

November 15, 2022

Members of the Appropriations and Human Services Committees  
ND Legislative Assembly  
North Dakota State Legislature  
Bismarck, ND 58505

Dear Legislator:

Federal regulations establish a committee to advise the state's Medicaid agency and its Medicaid director on health and medical care services. The Medicaid Medical Advisory Committee (MMAC) must include board-certified physicians and other representatives of the health professions who are familiar with the medical needs of low-income population groups and with the resources available and required for their care; members of consumers' groups, including Medicaid beneficiaries, and consumer organizations.

This year, North Dakota's MMAC reconvened its Codes/Services Review sub-committee to offer recommendations to Medicaid for additional coverage for applications for coverage of five different codes and services. That committee consisted of seven members from the MMAC. The MMAC codes and services sub-committee met four times over the course of the summer to review the codes submitted. The committee received expert presentations on all the issues and reviewed the detailed applications and attachments explaining the need for the services. The committee scored each service on seven factors: cost, number of patients impacted, whether it was covered by private insurance, proven efficacy, essential for health and well-being; whether it was a noncovered essential component of a service that is covered by Medicaid; and finally, whether the service is covered by other insurance or organizations.

The committee recommends all proposals be covered; however, they are listed here in rank order:

1. Family Adaptive Behavior Treatment;
1. Dental Screening and Assessment (Tied for First);
2. Dental Case Management
3. Asynchronous Teledentistry and
4. Applied Behavior Analysis Across the Lifespan and for Individuals with a Variety of Diagnoses

**This letter is being submitted to you for your review to determine whether you would like to introduce a bill for the 2023 ND Legislative Session.**

**The committee recommended the following codes/services be approved:**

**1. Family Adaptive Behavior Treatment and Guidance (CPT code 97156)**

Family Adaptive Behavior Treatment and Guidance is an essential component of the Applied Behavioral Analysis (ABA) which primarily serves children with Autism. The Family Adaptive Behavioral code allows providers to educate parents and caregivers to continue to carry out plans and recommendations of ABA providers are currently working on. Without this code it makes it difficult to meet with parents without the child present to review and educate parents and caregivers on the current programing. Parent involvement is a vital part of the ABA program which is directly related to our outcomes for our children with Autism. This code would be utilized one to two times per month for approximately two hours per visit. Currently Medicaid does cover all other codes related to ABA programing including the Assessment, Supervision, Program Modification and Direct Service. CPT code 97156 is covered by all other private insurance.

**1. Dental Screening and Assessment of a Patient**

Reimbursement for D0190 & D191 have been discussed by stakeholders for years as a strategy to identify individuals needs for additional assessment, diagnostic, and treatment services. D0190 is defined as the screening of a patient (screening, including state or federally mandated screenings) to determine an individual's need to be seen by a dentist for a diagnosis and D0191 includes assessment of a patient (limited clinical inspection that is performed to identify possible signs of oral or systemic disease, malformation, or injury) and the potential need for referral for diagnosis and treatment. The dental office could send in a hygienist to perform preventive services such as; screen/assess, clean, apply sealants, and refer to a dental office the residence/children identified needing diagnosis/oral health treatment from a dentist. The screening and assessment in our communities is how a Dentist effectively incorporates more ND Medicaid patients into their practice, they must obtain reimbursement in their practices for the scale of their services provided.

**2. Dental Case Management D9991-D9994**

Access to dental care is critical for maintenance of optimal oral health for special populations, including elderly, special needs, medically-fragile, and children. Case management has been accepted as an effective preventive service for a variety of health services for many years. In dentistry, barriers to care can be breached by case management, which is a collaborative process of assessment, planning, facilitation, care coordination, and advocacy for options that has been shown to be a cost-effective tool to increase oral health in the Medicaid population. Currently, 7 state Medicaid programs reimburse for dental case management. Motivational interviewing, a key component of case management, has proven to be effective in not only improving dental outcomes, but also improving dental literacy with linkage to a dental home. Case management targets the 20% of the indigent population that does not have a dental

home, and who have the highest risk for dental disease. The process prevents costly dental treatment by linking high-risk patients to care where prevention is maximized.

### **3. Teledentistry (Asynchronous) D9996**

Asynchronous teledentistry, also known as “store and forward” teledentistry, refers to patient/provider interactions that do not occur in real time. A common use of asynchronous interactions is when a health care provider reviews health information or records that have previously been gathered by another professional or allied professional at an earlier time and at a different place than where the records are reviewed. Records, including radiographs and photographs, can be captured directly to the cloud (internet-based servers) and accessed by individuals in multiple locations. Teledentistry can reduce barriers to dental care through outreach programs that connect patients in nursing homes, schools, and other public health locations to dental homes. It can also integrate oral health into general health care settings to identify and refer treatment needs. The establishment of the asynchronous teledentistry code will remove barriers to dental care for those dental patients that have the highest need but currently lowest utilization of dental services.

### **4. Applied Behavior Analysis Across the Lifespan and for Individuals with a Variety of Diagnoses**

North Dakota Medicaid currently reimburses applied behavior analysis as a billable service for children diagnosed with autism spectrum disorder. The North Dakota Association of Behavior Analysis urges ND Medicaid to expand coverage to applied behavior analysis to both assess and treat common behavioral problems across the lifespan for individuals with a variety of psychological and medical diagnoses. Peer-reviewed research and case studies have demonstrated that the implementation of behavior analytic treatments have remediated, and effectively treated symptomatology related to developmental/dental/medical/psychological/cognitive disorders for pediatric, adult and geriatric populations.

Sincerely,

North Dakota Medicaid Medical Advisory Committee  
Codes/Services Subcommittee

*Donene Feist, Elizabeth Larson-Steckler, Bobbie Will, Joan Connell, MD, Stephen Olson, William Sherwin and Courtney Koebele (chair).*