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# Provider Bulletin

Reference: B1100297

February 2011

*This bulletin completely replaces Medical Assistance Program Bulletin B0900258 (1/09).*

## In this issue:

|  |              |
|--|--------------|
| General Dental Information .....                 | 1            |
| Child Benefits .....                             | 5            |
| Adult Benefits .....                             | 20           |
| Adult Emergency .....                            | 20           |
| Adult with Concurrent Medical Condition .....    | 23           |
| Non-Citizen Benefits .....                       | 28           |
| Dental Provider Certification .....              | Attachment A |
| Assistant Surgeon Report form .....              | Attachment B |
| Dental Policy for Clients Age 20 and under ..... | Attachment C |
| Risk Assessment for Dental Providers .....       | Attachment D |
| Risk Assessment for Medical Providers .....      | Attachment E |

## **Dental Program Policy and Billing**

This bulletin contains the complete list of dental procedures that may be billed as benefits for Colorado Medicaid clients effective January 1, 2011, and has been revised since the last dental program bulletin was published in January 2009. This bulletin describes general information for dental providers as well as policy and codes for these populations:

- Children (ages 20 and under)
- Adults
- Non-Citizens

**For questions about billing or the contents of this bulletin, please contact ACS Provider Services at 1-800-237-0757 or 1-800-237-0044 (toll-free).**

## **General Dental Information**

### **New: Quarterly Dental Provider Surveys**

A representative of the Department of Health Care Policy and Financing (the Department) will call dental providers quarterly to confirm or update their information and status as a Medicaid provider. This allows the Department to maintain a current and accurate list of all dental providers serving Medicaid clients, which is required under the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA). The updated list will be posted quarterly on the Health Resources Services Administration's Insure Kids Now Web site ([www.insurekidsnow.gov/](http://www.insurekidsnow.gov/).)

We would like to express our thanks to all Colorado dental providers who serve Medicaid clients. We appreciate your dedication and contribution.

### **Eligibility for Services**

All Medicaid clients are eligible for dental services, subject to the limitations described in this bulletin. It is the provider's responsibility to verify eligibility before providing services. Though the client should show the Medical Assistance Program Identification Card, the card does not guarantee eligibility. Additional information on how to verify eligibility is located in the General Provider Information section of the *For Our Providers* → *Provider News* → [Provider Bulletin](#) page of the Department's Web site.



Denver Club Building  
518 17th Street, 4th floor  
Denver, Colorado 80202

#### ACS Contacts

**Billing and Bulletin Questions**  
1-800-237-0757 or 1-800-237-0044

**Claims and PARs Submission**  
P.O. Box 30  
Denver, CO 80201

**Correspondence, Inquiries, and Adjustments**  
P.O. Box 90  
Denver, CO 80201

**Enrollment, Changes, Signature authorization and Claim Requisitions**  
P.O. Box 1100  
Denver, CO 80201

## Claim Submission

Providers must be enrolled in the Colorado Medicaid program to submit claims. Please follow the guidelines described below so that submitted claims will be paid accurately and on time.

Claims must be submitted electronically through the Colorado Medical Assistance Program Web Portal (Web Portal) unless the Department has given providers prior approval to submit claims on paper. Claims may also be sent electronically through a billing agent on the provider's behalf. Electronically mandated claims submitted on paper will be processed, denied, and marked with the message "Electronic Filing Required."

Typically, the Department approves paper claim submissions in these situations:

- The provider consistently submits five or fewer claims per month.
- The claims require attachments, by policy.
- The claim is a reconsideration claim.
- The claim is for orthodontic treatment of an approved handicapping malocclusion.

Requests for approval to submit paper claims may be sent to ACS, P.O. Box 90, Denver, CO 80201.

**The American Dental Association (ADA) 2006 claim form must be used to submit paper claims, and attach a [Dental Provider Certification](#) form with the original signature of the provider.** The certification form is available in the [Provider Services](#) section of the Department's Web site and is also Attachment A of this bulletin. Any ADA paper claim submitted without a signed Dental Provider Certification form attached will be denied for "no signature on file." Dental providers billing electronically through the Web Portal are not required to submit the Dental Provider Certification form.

