

Dental: Adult Medicaid Dental Benefit

Brief Coverage Statement

Adult Dental care is a benefit for Colorado Medicaid recipients. Adult dental services consist of diagnostic procedures, preventive procedures, restorative procedures, periodontal care, endodontic treatment, removable prosthetic services and oral surgery.

Services Addressed in Other Benefit Coverage Standards

Children's Dental Services and Children's Orthodontia Services

Eligible Providers

Providers must be enrolled with Colorado Medicaid. The types of providers who can render these services are dentists and dental hygienists.

Eligible Places of Service

- Provider Offices (Dental and Medical Offices)
- Outpatient Hospital Clinics
- Dental, Dental Hygiene, Medical, Physician and Nursing Schools
- Nursing Homes
- Ambulatory Service Centers
- FQHCs (Federally Qualified Health Centers)
- WIC clinics
- Local Public Health Agencies
- Urgent Care Clinics
- Mobile Dental Facilities
- Community Health Centers
- Non-profit Dental Programs
- Additional places of service may be possible

Eligible Clients

All Colorado Medicaid eligible clients, age 21 and over, may receive services.

Covered Services
DIAGNOSTIC PROCEDURES

Description*	Frequency
Periodic Oral Evaluation	Two per 12 months
Limited Oral Evaluation: problem Focused. When a client presents with a specific clinical concern.	Two per 12 months
Comprehensive Oral Evaluation	One every 36 months; new clients only.
Comprehensive periodontal evaluation	One every 36 months; new clients only.

*Terminology is consistent with ADA/CDT 2013.

Registered dental hygienists may perform a limited oral evaluation that is problem-focused, for a client of record.

X-RAYS

Description*	Frequency
Intra-oral; complete series	1 per 60 months; minimum of 10 (periapical or bitewing) films; counts as one set of bitewings per 12 months
Intra-oral first periapical x-ray	6 per 12 month period. Not paid same day as a full mouth series
Each additional periapical x-ray	Not paid same day as a full mouth series; working and final treatment films for endodontics are not covered
Bitewing; single image	1 set per 12 months Set = 2-4 films
Bitewing-two images	1 set per 12 months Set = 2-4 films
Bitewing-three images	1 set per 12 months Set = 2-4 films
Bitewing-four images	1 set per 12 months Set = 2-4 films
Vertical bitewings	7-8 images: counts as a full mouth series; has the same limitations of one per 60 months
Panoramic image; with or without bitewings	1 per 60 months; counts as full mouth series

*Terminology is consistent with ADA/CDT 2013

PREVENTIVE PROCEDURES

Description*	Frequency
Adult Cleaning	2 per 12 months; unless client falls into a high risk category for periodontal disease, in which case cleanings would be 4 times per 12 months.
Fluoride Varnish	2 per 12 months for clients with dry mouth and/or history of head or neck radiation or clients with high caries risk. Only a benefit for clients at high risk.
Topical Fluoride	2 per 12 months for clients with dry mouth and/or history of head or neck radiation or clients with high caries risk. Only a benefit for clients at high risk.
Oral Hygiene Instructions	1 per 12 month period. May include toothbrushing technique, flossing, and special oral hygiene aids.

*Terminology is consistent with ADA/CDT 2013

Clients are eligible for four cleanings per year if they are at a high risk for periodontal disease. They are considered to be at high risk if they have a history of periodontal scaling and root planning; or periodontal surgery. Clients are also at high risk for periodontal disease if they are diabetic or if they are pregnant.

Clients are considered to be at a high risk for caries if they have active and untreated caries (decay) at the time of examination. If so, they are considered to be high risk and eligible for additional cleanings for the subsequent 12 months. If, at the end of the 12 month period, they no longer have active decay, they are no longer in a high risk category. These clients are also eligible for additional fluoride varnish treatments or topical fluoride treatments, as are clients with dry mouth and/or a history of head or neck radiation.

Clients determined to fit into the high risk category, are eligible for any combination of periodontal maintenance and cleanings, up to 4 a year.

