



Dental Public Health Activities & Practices

Practice Number: 34005
Submitted By: New Mexico Department of Health and
 New Mexico Human Services Department
Submission Date: March 2007
Last Updated: March 2007

SECTION I: PRACTICE OVERVIEW		
Name of the Dental Public Health Activity: The New Mexico Special Needs Dental Procedure Code		
Public Health Functions: Policy Development – Collaboration and Partnership for Planning and Integration Policy Development – Oral Health Program Policies Assurance – Building State and Community Capacity for Interventions Assurance – Access to Care and Health System Interventions		
Healthy People 2010 Objectives: 21-2 Reduce untreated dental decay in children and adults 21-4 Reduce adults who have lost all their teeth 21-5a Reduce gingivitis among adults 21-5b Reduce periodontal disease among adults 21-10 Increase utilization of oral health system 6-10 Increase the proportion of health and wellness and treatment programs and facilities that provide full access for people with disabilities.		
State: New Mexico	Federal Region: Southwest Region VI	Key Words for Searches: Special needs, developmental disabilities, provider training and certification, enhanced reimbursement, Medicaid, oral health, access to care
Abstract: The Special Needs Codes (SNC) is a reimbursement strategy applied to oral health services for Medicaid providers. The code is intended to improve access to oral health care for those persons who otherwise would not have access to dental care because of complications of their developmental disability that often prevents delivery of such treatment in routine manner. Because evidence suggests that a majority of dental practitioners receive little training in the care of, and issues pertaining to, persons with disabilities, a training program involving didactic and clinical experiences was developed to increase practitioner skills and knowledge. Upon completion of training, a certified dentist is eligible for an encounter fee of \$90 (in addition to other billable services) when providing dental care in their dental practice to a person with developmental disabilities. The program has demonstrated that a majority of persons with developmental disabilities can be treated in a traditional dental setting. Only a small percentage of patients with disabilities need to be placed under general anesthesia to receive treatment. Since New Mexico has maintained Medicaid dental benefits for children and adults, this program creates access to care for individuals with disabilities of all ages. Participating practices have become advocates for the oral health needs of persons with developmental disabilities and a network of providers has developed that shares consultative information, provides referrals when appropriate, and supports the maintaining of adult Medicaid benefits, especially for this underserved population.		
Contact Persons for Inquiries: Ray A. Lyons, DDS, FADPD, DABSCD, Dental Director, New Mexico Department of Health, Los Lunas Community Program, PO Box 1269, Los Lunas, NM 87031, Phone: (505) 841-5270, Fax: (505) 841-5316, Email: ray.lyons@state.nm.us Britt Catron, RDH, MS, CHES, New Mexico Human Services Department, Medical Assistance Division, PO Box 2348, Santa Fe, NM 87504-2348, Phone: (505) 827-1348, Fax: (505) 827-3185, Email: britt.catron@state.nm.us		

SECTION II: PRACTICE DESCRIPTION

History of the Practice:

Since the 1920's the State of New Mexico maintained two institutions for persons with mental retardation and other developmental disabilities (MR/DD): the Los Lunas Hospital and Training School in the central part of the state near Albuquerque and the Ft Stanton Hospital and Training School in the southeastern part of the state near Roswell. In the 1980's, these institutions had approximately 350 and 200 residents, respectively, and both had on-site dental care programs.

In 1987, a lawsuit citing health and safety issues was brought against the state to close these institutions and to discharge the residents to the community. In 1995, all residents were moved out of the institutions and strategies were implemented to assure that former residents had access to the services they needed while living outside the institutions. One important strategy was to retain those institutional programs that were of high quality and that could not be duplicated easily in the community. As a result, the dental program at Los Lunas was retained along with several other programs such as rehabilitation, wheel chair adaptation, speech and language therapy, and feeding services.