The same claim may not be filed both on paper and electronically. Additional billing information can be found in the Medical Assistance Program [Dental Billing Manual](#) located in the Provider Services section of the Department's Web site.

## Prior Authorization Requests (PAR)

Some dental services require prior authorization. These services are marked with **PAR** in the code tables. The ADA 2006 claim form must be used when submitting a PAR on paper.

Approval of a PAR does not guarantee Colorado Medicaid payment. Approval of a PAR only assures that the approved service, as identified on the PAR, is a medical necessity and considered a Colorado Medicaid benefit. All claims, including those for prior authorized services, must meet eligibility and claim submission requirements (for example, timely filing, third party resources payments pursued, and required attachments included) before payment can be made. Claims not in compliance with requirements may be denied or subject to recovery.

### **For all dental PARs:**

- Describe the dental condition requiring the service under "Remarks" in field #35 on the ADA 2006 form.
- Do not send x-rays with PARs.
- Do not send diagnostic models unless requested to do so.

Any dental PAR that is missing the required information or correct forms will be "pending," and no decision will be made until the Department receives the required information. Neither the provider nor the client will receive a denial letter when there is missing documentation. Instead, the provider will receive a letter stating that the PAR is pending, and describing the missing documentation or forms that must be submitted. A pending PAR is not a denial and therefore **cannot** be appealed.

When the provider receives notification of a pended PAR, the provider must submit the PAR in its entirety again, including the requested documents and a copy of the pended PAR letter. If the provider does not re-submit the PAR with the required documents within 45 days, the PAR will be denied.

## **Providing Services in Outpatient Hospital or Ambulatory Surgery Center (ASC)**

### ***Criteria for providing services in outpatient hospital or ASC***

Dental procedures requiring hospitalization may be a covered benefit, if the client meets at least one of the following criteria:

1. The client has a physical, mental or medically compromising condition.
2. General anesthesia is required because local anesthesia will be ineffective due to acute infection, anatomic variations, or allergy.
3. The client is extremely uncooperative, unmanageable, anxious, or uncommunicative and has dental needs deemed sufficiently important that dental care cannot be deferred.
4. The client has sustained extensive orofacial and dental trauma.
5. The client has rampant multi-surface decay and needs six or more prefabricated crowns placed during one date of service. This applies to children only.

### ***To provide services in the hospital or ASC***

If a client meets any of the criteria above, the provider must do the following to receive approval to provide care for the client in a hospital or ASC:

1. If applicable, contact the client's Managed Care Organization (MCO), Regional Care Collaborative Organization (RCCO), or other medical home to notify them that the client will be using the hospital. The MCO or medical home may require documentation of medical necessity.
2. Make prior arrangements with the hospital or ASC.
3. Bill fee-for-service Current Dental Terminology (CDT) codes at current rates on the 2006 ADA paper claim form and check box number 38 ("other") as the place of treatment, or bill electronically as an 837D transaction selecting either "outpatient hospital" or "ambulatory surgery center" as the place of treatment.
4. Bill for any x-rays taken in the facility when providing services to clients in either an outpatient hospital or an ASC. The provider must bill x-rays either on the 2006 ADA paper claim form or electronically as an 837D transaction, itemizing x-ray procedures with other dental procedures. Hospital outpatient departments and ASC facilities will not be allowed to bill for dental x-rays performed during outpatient dental procedures. Follow the appropriate Medicaid guidelines located in Attachment C of this bulletin.

## **Unsupervised Dental Hygienists**

Effective January 1, 2011, Medicaid enrolled unsupervised dental hygienists (as defined by the Colorado Department of Regulatory Agencies) may provide and be reimbursed for the following dental procedures for clients ages 20 and under:

D0120 - *periodic oral evaluation-established patient*

D0145 - *oral evaluation for a patient under three years of age and counseling with primary caregiver*

D0180 - *Comprehensive periodontal evaluation— new or established patient*  
 Limited to ages 15 through 20