MINOR RESTORATIVE PROCEDURES

Description*	Frequency
One surface amalgam (silver filling)	One time per tooth per surface every 36 months.
Two surface amalgam (silver filling)	One time per tooth per surface every 36 months.
Three surface amalgam (silver filling)	One time per tooth per surface every 36 months.
Four surface amalgam (silver filling)	One time per tooth per surface every 36 months.
One surface anterior composite (tooth colored filling)	One time per tooth per surface every 36 months.
Two surface anterior composite (tooth-colored filling)	One time per tooth per surface every 36 months.
Three surface anterior composite (tooth-colored filling)	One time per tooth per surface every 36 months.
Four surface anterior composite (tooth-colored filling)	One time per tooth per surface every 36 months.
Resin based composite crown (tooth-colored filling)	One time per tooth per surface every 36 months.
One surface posterior composite (tooth-colored filling)	One time per tooth per surface every 36 months.
Two surface posterior composite (tooth-colored filling)	One time per tooth per surface every 36 months.
Three surface posterior composite (tooth-colored filling)	One time per tooth per surface every 36 months.
Four surface posterior composite (tooth colored filling)	One time per tooth per surface every 36 months.

*Terminology is consistent with ADA/CDT 2013

The occlusal surface is exempt from the 36-month frequency limitation when a multi-surface restoration is required or following endodontic therapy. The same surface, other than the occlusal surface, is not covered for treatment within 36 months of the previous placement.

MAJOR RESTORATIVE PROCEDURES

Description*	Frequency
Single Crowns	1 per tooth every 84 months.
Core Build-Up; building	1 per tooth every 84 months.
Pre-fabricated post and core	1 per tooth every 84 months.

*Terminology is consistent with ADA/CDT 2013

Crowns are covered services only when:

- The tooth in question requires a multi-surface restoration and when it cannot be restored with other restorative materials.
- The client's record reflects evidence of good and consistent oral hygiene.
- The cause of the problem is either decay or fracture.
- The tooth is in occlusion.
- The tooth is not a second or a third molar; the second molar is covered if it meets all of the above criteria and it is necessary to support a partial denture or to maintain 8 posterior teeth (artificial or natural) in occlusion.
- A crown is requested for cracked tooth syndrome and the tooth is symptomatic and appropriate testing and documentation is provided.

If a posterior tooth is necessary to support a partial denture and the above criteria are met, it will be a covered benefit.

If a posterior tooth is necessary to maintain eight posterior teeth (artificial or natural) in occlusion, and the above criteria are met, the crown will be a covered benefit.

Crown materials are limited to porcelain and noble metal on anterior teeth and first premolars. Full noble metal crowns are the material of choice for second premolars and molars. Full porcelain crowns may also be used when esthetics is an issue.

ENDODONTIC PROCEDURES

Endodontic procedures are covered services when:

- The tooth is not a second or third molar. Root canals for third molars are not covered; root canals for second molars are covered only when the second molar is essential to keep eight posterior teeth in occlusion; or when it is necessary to support a partial denture.
- The client's record reflects evidence of good and consistent oral hygiene.
- When the cause of the problem is either decay or fracture.
- The tooth is in occlusion.
- A root canal is requested for cracked tooth syndrome and the tooth is symptomatic and appropriate testing and documentation is provided.

If a posterior tooth is necessary to support a partial denture, and the above criteria are met, endodontic treatment will be a covered benefit.

If a posterior tooth is necessary to maintain eight posterior teeth (artificial or natural) in occlusion and the above criteria are met, endodontic treatment will be a covered benefit.

Description*	Frequency
Root Canal, Anterior Tooth	1 per tooth per lifetime. Requires PAR.
Root Canal, Bicuspid	1 per tooth per lifetime. Requires PAR.
Root Canal, Molar	1 per tooth per lifetime. Requires PAR.
Pulpal debridement	Once per tooth per lifetime;
Retreatment of previous root canal therapy-anterior tooth	One per lifetime; only if original treatment not paid by CO Medicaid. Requires PAR.
Retreatment of previous root canal therapy-bicuspid tooth	One per lifetime; only if original treatment not paid by CO Medicaid. Requires PAR.
Retreatment of previous root canal therapy-posterior tooth	One per lifetime; only if original treatment not paid by CO Medicaid. Requires PAR.

* Terminology is consistent with ADA/CDT 2013

Pulpal debridement is covered in emergency situations only and is exempt from PAR but may be subject to post-treatment and pre-payment review.

Working films (including the final treatment film) for endodontic procedures are considered part of the procedure and will not be paid separately.

Clients who are in acute pain should receive the necessary care. In these instances, there may not be time for prior authorization. In all instances in which the client is in acute pain, the dentist should take the necessary steps to relieve the pain and complete the necessary emergency treatment. Such emergency procedures may be subject to post-treatment and pre-payment review.

