Comments for Chapter: Chapter 505 Oral Health Services Appendices A Covered Oral Health Services for Children Under Age 21 and B Oral Health Services for Adults 21 Years of Age and Older

Effective Date: January 1, 2026

Number	Date Received	Comment	Status Result
1	5/27/2026	As a director of a program that coordinates the work of Public Health Dental Hygienists I would like to propose that the code D0191 ASSESSMENT OF A PATIENT become recognizable and payable for Medicaid Children in WV. Our dental hygienists are more than qualified to do a 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 fact is, they do it already on a daily basis in caring for the thousands of children in our program but get zero reimbursement for their service. This service helps to expand the number of patients our program can assist and increases the access to care that is so desperately needed in public health dentistry. In the medical world, non-physician providers (physician assistants, nurse practitioners) can bill for diagnostic and screening services. Dental hygienists are just as qualified to provide an oral health assessment, without diagnosis, that is a valuable tool in the public health setting. Please consider this small change, that would have a large effect on the outreach to patients.	**No change.** This comment pertains to the expansion of services billable by dental hygienists. WV Medicaid does not currently allow dental hygienists to enroll and bill independently of dentist.
2	6/3/2026	Policy recommendation Add Coverage for CDT Code D0191 – Assessment of a Patient The proposed covered code set does not include CDT code D0191 (Assessment of a Patient), creating barriers for preventive care delivery models utilizing dental hygienists practicing under general supervision. Recommended Revision to add CDT code D0191 as a covered service when performed within practitioner scope of practice and applicable supervision requirements. Rationale: D0191 allows	**No change**. This comment pertains to the expansion of services billable by dental hygienists. WV Medicaid does not currently allow dental hygienists to enroll and bill independently of dentist.

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		providers to document patient assessment activities including collection and review of patient information, risk assessment, evaluation of oral health status, and determination of appropriate preventive interventions when a comprehensive examination is not occurring during that encounter. Support Preventive Services Being Delivered at the Top of Licensure Recommended Revision of Medicaid policies to clarify that reimbursement policies should support preventive services being delivered by qualified practitioners operating within their permitted scope of practice and supervision requirements. Reduce Administrative Burden for Preventive Services Reduce or eliminate prior authorization requirements and unnecessary administrative barriers for evidence-based preventive services. Support Risk Assessment and Prevention-Focused Care Models Recommended revision of reimbursement structures appropriately recognizes assessment activities, risk identification, preventive treatment planning, and disease risk stratification activities. Explicitly Support Interim Therapeutic and Minimally Invasive Treatment Approaches Patients experiencing transportation barriers, workforce shortages, or delayed access to definitive treatment may benefit from interim therapeutic approaches that stabilize disease progression. Recommended Revision: Ensure reimbursement structures support minimally invasive and interim therapeutic treatment approaches when clinically appropriate. Clarify Support for Teledentistry Assessment and Case Review Functions Recommended clarifying coverage and reimbursement policies supporting synchronous and asynchronous collection and review of diagnostic information when performed within approved teledentistry workflows and scope-of-practice requirements.	Medicaid Fee-for -Service (FFS) has removed many of the authorization requirements for preventative service. However, Medicaid managed care organizations (MCOs) and/or the dental administrators have the contractual discretion to set their own authorization/service limit restrictions as they deem necessary. West Virginia Medicaid closely adheres to foundational billing policies issued by the Center for Medicare and Medicaid Services (CMS). Notably, the Calendar Year (CY) 2026 Final List of Medicare Telehealth Services explicitly excludes teledentistry codes from its allowable telehealth service catalog. WV Medicaid already covers dental services provided in alternate settings such as; mobile clinics, school-based services, and other community-based settings. Medicaid FFS and Medicaid MCOs and/or the dental administrators frequently coordinate with provider