Because medical services were not retained at the facility, alternative strategies were employed to make medical care accessible in the community. A major strategy was to provide training and support to community physicians so they would be better prepared to serve people with severe MR/DD and to help them to obtain maximum permissible reimbursement from Medicaid. A special program was established at the University of New Mexico School of Medicine for this purpose; physicians who completed the training were allowed to capture enhanced reimbursement from Medicaid for their patients with MR/DD.

In 1995, the Dental Director of the Los Lunas dental program worked closely with administrators of the NM Department of Health (which operates clinical facilities at the institutions) and the NM Human Services Department (which operates the Medicaid program) to design a dental program that would meet the needs of people with MD/DD throughout the state. The strategy had two major components: 1) continued operation of the Los Lunas dental clinic to serve people living in the community, and 2) the development of a training and support program for dentists in the community that would be a counterpart to the training and support program that was established for physicians. Consequently, the Los Lunas dental clinic served a dual purpose as a provider of dental services and as the site for training dentists.

In 1996, the Dental Director of the Los Lunas dental program convened an advisory group of community dentists who had expertise in serving people with MR/DD and a training course for community dentists was developed. Concurrently, the Medicaid dental program established a Special Needs Code (SNC) that allowed dentists who completed the training course to obtain enhanced reimbursement (\$90) for each visit provided to a person with MR/DD. This reimbursement is over and above whatever dental services are provided, and is intended to compensate the dentist for the additional time and effort that is required to adequately serve people with MR/DD.

In the 12 years since the establishment of the program, the course has undergone numerous revisions to make it more useful to community dentists; approximately 40 dentists have completed training. In 1998, a new special needs dental program (Carrie Tingley Clinic) was established at the University of New Mexico Hospital to augment the services provided at the Los Lunas clinic and to provide additional training opportunities for dental residents and community dentists who wish to participate in the SNC program.

Justification of the Practice:

The Special Needs Code (SNC) program established by the New Mexico Medicaid is justified for several reasons:

1. *Dental care is not accessible for many people with MR/DD in New Mexico*

Access to dental care for people with MR/DD is a long-standing problem in New Mexico as it is nationally. Many dentists lack the educational preparation to feel competent to serve people with MR/DD. Persons with MR/DD have behaviors that make it very difficult for dentists to treat them. Additionally, most persons with MR/DD have Medicaid coverage as a result of their eligibility for SSI and/or their low incomes. People with MR/DD and with Medicaid coverage are impacted adversely by low dentist Medicaid participation rates, more so than other Medicaid beneficiaries who do not have MR/DD. New Mexico is more rural making dental care less accessible for people who live far from metropolitan areas where specialized services tend to be located.

2. *People with severe MD/DD who were discharged from NM institutions represent a special challenge to the dental care system*

The 550 people who were discharged from NM institutions in 1995 present complex challenges because they have severe manifestations of MR/DD. Most dentists are less prepared to serve people with severe MR/DD. A statewide system of dental care is needed to be responsive to their unique needs.

3. *Lack of dentist training is a major barrier to serving people with MD/DD*

Only a small number of dental schools offer clinical training in the care of special needs patients and this training seldom brings the recent graduate to a proficient level. Inexperienced dentists may not be able to provide substantive treatment to people with MR/DD. The program described here seeks to address the lack of dentists' educational preparedness by providing an educational component that is tied to enhanced reimbursement.

4. *Dentist participation in the Medicaid program is low*

Because many people with MR/DD have Medicaid coverage, the low rate of dentist participation in Medicaid is a significant problem. Low reimbursement is not the only reason why dentists do not participate in Medicaid but is a major contributing factor. Additional financial incentive to compensate the dentists for the extra time and effort is needed to increase access for people with special needs.

Inputs, Activities, Outputs and Outcomes of the Practice:

Inputs

Development and implementation of the training program:

A great deal of time and effort was devoted to develop the training program initially. The Dental Director of the Los Lunas dental program did much of the work with assistance from an advisory committee of community dentists. There are didactic and clinical components of the Special Needs Code program. Much of the didactic material was adapted from existing sources.

