noble metal	\$ 1,070.00
D6791	Crown - full cast predominantly base metal	\$ 1,098.00
D6930	Re-cement fixed partial denture	\$ 155.35
D6980	Bridge repair, by report	\$ 411.00
D7111	Extraction, coronal remnants - deciduous tooth	\$ 119.96
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$ 162.90
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and or/section of tooth	\$ 266.00
D7220	Removal of impacted tooth - soft tissue	\$ 304.60
D7230	Removal of impacted tooth - partially bony	\$ 390.00

Procedure	Description	Maximum Reimbursement Rate
D7240	Removal of impacted tooth - completely bony	\$ 458.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$ 283.00
D7260	Oral antral fistula closure	\$ 813.00
D7261	Primary closure of a sinus perforation	\$ 785.00
D7270	Tooth reimplantation &/or stabilization of accidentally evulsed or displaced tooth	\$ 584.00
D7280	Surgical access of an unerupted tooth	\$ 527.00
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$ 594.00
D7283	Placement of device to facilitate eruption of impacted tooth	\$ 508.00
D7285	Biopsy of oral tissue - hard	\$ 412.00
D7286	Biopsy of oral tissue - soft	\$ 300.00
D7288	Brush biopsy - transepithelial sample collection	\$ 198.00
D7310	Alveoplasty in conjunction with extractions - per quadrant	\$ 276.00
D7320	Alveoplasty not in conjunction with extractions - per quadrant	\$ 403.00
D7410	Excision of benign lesion up to 1.25 cm	\$ 399.14
D7485	Surgical reduction of osseous tuberosity	\$ 800.00
D7740	Mandible - closed reduction-compound fracture treatment	\$ 2,320.00
D7820	Closed reduction of dislocation	\$ 768.00
D7830	Manipulation under anesthesia	\$ 850.00
D7860	Arthrotomy, by report	\$ 4,500.00
D7871	Non-arthroscopic lysis and lavage	\$ 902.00
D7880	Occlusal orthotic device, by report	\$ 757.13
D7910	Suture of recent small wounds up to 5 cm	\$ 271.00
D7911	Complicated suture - up to 5 cm	\$ 1,052.00
D7912	Complicated suture - greater than 5 cm	\$ 1,297.00
D7940	Osteoplasty for ortho deformities	\$ 12,500.00
D7950	Osseous, osteoperiosteal, or cartilage graft of mandible or maxilla - autogenous/nonautogenous	\$ 1,680.00
D7951	Sinus augmentation with bone or bone substitutes	\$ 1,680.00
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	\$ 433.00
D7970	Excision of hyperplastic tissue - per arch	\$ 443.00
D7997	Appliance Removal (not by dentist who placed appliances), includes removal of archbar	\$ 186.00
D8040	Limited orthodontic treatment of the adult dentition	\$ 2,977.87
D8090	Comprehensive orthodontic treatment of the adult dentition	\$ 5,090.73
D8692	Replacement of lost or broken retainer	\$ 256.54
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$ 109.00
D9215	Local anesthesia	\$ 26.74
D9220	Deep sedation/general anesthesia – first 30 minutes	\$ 330.00
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	\$ 62.28