Root canal retreatments will be covered as long as the client did not receive that original treatment while part of the Colorado Medicaid program. If CO Medicaid paid for the initial treatment, then the retreatment will not be covered.

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PERIODONTAL TREATMENT

Description*	Frequency
Periodontal scaling and root planning/4 or more teeth per quadrant.	Once per quadrant every 36 months. Prophylaxis is not paid on the same day. No more than 2 quadrants per day. Requires PAR.
Periodontal scaling and root planning/1-3 teeth per quadrant.	Once per quadrant every 36 months. Prophylaxis is not paid on the same day. No more than 2 quadrants per day. Requires PAR.
Periodontal maintenance.	Two times per year; counts as a cleaning. Can only be approved when history of scaling and root planning. Clients with diabetes and pregnant women with histories of periodontal disease are entitled to 4 per year. Requires PAR.

*Terminology is consistent with ADA/CDT 2013

Studies indicate that clients at high risk for periodontal disease benefit from more than two periodontal maintenance visits per year. Clients with a history of periodontal treatment, including scaling, root planning and osseous surgery, will be eligible for four periodontal maintenance visits per year, since research indicates that more frequent maintenance will result in less likelihood of progressive disease. Diabetics, who are also at increased risk for periodontal disease, will likewise be eligible for four periodontal maintenance visits per year.

Pregnant women are at increased risk for periodontal disease and therefore will be eligible for four periodontal maintenance visits during the year of their pregnancy.

Clients who are determined to fit into the high risk category, are eligible for any combination of periodontal maintenance and cleanings, up to 4 a year.

REMOVABLE PROSTHETICS

Removable prosthetics are not covered if eight posterior teeth (natural or artificial) are in occlusion. Coverage is provided, however, for anterior teeth, irrespective of the number of teeth in occlusion.

Description*	Frequency
Removable Partial Upper Denture/Resin Based	One time every 84 months. Requires PAR.
Removable Partial Lower Denture/Resin Based	One time every 84 months. Requires PAR.
Removable Partial Upper Denture/Cast Metal Framework	One time every 84 months. Requires PAR.
Removable Partial Lower Denture/Cast Metal Framework	One time every 84 months. Requires PAR.
Removable Partial Upper Denture/Flexible Base	One time every 84 months. Requires PAR.
Removable Partial Lower Denture/Flexible Base	One time every 84 months. Requires PAR.
Denture Adjustments	One per unit every 12 months after first 12 months. Requires PAR.
Denture Relines	Not covered within 6 months of denture insertion; then 1 per unit every 12 months. Requires PAR.
Denture Rebase	One time per unit every 84 months. Requires PAR.

*Terminology is consistent with ADA/CDT 2013

ORAL SURGERY, PALLIATIVE TREATMENT AND ANESTHESIA

Description*	Frequency
Simple extraction	1 time per tooth
Surgical extraction	1 time per tooth
Incision and Drainage	
Minor surgical procedures to prepare the mouth for removable prostheses.	1 time per lifetime per area. Requires PAR.
Palliative treatment of dental pain	Not payable on the same visit as any definitive treatment codes; except for covered services necessary for diagnosis.
Deep Sedation/General Anesthesia	Pre-authorization required. Only for qualifying medical conditions and developmental disabilities. Not for apprehension or convenience

*Terminology is consistent with ADA/CDT 2013

In all instances in which the client is in acute pain, the dentist should take the necessary steps to relieve the pain and complete the necessary emergency treatment. Such emergency procedures may be subject to post-treatment and pre-payment review.

Biopsies will not be covered as a routine screening procedure, but only in instances where there is a suspicious lesion.

The routine removal of asymptomatic third molars is not covered. Only in instances of acute pain and overt symptomatology, will the removal of third molars be a covered service.

General anesthesia and deep sedation will only be covered when there is sufficient evidence to support medical necessity. General anesthesia and/or deep sedation is not covered when it is for the preference of the client or the provider, and there are no other medical considerations.

Palliative treatment is emergency treatment to get the client out of pain. It is not a mechanism for addressing chronic pain.