The clinic at Los Lunas is used as the primary clinical training site and more recently, the Tingley Clinic in Albuquerque serves as a supplemental site. A dentist-instructor is needed to supervise the dentist-trainees. At Los Lunas, the instructor is the Dental Director; at Tingley, it is the attending dentist. The didactic portion of the training program consists of several self-study modules; dentists work on the modules at their own pace and it takes approximately 25 hours to complete the course. When the dentist completes the didactic course, he or she schedules clinical sessions at a time that is compatible with their office schedule. Clinic sessions may be scheduled in day-long or shorter increments; the full clinical course is equivalent to 4 full-day sessions. There is no charge to take the program and dentists earn continuing education credits for both the didactic and clinical training.

Establishment of a Special Needs Code (SNC) within the Medicaid dental program:

In 1995 when the program was initiated, the state Medicaid program established a unique SNC to be used only for this program (0359-Y). When HIPAA (Health Insurance Portability and Accountability Act) regulations became effective in 2002, it was mandated that the state Medicaid program use insurance codes that were consistent with codes approved by the American Dental Association. Consequently, the New Mexico-specific SNC (0359-Y) was eliminated and the more generic "behavior management" code (D9920) was re-defined as the new SNC. Although this works well for the SNC program, it created the

unintended consequence of denying Medicaid reimbursement to, and creating confusion for, dentists who try use behavior management outside the SNC program (D9920 is reserved exclusively for SNC use in NM). For example, dentists who have not completed the SNC training program but who use behavior management for patients who have MR/DD cannot receive Medicaid reimbursement for D9920; neither can dentists who use behavior management for children or other patients who do not have MR/DD. It is widely understood that this policy should be changed, or additional CDT (Current Dental Terminology) codes be added, but efforts to rectify the situation have not been successful to date.

Certifying providers/authorizing payment:

When the program was established in 1995, the Dental Director of the Los Lunas dental program and Medicaid administrators devoted considerable effort to develop a simple way for Medicaid to recognize when a dentist was eligible to receive SNC reimbursement. The system that was developed is straightforward: when a dentist completes the training course, the Dental Director of the Los Lunas dental program submits that name to Medicaid; Medicaid then updates its dentist eligibility database to allow that dentist to receive reimbursement for the SNC. To assure program accountability, Medicaid requires that dentists indicate in the patient record that the patient has MR/DD or a similar condition as confirmed in writing by the patient's physician. This requirement promotes dentist-physician communication about the patient's medical history and physical status. Dentist records concerning the patient's MR/DD status are subject to future audit by Medicaid. To simplify the process, patients are not required to present, at the time of treatment, any special Medicaid paperwork or authorization that indicates they have MR/DD.

Activities

The major program activity is clinical training. The other elements of the program are relatively self-sustaining and do not require active management. These other program elements include the didactic training which is provided using self-study modules, dentists' submission of claims to Medicaid that include the SNC along with other more typical services, and Medicaid reimbursement for the SNC which is incorporated into the ordinary process of paying dentists based on the claim form they submit. The process of claiming and paying the SNC does not require any additional paperwork; it is claimed and paid as any other dental service.

Dentist recruitment:

To recruit dentists for the training, the Dental Director of the Los Lunas dental program promotes the program at state and local dental meetings and through communication in the state dental journal. Medicaid also publicizes the program in its communication with dentists. Dentists are made aware that the incentives for participation include increased reimbursement through the SNC, an opportunity for dentists to improve their patient management skills, and continuing education credits (mandatory for re-licensure) which do not require a fee. The New Mexico Board of Dental Health Care authorizes these continuing education credits.

Training:

Training is individualized to accommodate dentists' work schedules and educational goals. There is no formal class and no pre-established training schedule. Dentists start the self-study didactic course at their convenience and proceed at their own pace. On completion of the didactic course, they schedule clinic sessions at their convenience. Because of this individualized approach, dentists' progress through the course is variable; some dentists complete the course in 3 or 4 months, while others take more than a year or two to complete it. Some dentists begin the course but do not finish it. This flexibility of the training program allows more dentists to fit the program into their work schedules.

