

Web Announcement 50

Effective June 1, 2005

“Continuation of Care” Policy Change for Urban Clark County Dental Providers:

Dental providers are no longer allowed a 6-month period to complete treatment plans initiated while the recipient was enrolled in the Fee For Service (FFS) benefit plan.

In the first month of eligibility, a recipient is enrolled in the Fee for Service (FFS) benefit plan. Only emergency dental services will be reimbursed while recipient is FFS. Non-emergent dental services must be scheduled for following month after the recipient has transitioned to a Managed Care Organization (MCO).

Commencing with date of service June 1, 2005, we will deny claims for non-emergent dental services provided to recipient's enrolled in FFS benefit prior to transition to MCO.

Note: This also affects claims for non-emergent dental services provided by Ambulatory Surgical Centers (provider type 46), anesthesia providers (provider type 20) and radiology providers (provider type 27).