D0210 - *Intraoral - complete film series*

D0220 - *Intraoral - periapical first film*

D0230 - *Intraoral - periapical each additional film*

D0240 - *Intraoral - occlusal film*

D0270 - *Bitewing - single film*

D0272 - *Bitewings - two films*

- D0274 - *Bitewings - four films*
- D0999 - *unspecified diagnostic procedure-*  
For screening and assessment purposes only
- D1110 - *prophylaxis – adult (age 20 and under when appropriate)*
- D1120 - *prophylaxis – child*
- D1203 - *topical application of fluoride-child, ages 6 and older*
- D1204 - *topical application of fluoride-adult, ages 12 and older*
- D1206 - *topical fluoride varnish; therapeutic application for moderate to high caries risk patients ages 0 through 20. Fluoride varnish is the only acceptable fluoride treatment that will be reimbursed by Medicaid for clients under age 6. Risk assessments must be included as part of the procedure.*
- D1351 - *Sealant (per tooth-*  
Benefit only for the occlusal surface of permanent molar teeth – tooth numbers 2,3,14,15,18,19,30,31
- D4341 - *Periodontal scaling and root planing*  
**Prior authorization required.** Diagnostically acceptable copies of the films (or originals) must be sent to the referral dentist. Dental Hygiene providers not able to provide duplicate x-rays are subject to a post-payment review. Consult **Attachment C** for additional PAR information.
- D4355 - *Full mouth debridement.*  
Must be followed by a referral to dentist to perform a comprehensive oral evaluation.

## Coverage Policies and Code Tables

This section describes Colorado Medicaid policies for dental benefit coverage for these populations: children, adults, and non-citizens. Please refer to the American Dental Association (ADA) publication Current Dental Terminology (CDT) 2011-2012 for detailed code information, clarification and appropriate code selection.

### This key applies to all code tables:

- This symbol denotes new ADA procedure codes which have been added during 2010.
- ▲ This symbol identifies an ADA revision to nomenclature / definition.
- This symbol identifies code use limitations. Providers should also check the Attachment C in the bulletin for additional policy information.

**ASSIST** next to the code indicates procedures that allow an assistant surgeon for a child. These claims must be submitted on paper. Please refer to Attachment B of this bulletin for complete instructions.

**PAR** denotes prior authorization requirement before starting the service.

The following new benefits were added in 2010:

- D1352 – preventive resin restoration in a moderate to high caries risk patient – permanent tooth
- D3354 – pulpal regeneration-(completion of regenerative treatment in an immature permanent tooth with necrotic pulp); does not include final restoration
- D5992 – adjust maxillofacial prosthetic appliance, by report
- D5993 – maintenance and cleaning of a maxillofacial prosthesis (extra or intraoral) other than required adjustments, by report
- D7251 – coronectomy-intentional partial tooth removal
- D7295 – harvest bone for use in autogenous grafting procedure

Below are clarifications on policies the Department has updated within the last year. Please refer to Attachment C for the complete policy statement regarding dental services for clients ages 20 & under.

### ***Fluoride Treatments for Children by Medical Personnel***

#### *Allowable services*

Trained medical personnel may administer fluoride varnish to Medicaid children ages 0 through 4 (until the day before their fifth birthday) with moderate to high caries risk. Both a fluoride varnish and oral evaluation with counseling from a primary caregiver must be provided together after a risk assessment is completed. Risk assessment forms may be found either at [www.cavityfreeatthree.org](http://www.cavityfreeatthree.org) under Get Materials or Attachment E of this bulletin. Documentation of risk must be part of the client's medical record.

The maximum allowable benefit per eligible and high risk child will be four (4) times per fiscal year. Dental and medical providers are encouraged to communicate with one another to avoid duplication of services and nonpayment for services.

*Eligible providers*

Medical personnel who may bill directly for these services include MDs, DOs, and nurse practitioners. Trained medical personnel employed through qualified physician offices or clinics may provide these services and bill using the physician's or nurse practitioner's Medicaid provider number. In order to provide this benefit and receive reimbursement, the medical provider must have participated in on-site training from the "Cavity Free at Three" team or have completed Module 2 (child oral health) and Module 6 (fluoride varnish) at the Smiles for Life curriculum at <http://www.smilesforlife2.org/powerpoints>. Documentation for this training must be saved in the event of an audit.

*Billing procedures***For children ages 0-2** (until the day before their third birthday):

Private practices: D1206 (topical fluoride varnish) and D0145 (oral evaluation for a patient under three years of age and counseling with primary caregiver) must be billed on a Colorado1500 paper claim form or electronically as an 837P (Professional) transaction.

Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs): D1206 and D0145 must be itemized on the claim with a well child visit, but reimbursement will be at the current encounter rate.

The diagnosis V72.2 should be used as a secondary diagnosis. Billing is on the UB-04 paper claim form or electronically as an 837I (Institutional) transaction.

**For children ages 3 and 4** (from their first birthday until the day before their fifth birthday):

Private practices: D1206 and D1330 (oral hygiene instructions [in place of D0145]) must be billed on a Colorado 1500 paper claim form or electronically as an 837P transaction.

FQHCs and RHCs: D1206 and D1330 must be itemized on the claim with a well child visit but reimbursement will be at the current encounter rate. The diagnosis V72.2 should be used as a secondary diagnosis. Billing is on the UB-04 paper claim form or electronically as an 837I transaction.

**Treatment of Handicapping Malocclusion**

Orthodontic treatment rendered by a Medicaid enrolled orthodontist is a benefit only for child clients who have a handicapping malocclusion as a result of accident or injury, congenital dentofacial malformations, medical conditions, severe skeletal condition or severe skeletal discrepancy. Please refer to the February 2010 Orthodontic Bulletin (B1000279) for detailed information on procedures and coding information.

**Code Table for Children's Benefits****D0100-D0999 I. Diagnostic****Clinical Oral Evaluations**

|  |  |
|--|--|
| D0120  | periodic oral evaluation   |
| D0140  | limited oral evaluation - problem focused  |
| D0145  | oral evaluation for a patient under three years of age and counseling with primary caregiver |
| D0150  | comprehensive oral evaluation - new or established patient                                   |
| D0160  | detailed & extensive oral evaluation - problem focused, by report                            |
| D0170  | evaluation-limited, problem focused (established patient; not post-operative visit)          |
| D0180  | comprehensive periodontal evaluation- new or established patient                             |
| → limited to independent hygienists only and clients ages 15-20 only |  |

### Radiographs/Diagnostic Imaging (Including Interpretation)

|                                  |   |
|----------------------------------|---|
| D0210                            | intraoral - complete series (including bite wings)            |
| D0220                            | intraoral - periapical first film                             |
| D0230                            | intraoral – periapical each additional film                   |
| D0240                            | intraoral - occlusal film                                     |
| → limit is 2 per date of service |   |
| D0250                            | extraoral - first film  |
| D0260                            | extraoral - each additional film                              |
| D0270                            | bitewing - single film  |
| D0272                            | bitewings - two films   |
| D0274                            | bitewings - four films  |
| D0277                            | vertical bitewings – 7 to 8 films                             |
| D0290                            | posterior-anterior or lateral skull & facial bone survey film |
| D0310                            | sialography   |
| D0320                            | temporomandibular joint arthrogram, including injection       |
| D0321                            | other temporomandibular joint films, by report                |
| D0322                            | tomographic survey  |
| D0330                            | panoramic film  |
| → limited to ages 6 through 20   |   |
| D0340                            | cephalometric film  |
| D0350                            | oral/facial photographic images                               |

### Tests and Examinations

|   |  |
|---|--|
| D0415   | collection of microorganisms for culture and sensitivity |
| D0425   | caries susceptibility tests                              |
| → not to be used for carious dentin staining  |  |
| → for in-office lab culture, the provider must be CLIA certified (ages 0-5 years)       |  |
| D0460   | pulp vitality tests                                      |
| → includes multiple teeth & contra lateral comparison/s                                 |  |
| D0470   | diagnostic casts   |
| → includes both maxillary and mandibular casts  |  |
| Do not send to the fiscal agent unless requested to do so by the ACS dental consultant. |  |
| D0999   | PAR unspecified diagnostic procedure, by report          |
| → used only by dental hygienists for dental screening                                   |  |
| → dentists can use code D7999 or D9999 for unusual diagnostic service                   |  |

### D1000-D1999 II. Preventive

#### Dental Prophylaxis

|                                    |                    |
|------------------------------------|--------------------|
| D1110                              | prophylaxis, adult |
| → <b>limited to twice annually</b> |                    |
| D1120                              | prophylaxis, child |
| → <b>limited to twice annually</b> |                    |