A clinical training session consists of the dentist-student treating 2-4 patients each day at the Los Lunas dental clinic and devoting some time to "shadow" the Dental Director of the Los Lunas dental program as he treats patients with more difficult challenges. Patients are selected carefully by the Dental Director to provide the trainee with clinical cases that are

challenging but not overwhelming. The Dental Director and the trainees work with patients independently in the same clinic and the Dental Director is readily available to assist the trainee as needed. Over the course of the clinical training, the typical dentist-trainee treats approximately 12 patients.

Trainees obtain experience in treating patients with a wide range of disabling conditions. Approximately 50% percent of patients can be classified as having mild-moderate MR/DD; the remainder percent have severe-profound MR/DD.

Trainees learn advanced techniques of behavior management that will enable them to see a high percentage of people with MR/DD in their office without the need for IV sedation or general anesthesia. Consequently, they are trained in oral sedation techniques.

Materials for the didactic course (self-study modules) are compiled in a binder. Each trainee received a binder. The binder is available on loan from the National Maternal and Child Oral Health Resource Center (<http://www.mchoralhealth.org/>).

Maintaining a statewide dentist network:

Dentists who complete the training program become part of a statewide network that is available to serve people with MR/DD. A directory of these dentists is updated periodically to include new graduates and is made available to Medicaid, to public health agencies, and to other organizations such as disability advocacy groups that assist people with special needs and their families to locate health services. Graduates of the program are also encouraged to consult with each other about clinical issues and to refer patients to each other when indicated. Some graduates who have more experience in treating people with MR/DD have established mentor relationships with program graduates who have less experience. The dental clinics at Los Lunas and Carrie Tingley serve as “safety nets” for practitioners in the community who need somewhere to refer patients who have clinical challenges that exceed their abilities. The ability to readily refer patients to specialized facilities provides important re-assurance to community dentists who learn they are part of an integrated treatment network.

Outputs

Dentists trained:

Number of dentists who have completed training (1995-2006) = 40

Average number of dentists who begin (but not necessarily complete) training each year = 10

Patient visits:

Estimated number of patient visits (1995-2006) = 37,000

Estimated number of patient visits annually (FY 2004 data) = 6,108

Patients served:

Estimated number of patients served annually (2006) = 3,000

Outcomes

Improved oral health for patients with MR/DD:

Although no formal epidemiological studies have been made, it is presumed that the SNC program has improved access to care for people with MR/DD in the state. The training program has enhanced the clinical skills of many dentists in all areas of the state. Some of these dentists may not have previously accepted people with MR/DD into their practice, while other dentists, who may have previously served *some* patients with MR/DD, are now able to treat MR/DD patients who have more severe conditions.

Another important issue is the impact of the program on the oral health status of the 550 former residents of the state institutions that were closed; they represent a small, but critical subset of the entire state population of people with MR/DD. While living in the institutions, these residents, who have the most severe forms of MR/DD, had ready access to on-site dental care. After discharge from the institution, many of them returned to their home communities throughout the state where access to dental care was in many cases, less accessible. Some of these individuals continue to receive dental services at the

Los Lunas clinic; however, it is uncertain to what extent others who live in more rural areas of the state, are being served by dentists in their local communities.

Program satisfaction:

The Dental Director of the Los Lunas dental program receives systematic feedback from dentists who take the training course during the course and afterwards. A majority of dentists report that the course was useful and that it prepared them to serve more patients with MR/DD. However, a small proportion of the dentists express criticisms such as the course being insufficient to prepare them to serve people with severe MR/DD or the course being too demanding in their time away from their dental office. The Dental Director of the Los Lunas dental program has considered these feedback and made course adjustments over the years.