Non-Covered Services

Non-covered services include, but are not limited to, the following:

1. Cosmetic dentistry
2. Screening and Assessment
3. Protective Restorations
4. Full mouth Debridement
5. Multiple units of crown and bridge. Single crowns only are covered.
6. Single crowns are not covered for cosmetic reasons; to restore vertical dimension; when the client has active and advanced periodontal disease; when the tooth is not in occlusion; or when there is evidence of periapical pathology.
7. Periodontal Surgery
8. Graft procedures
9. Endodontic Surgery
10. Implants
11. Treatment for TMJ dysfunction; including diagnostic procedures
12. Biopsies are covered only when there is a specific suspicious lesion
13. Orthodontic Treatment
14. Working and final treatment films for root canal treatment
15. Root canals for third molars
16. Root canals for second molars; unless the tooth is necessary to keep eight posterior teeth in occlusion; or when the tooth is necessary to support a partial denture
17. Full Dentures
18. Any service that is not listed as covered

Prior Authorization Requirements

The following services require prior-authorization:

1. Single crowns; core build-ups; post and cores
2. Partial Dentures
3. Scaling and Root Planing
4. Root Canals; pulpal debridement in instances of acute pain, does not require a PAR.
5. Non-emergency Surgical Extractions
6. Minor surgical procedures
7. General Anesthesia and Sedation; except in instances of acute pain.

Prior authorizations and/or benefits may be denied for reasons of poor dental prognosis; lack of dental necessity or appropriateness or not meeting the generally accepted standard of dental care.

Billing Guidelines

If there is more than one way of treating a condition and one way is less costly and sufficient to treat the condition, payment will be made for the less costly procedure. The provider may not charge for the more costly procedure. The provider may not bill the client for the difference in payment between the Medicaid reimbursement and the service. For example, a provider may not bill the client for a difference in price between an amalgam restoration and a composite restoration.

If a dentist completes a pulpal debridement procedure, and the same dentist and/or dental office subsequently completes a root canal on the same tooth; then payment for the pulpal debridement will be subtracted from the final root canal payment.

If a procedure is not listed, the procedure will not be covered.

Prior authorizations and/or benefits may be denied for reasons of poor dental prognosis; lack of dental necessity or appropriateness or not meeting the generally accepted standard of dental care.

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Definitions

ADA: The American Dental Association.

Alveolar: Referring to the bone to which a tooth is attached.

Amalgam: A “silver” filling which consists of two or more elements. Typically composed of mercury, silver, tin and copper along with other metallic elements added to improve the physical and mechanical properties.

Anterior: Refers to the ADA tooth numbering system; refers to the teeth closest to the middle of the face; specifically the lateral and central incisors and the cuspids.

Asymptomatic: Without symptoms.

Bitewing radiographs: Intra-oral X-rays which reveal the top part of opposing teeth as well as the spaces between the teeth.

Calculus: Hard deposit of mineralized substance, which adheres to crown and/or roots of teeth or prostheses. If left unremoved, can lead to tooth decay and/or gum disease.

CDT: Current Dental Terminology; published annually by the American Dental Association. Determined by the federal government as the national terminology for reporting dental services on claims submitted to third party payers, in accordance with authority granted by the Health Insurance Portability and Accountability Act (HIPAA.)

Composite: A “tooth-colored” filling which is made up of separate parts (eg resin and quartz particles.)

Core Build-Up: Building up of the anatomical crown when a restorative crown will be placed.

Crown: A laboratory fabricated restoration replacing the major part of the tooth above the gums.

Fibrous: Consisting of, containing, or resembling, fibrous tissue.

High Risk for Caries (Decay): Clients who have had active decay in the previous twelve months

High Risk for Periodontal Disease: Clients who have had a history of scaling and root planning or periodontal surgery.

Osseous: Relating to bone

PARS: Pretreatment authorization

Panorex: A panoramic scanning x-ray of the upper and lower jaw.

Plaque: Invisible film which forms over the teeth which, if not removed, can precipitate tooth decay and periodontal disease.

Posterior: Refers to the ADA tooth numbering system. Refers to the teeth farthest from the midline of the face; specifically the premolars and the molars.

Post and Core: Building up of the anatomical crown when a restorative crown will be placed; includes placing a post into the root canal space for added retention.

Pulp: Tissue that contains blood vessels and nerve tissue found inside the tooth.

Pulpal Debridement: Opening and cleaning the pulp for relief of acute pain, prior to subsequent root canal.

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Removable Partial Denture: A prosthetic replacement of one or more missing teeth that can be removed by the client.

Root Planing: A definitive treatment procedure designed to remove the surface layer of the root that may be contaminated with calculus, or permeated with toxins or microorganisms.

Root Canal Therapy: Treatment of diseases of the pulp.

Scaling: Removal of plaque, calculus and stain from teeth.

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Medicaid Director Signature

Date

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