#### Topical Fluoride Treatment

|                     |   |
|---------------------|---|
| D1203               | topical application of fluoride - child |
| → ages 6 and older  |   |
| D1204               | topical application of fluoride - adult |
| → ages 12 and older |   |

### Topical Fluoride Treatment

|  |  |
|--|--|
| D1206  | Topical fluoride varnish; therapeutic application for moderate to high caries risk patient |
| → Varnish is the only acceptable fluoride treatment for ages 6 and under |  |
| Risk assessment form for dental personnel is Attachment D                |  |
| Risk assessment form for medical personnel is Attachment E               |  |

### Other Preventive Services

|  |   |
|--|---|
| D1351  | sealant - per tooth   |
| → a benefit only for permanent molars  |   |
| → mechanically and/or chemically prepared enamel surface sealed to prevent decay   |   |
| •D1352   | preventive resin restoration in a moderate to high caries risk patient- permanent tooth |
| → conservative restoration of an active cavitated lesion in a pit or fissure that does not extend into the dentin; applicable to tooth surfaces O, OL, OB, B and L; limited to tooth numbers 2, 3, 14, 15, 18, 19, 30, 31. |   |

### Space Maintainers (Passive Appliances)

|       |   |
|-------|---|
| D1510 | space maintainer - fixed - unilateral     |
| D1515 | space maintainer - fixed - bilateral      |
| D1520 | space maintainer - removable - unilateral |
| D1525 | space maintainer - removable - bilateral  |
| D1550 | recementation of space maintainer         |
| D1555 | removal of fixed space maintainer         |

### D2000-D2999 III. Restorative

#### Amalgam Restorations (Including Polishing)

|       |   |
|-------|---|
| D2140 | amalgam - one surface, primary or permanent           |
| D2150 | amalgam - two surfaces, primary or permanent          |
| D2160 | amalgam - three surfaces, primary or permanent        |
| D2161 | amalgam - four or more surfaces, primary or permanent |

#### Resin-Based Composite Restorations-Direct

|       |   |
|-------|---|
| D2330 | resin-based composite - one surface, anterior                                       |
| D2331 | resin-based composite - two surfaces, anterior                                      |
| D2332 | resin-based composite - three surfaces, anterior                                    |
| D2335 | resin-based composite - four or more surfaces or involving incisal angle (anterior) |
| D2391 | resin-based composite – one surface, posterior                                      |
| D2392 | resin-based composite – two surfaces, posterior                                     |
| D2393 | resin-based composite – three surfaces, posterior                                   |
| D2394 | resin-based composite – four or more surfaces, posterior                            |

#### Crowns - Single Restorations Only

|                            |   |
|----------------------------|---|
| D2751                      | PAR crown - porcelain fused to predominately base metal |
| → a benefit for teeth 1-32 |   |
| D2791                      | PAR crown - full cast predominantly base metal          |
| → a benefit for teeth 1-32 |   |

#### Other Restorative Services

|       |   |
|-------|---|
| D2910 | recement inlay, onlay or partial coverage restoration |
| D2920 | recement crown  |
| D2930 | prefabricated stainless steel crown - primary tooth   |
| D2931 | prefabricated stainless steel crown - permanent tooth |

### Other Restorative Services

|                                      |   |
|--------------------------------------|---|
| D2932                                | prefabricated resin crown   |
| → benefit only for primary anteriors |   |
| → limited to teeth C-H, M-R          |   |
| D2933                                | prefabricated stainless steel crown with resin window               |
| → benefit only for primary anteriors |   |
| → limited to teeth C-H, M-R          |   |
| D2934                                | prefabricated esthetic coated stainless steel crown – primary tooth |
| → benefit only for primary anteriors |   |
| → limited to teeth C-H, M-R          |   |
| ▲ D2940                              | protective restoration  |
| D2950                                | core build up, including any pins                                   |
| D2951                                | pin retention - per tooth, in addition to restoration               |
| D2952                                | PAR post and core in addition to crown, indirectly fabricated       |
| D2953                                | PAR each additional indirectly fabricated post – same tooth         |
| D2954                                | prefabricated post and core in addition to crown                    |
| D2955                                | post removal (not in conjunction with endodontic therapy)           |
| D2957                                | each additional prefabricated post – same tooth                     |
| D2980                                | PAR crown repair, by report   |
| D2999                                | PAR unspecified restorative procedure, by report                    |