Various governmental and non-governmental agencies express high satisfaction with the SNC program. Medicaid, a partner in developing the program, has supported the program for 12 years. The SNC program is considered a critical component of Medicaid's efforts to serve the state's most vulnerable citizens. Non-governmental agencies that serve people with disabilities as well as families and caregivers have reported their satisfaction with the program.

Budget Estimates and Formulas of the Practice:

Program costs:

The major costs of the program are the SNC payments to dentists and, to a lesser extent, the cost of providing dentist training. Medicaid justifies the enhanced reimbursement because of the additional time, staffing, treatment adjuncts, legal risk management, and training necessary to treat patients with special needs by the dental team.

Based on Medicaid utilization and cost data, it is estimated that the SNC was paid approximately 6,108 times in FY 2004 for a total annual cost of approximately \$525,000; this averages to \$86 per claim. However, these figures are extrapolated from partial billing records; obtaining precise data is complicated because the code is paid through both the Medicaid fee for service system (fixed payment) as well as through managed care contracts (variable payments).

The cost of the training program is modest. It is not budgeted at Los Lunas as a separate line item and is considered by the NM Department of Health as a routine part of the mission to serve people with MR/DD. Training at the Los Lunas clinic is supervised by the Dental Director and is integrated into his daily routine of treating patients. On days when training occurs, it is estimated that approximately 25% of the time ordinarily scheduled for patient care is diverted to teaching and supervising trainees.

Program revenues:

There are no program revenues. Dentists do not pay a tuition or fee for the training program. The cost of the program is viewed as a necessary cost of providing an acceptable level of care for people with MR/DD.

Lessons Learned and/or Plans for Improvement:

Lessons learned:

- The program will only work if the course is flexible enough to fit into dentists' busy work schedules. A self-paced didactic component and customized clinical training schedules are essential to dentist participation.
- One of the more difficult issues is how to balance the need to include a sufficient amount of clinical instruction against the limited amount of time most dentists can devote to the program. Each dentist has his/her own optimal balance, and the course must customize the clinical component to match dentist interests.
- The recruitment message must be about more than the SNC code increasing reimbursement for care. It must also appeal to the dentist's professionalism (desire to be a more competent clinician) and altruism (desire to serve people in need).

- A key argument in support of the program is that Medicaid gets added value (a more competent dentist to serve people with MR/DD) in return for the SNC payment. Unlike occasional across-the-board reimbursement increases, the SNC payment is not just about a higher payment for services.

Plans for improvement:

- There are plans to increase the SNC reimbursement rate, which has remained unchanged for over 10 years. Unfortunately, Medicaid budget limitations make it unlikely that this increase will occur in the near future.
- There are plans to conduct an annual statewide conference to provide continuing education about serving people with disabilities, and to strengthen the SNC dentist network. Current efforts include seeking a sponsor for the conference.
- There are plans to arrange *locum tenens* (temporary employment) coverage for dentists while they take clinical training so they do not have to close their office.
- There are plans to improve data collection systems so that there is better documentation of the impact of the SNC program.

Available Information Resources:

1. Descriptions of the Los Lunas Community Program can be viewed at the following URLs:
 - <http://www.health.state.nm.us/ddsd/LLCP/LLCPSvcsSprtsmore.htm>
 - http://www.health.state.nm.us/ddsd/LLCP/LLCP_Index.htm
 - http://www.health.state.nm.us/ddsd/LLCP/LLCP_aPremrOrgzn.htm
2. The curriculum used in the SNC course is available on loan from the National Maternal and Child Oral Health Resource Center. See: <http://www.mchoralhealth.org/>
3. The Southern Association of Institutional Dentists (SAID) has developed a set of self-study modules to assist dentists to serve people with MR/DD. The curriculum used by the SNC training program borrows from this source. See: <http://saident.org/modules.asp>
4. Treatment guidelines for people with MR/DD are discussed in the following reference:
 - Jolly, DE. [Oral Health Guidelines for People with Disabilities](#). Standards of Care Committee, Academy of Dentistry for Persons With Disabilities, 2002.
5. A rationale for the maintenance of dental programs in state institutions for people with MR/DD that are closing or downsizing is provided in the following reference:
 - Lyons, RA. Preservation of quality oral health care services for people with developmental disabilities. A Position Paper from the Academy of Dentistry for Persons with Disabilities. *Spec Care Dent*: Vol 18; no 5, 1998; p180-2.
6. Selected journal articles and publications:
 - Burtner AP and Dicks JL. Providing Oral Health Care to Individuals with Severe Disabilities Residing in the Community: Alternative Care Delivery Systems. *Special Care in Dentistry* 14(5):188-193, 1994.
 - Mudford L. The case for a 'special needs' fee within the fee scale. *Br Dent J*. 1991 Oct 5;171(7):194.
 - Doherty A, Warren RC, Sheats J. Professional fees for special groups. *J Am Dent Assoc*. 1987 Jun;114(6):764,766.
 - Siegal MD. Usefulness of a statewide referral directory of dentists found willing to treat disabled persons. *J Public Health Dent*. 1986 Summer;46(3):161-3.
 - Casamassimo PS, Seale NS, Ruehs K. General dentists' perceptions of educational and treatment issues affecting access to care for children with special health care needs. *J Dent Educ*. 2004 Jan;68(1):23-8.
 - Casamassimo P. [Children With Special Health Care Needs: Patient, Professional and Systems Issues](#). In: The Interface Between Medicine and Dentistry in Meeting the Oral Health Needs of Young Children. Children's Dental Health Project. Undated. See: http://www.cdhp.org/Projects/InterfacesPrjDesc.asp?zoom_highlight=interface
 - The Lewin Group, Inc. [Dental Services for Children with Special Health Care Needs: Treatment Guidelines and Medicaid Reimbursement Options](#). Prepared for: Office of The Assistant Secretary for Planning and Evaluation. January 21, 2004
7. The website of the Special Care Dentistry Association provides links to many valuable resources. See: <http://www.scdonline.org/>

SECTION III: PRACTICE EVALUATION INFORMATION

Impact/Effectiveness

How has the practice demonstrated impact, applicability, and benefits to the oral health care and well-being of certain populations or communities (i.e., reference scientific evidence, outcomes of the practice and/or evaluation results)?

The SNC program was implemented, along with the decision to maintain the dental clinic at Los Lunas, as dual strategies to provide care to people with MR/DD. The target population included not only people who were discharged from state MR/DD institutions but also others with MR/DD who were not institutionalized but who faced barriers to obtaining care in their communities. Together, these two strategies have had an impact. The Los Lunas and Tingley clinics provide approximately 3,000 patient visits per year and community dentists who have completed the SNC program provide approximately 3,000 visits per year. Together, these two sources of care have reduced barriers to care for New Mexicans with MR/DD.

Another impact of the program is that its success over the past 12 years has made Medicaid officials more aware of the unique dental needs of people with MR/DD. Even though the state Medicaid budget, in general, has been restrained, and despite the recent elimination of some dental coverage (e.g., sealants for premolars), Medicaid has recently *expanded* dental coverage for people with MR/DD by allowing a second cleaning each year. A second annual cleaning is not allowed for people without MR/DD.

Efficiency

How has the practice demonstrated cost and resource efficiency where expenses are appropriate to benefits? How has the practice demonstrated realistic and reasonable staffing and time requirements? Provide unit cost analysis or cost-benefit analysis if appropriate.

The SNC program exhibits a high level of administrative efficiency because processing and paying of the special needs code is incorporated into the routine Medicaid claims process. Dentists who use the code do not have to fill out any special paperwork nor do they have to obtain preauthorization. They bill the code as any clinical service. Medicaid's ability to monitor the utilization and cost of the SNC program is also efficient. The SNC is reported as other procedure codes in routine Medicaid data reports; the SNC program does not require any special tracking systems.