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		Explicitly Recognize Community-Based Oral Health Delivery Models Current policy language does not clearly acknowledge mobile, school-based, community outreach, long-term care, and other nontraditional oral health delivery models. Recommended specifically listing these approved community-based delivery models in policy. Consider Flexibility for Treatment Spanning Benefit Periods Recommended Revision: Consider flexibility mechanisms when medically necessary treatment spans benefit periods or when delays occur because of provider availability, transportation barriers, or referral requirements. Consider Transportation and Geographic Access Barriers Concern: Many Medicaid beneficiaries face transportation barriers, geographic isolation, and limited provider availability. Recommended Revision: When establishing reimbursement structures and covered services, consider barriers associated with transportation challenges, rural geography, and workforce shortages. Rationale: Access challenges are not solely coverage problems—they are frequently workforce and geographic problems as well. Policies supporting flexible delivery models improve access and reduce disparities.	when a members dental needed span the change in dental coverage periods. WV Medicaid acknowledges the barriers that members face in receiving services in West Virgina. As such, members can receive service in various settings using school-based services, mobile clinics, Federally Qualified health Centers and Rural Health Centers.
3	6/5/2026	Policy Recommendations To ensure West Virginia Medicaid beneficiaries receive the full benefits of modern, evidence-based teledentistry, the WVOHC respectfully requests the following actions: 1. Update the Medicaid Telehealth Chapter to Define Dental Roles.	**No Change:** West Virginia Medicaid closely adheres to foundational billing policies issued by the CMS. Notably, the CY 2026 Final List of Medicare Telehealth Services explicitly excludes teledentistry codes from its

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		Incorporate clear definitions for dentists and public health dental hygienists within the telehealth framework to support team-based care and align with the state dental practice act. 2. Permanently Incorporate Teledentistry as a Recognized Mode of Dental Service Delivery. Codify teledentistry as an allowable modality for preventive, diagnostic, and triage services, consistent with ADA policy and national Medicaid trends. 3. Reimburse Both CDT Codes D9995 and D9996 o D9995 – Synchronous, real-time teledentistry encounter o D9996 – Asynchronous, store-and-forward teledentistry Both modalities are essential for effective implementation, particularly in school-based programs, long-term care facilities, and rural outreach settings. Conclusion Teledentistry is not a replacement for in-person care; it is a complementary, evidence-based tool that strengthens the oral health system. It expands access, reduces costs, and improves outcomes—especially for underserved communities. By modernizing Medicaid policy to include both synchronous and asynchronous teledentistry, West Virginia can take a significant step toward reducing oral health disparities and improving the health of its residents.	allowable telehealth service catalog. Comprehensive internal review indicates that introducing these synchronous and asynchronous teledentistry codes create a vulnerability to program integrity and heightened fraud risk. Furthermore, utilization data does not support the premise that adding these codes will expand access to care or increase dental coverage for our program participants.

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		For these reasons, the West Virginia Oral Health Coalition strongly urges the Bureau for Medical Services to support the expansion of teledentistry within the Medicaid program.	
4	5/29/2026	Question: Would it be possible to restore endodontically treated teeth with crowns on the same day as the endodontic therapy? This would be much better customer service for the patients and also help ensure the longevity of the treatment. Currently, we have to preauthorize the crowns. The implication is that the risk of fracture in the interim increases, which increases the risk of non-restorability. Also, since the patient no-show rate is around 50%, it would be nice to be able to restore the tooth properly in one visit. If the logic of preauthorizing the crowns is to ensure that endodontic therapy was performed properly, I do not see evidence that the risk of improperly performed therapy outweighs the risk of fracture and non-restorability. It seems that evidence-based research overwhelmingly supports completely restoring a tooth in one visit versus risking a fracture, non-restorability, and possibly never returning at all for final restoration.	**No Change:** Medicaid FFS has removed many of the authorization requirements for preventative/ restorative services. However, Medicaid MCOs and/or the dental administrators have the contractual discretion to set their own authorization/service limit restrictions as they deem necessary.
5	6/5/2026	Recommend that the WV Bureau of Medical Services changes the fee schedule by adopting either of the following suggestions: *Provide similar or equal reimbursement between D0145 and D0150; and *Add D1310, D1330, and D0601-D0603 to the list of covered services for children under age 21 with reimbursement, or *Require that the use of the D0145 code include bundled services such as a caries risk assessment, caregiver counseling, and	**No Change:** WV BMS will not be making any changes to covered codes and or reimbursement rates at this time.

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		preventive guidance at with a higher reimbursement rate that exceeds the D0150 reimbursement and accounts for multiple services being included. The inclusion of these CDT codes or increase of reimbursement for D0145 in the dental fee schedule for Medicaid represents a relatively modest policy change with significant potential impact. By aligning reimbursement with evidence-based clinical practice. WV Bureau of Medical Services can strengthen early childhood oral health outcomes, reduce less utilization of more costly and invasive procedures later in life, and fulfill the preventive intent of the EPSDT benefit.	