### D3000-D3999 IV. Endodontics

#### Pulp Capping

|       |   |
|-------|---|
| D3110 | pulp cap - direct (excluding final restoration)   |
| D3120 | pulp cap - indirect (excluding final restoration) |

#### Pulpotomy

|  |   |
|--|---|
| D3220  | therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament |
| D3221  | pulpal debridement, primary and permanent teeth   |
| → a benefit for teeth 1-32 only  |   |
| → gross pulpal debridement for the relief of acute pain prior to conventional root canal therapy |   |
| → not to be used by the provider completing endodontic treatment                                 |   |
| D3222  | partial pulpotomy for apexogenesis – permanent tooth with incomplete root development   |
| → a benefit for permanent tooth numbers 2-15, 18-31  |   |

#### Endodontic Therapy on Primary Teeth

|   |  |
|---|--|
| D3230                                     | pulp therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)  |
| → limited to teeth C-H, M-R               |  |
| D3240                                     | pulp therapy (resorbable filling) – posterior, primary tooth (excluding final restoration) |
| → limited to teeth A, B, I, J, K, L, S, T |  |

#### Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-up Care)

|       |  |
|-------|--|
| D3310 | endodontic therapy, anterior tooth (excluding final restoration)           |
| D3320 | endodontic therapy, bicuspid tooth (excluding final restoration)           |
| D3330 | endodontic therapy, molar (excluding final restoration)                    |
| D3331 | treatment of root canal obstruction; non-surgical access                   |
| D3332 | incomplete endodontic therapy; inoperable, unrestorable or fractured tooth |
| D3333 | internal root repair of perforation defects                                |

## Endodontic Retreatment

|       |   |
|-------|---|
| D3346 | retreatment of previous root canal therapy - anterior |
| D3347 | retreatment of previous root canal therapy - bicuspid |
| D3348 | retreatment of previous root canal therapy - molar    |

## ▲ Apexification/Recalcification and Pulpal Regeneration Procedures

|         |   |
|---------|---|
| ▲ D3351 | apexification/recalcification/pulpal regeneration - initial visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)                  |
| ▲ D3352 | apexification/recalcification/pulpal regeneration - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.) |
| D3353   | apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)                         |
| D3354   | pulpal regeneration – (completion of regenerative treatment I an immature permanent tooth with a necrotic pulp); does not include final restoration                                 |

## Apicoectomy/Periradicular Services

|       |  |
|-------|--|
| D3410 | apicoectomy/periradicular surgery - anterior                   |
| D3421 | apicoectomy/periradicular surgery - bicuspid (first root)      |
| D3425 | apicoectomy/periradicular surgery - molar (first root)         |
| D3426 | apicoectomy/periradicular surgery (each additional root)       |
| D3430 | retrograde filling - per root                                  |
| D3450 | root amputation - per root                                     |
| D3460 | PAR endodontic endosseous implant                              |
| D3470 | PAR intentional reimplantation (including necessary splinting) |

## Other Endodontic Procedures

|       |  |
|-------|--|
| D3910 | surgical procedure for isolation of tooth with rubber dam                  |
| D3920 | hemisection (including any root removal), not including root canal therapy |
| D3950 | canal preparation and fitting of preformed dowel or post                   |
| D3999 | PAR unspecified endodontic procedure, by report                            |

## D4000-D4999 V. Periodontics

### Surgical Services (Including Usual Postoperative Care)

|         |   |
|---------|---|
| D4210   | PAR gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant                      |
| D4211   | PAR gingivectomy or gingivoplasty one to three contiguous teeth or tooth bounded spaces per quadrant                        |
| D4240   | PAR gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant    |
| D4245   | PAR apically positioned flap  |
| D4249   | PAR clinical crown lengthening - hard tissue  |
| D4260   | PAR osseous surgery (including flap entry and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant |
| D4261   | PAR osseous surgery (including flap entry and closure) one to three contiguous teeth or tooth bounded spaces per quadrant.  |
| ▲ D4263 | PAR bone replacement graft - first site in quadrant   |
| ▲ D4264 | PAR bone replacement graft - each additional site in quadrant   |
| ▲ D4266 | PAR guided tissue regeneration - resorbable barrier, per site   |
| ▲ D4267 | PAR guided tissue regeneration – nonresorbable barrier, per site (includes membrane removal)                                |