The SNC program is also efficient in that it empowers and provides financial incentives for dentists to provide care for people with MR/DD in their local communities, potentially eliminating the need to travel long distances at great expense to obtain care at specialized facilities in metropolitan areas.

Demonstrated Sustainability

How has the practice showed sustainable benefits and/or how has the practice been sustainable within populations/communities and between states/territories? What mechanisms have been built into the practice to assure sustainability?

The SNC program has been operating for nearly 12 years and maintains strong support from both the Medicaid program (pays the claims) and the Department of Health (sponsors the training program). Because the program is designed to integrate the training with existing staff and facilities, program costs are low making the program more likely to continue. The number of dentists who enroll in the program has held steadily over the past several years, indicating a continued interest in the program. However, a significant threat to long-term program success is the dentists' discontent with the Medicaid program.

Collaboration/Integration

How has the practice built effective partnerships/collaborations among various organizations and integrated oral health with other health projects and issues? What are the traditional, non-traditional, public and private partnerships/collaborations established by the practice for integration, effectiveness, efficiency and sustainability?

From the start, the program was designed collaboratively as a partnership between the Department of Health and the Human Services Department. This collaborative relationship is strong today 12 years later. There are numerous secondary partners that help the program to succeed such as the New Mexico Board of Dental Health Care (authorizes the CE credits), the University of New Mexico School of Medicine (sponsors the Tingley clinic and uses the program as a training resource for its Advanced Education in General Dentistry residents), and the many group homes, ICF/MRs and disability support organizations (assist people with MR/DD to obtain services from dentists in the network).

The Dental Director of the Los Lunas dental program is striving to strengthen the integrated network of special care dental providers throughout the state that uses graduates of the SNC program as its core membership. Collaboration among network members is evidenced by increasing numbers of referrals among members based on each dentist's clinical expertise. Although this integrated network has not yet reached its potential, the state is moving closer to that goal.

Objectives/Rationale

How has the practice addressed HP 2010 objectives, met the call to action by the Surgeon General's Report on Oral Health, and/or built basic infrastructure and capacity for state/territorial oral health programs?

The SNC program addresses the HP 2010 objectives and the Surgeon General's Report on Oral Health by creating a statewide infrastructure that include dentists who are better prepared to accept people with MR/DD into their practice. The program addresses both the educational and financial barriers that prevent many dentists from serving this population.

Extent of Use Among States

Describe the extent of the practice or aspects of the practice used in other states?

Medicaid's use of the behavior management code (D9920) to compensate dentists for the extra time and effort needed to serve patients with uncooperative behavior is common. However, the D9920 code is typically used for all patients requiring behavior management, not just patients with MR/DD. Less frequently used, as in New Mexico and New York State, the D9920 code termed a "behavior management code", is really used as a "special needs code" specifically to compensate dentists for serving people with MR/DD:

"This is a **per visit** incentive to compensate for the greater knowledge, skill, sophisticated equipment, extra time and personnel required to treat this population. This fee will be paid in addition to the normal fees for specific dental procedures. For purposes of the Medicaid program, the developmentally disabled population (OMRDD Clients) for which procedure code 09920 may be billed is limited to those who receive ongoing services from community programs operated or certified by the New York State Office of Mental Retardation and Developmental Disabilities (OMRDD). These include, among others, family care programs, programs operated directly by the State and programs operated by agencies such as Association for Retarded Children (ARC's) and private schools. To identify patients who are eligible for services billed under MMIS procedure code 09920, OMRDD has provided these individuals with special identification forms. In order to ensure the proper use of this procedure code, a copy of the completed OMRDD client identification letter must be attached to each claim submitted to MMIS under procedure code 09920. You should maintain a copy of this form with the patient's record."

What is unique about the New Mexico program is its use of a SNC that is **linked** to a dentist training program.