**D4000-D4999 V. Periodontics****Surgical Services (Including Usual Postoperative Care)**

|       |     |   |
|-------|-----|---|
| D4268 | PAR | surgical revision procedure, per tooth  |
| D4270 | PAR | pedicle soft tissue graft procedure   |
| D4271 | PAR | free soft tissue graft procedure (including donor site surgery)   |
| D4273 | PAR | subepithelial connective tissue graft procedures, per tooth   |
| D4274 | PAR | distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area) |

**Non-Surgical Periodontal Service**

|   |     |   |
|---|-----|---|
| ▲ D4320   |     | provisional splinting - intracoronal  |
| ▲ D4321   |     | provisional splinting - extracoronal  |
| D4341   | PAR | periodontal scaling and root planing - four or more teeth per quadrant  |
| D4355   |     | full mouth debridement to enable comprehensive evaluation and diagnosis   |
| → Procedure D4355 is limited to ages 13-20 without pre-authorization. It is not an available code for children 12 and under. Prophylaxis (D1110 or D1120) or topical fluoride (D1203 or D1204) are not benefits when provided on the same day of service as D4355. Other D4000 series codes are not benefits when provided on the same date of service as D4355. If audited, the provider should be able to document through radiographs or photographs the need for D4355 and must also include a narrative. |     |   |
| D4381   | PAR | localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report |

**Other Periodontal Services**

|       |     |  |
|-------|-----|--|
| D4999 | PAR | unspecified periodontal procedure, by report |
|-------|-----|--|

**D5000-D5899 VI. Prosthodontics (removable)****Complete Dentures (Including Routine Post-Delivery Care)**

|       |     |                                |
|-------|-----|--------------------------------|
| D5110 | PAR | complete denture - maxillary   |
| D5120 | PAR | complete denture - mandibular  |
| D5130 | PAR | immediate denture - maxillary  |
| D5140 | PAR | immediate denture - mandibular |

**Partial Dentures (Including Routine Post-delivery Care)**

|       |     |  |
|-------|-----|--|
| D5211 | PAR | maxillary partial denture - resin base (including any conventional clasps, rests and teeth)                                      |
| D5212 | PAR | mandibular partial denture - resin base (including any conventional clasps, rests and teeth)                                     |
| D5213 | PAR | maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)   |
| D5214 | PAR | mandibular partial denture - casts metal framework with resin denture bases (including any conventional clasps, rests and teeth) |
| D5281 | PAR | removable unilateral partial denture - one piece cast metal (including clasps and teeth)   |

**Adjustments to Dentures**

|       |  |                                      |
|-------|--|--------------------------------------|
| D5410 |  | adjust complete denture - maxillary  |
| D5411 |  | adjust complete denture - mandibular |
| D5421 |  | adjust partial denture - maxillary   |
| D5422 |  | adjust partial denture - mandibular  |

**Repairs to Complete Dentures**

|       |   |
|-------|---|
| D5510 | repair broken complete denture base                         |
| D5520 | repair missing broken teeth - complete denture (each tooth) |

**Repairs to Partial Dentures**

|       |   |
|-------|---|
| D5610 | repair resin denture base               |
| D5620 | repair cast framework                   |
| D5630 | repair or replace broken clasp          |
| D5640 | replace broken teeth - per tooth        |
| D5650 | add tooth - to existing partial denture |
| D5660 | add clasp to existing partial denture   |

**Denture Rebase Procedures**

|       |                                    |
|-------|------------------------------------|
| D5710 | rebase complete maxillary denture  |
| D5711 | rebase complete mandibular denture |
| D5720 | rebase maxillary partial denture   |
| D5721 | rebase mandibular partial denture  |

**Denture Reline Procedures**

|       |   |
|-------|---|
| D5730 | reline complete maxillary denture (chair side)  |
| D5731 | reline complete mandibular denture (chair side) |
| D5740 | reline maxillary partial denture (chair side)   |
| D5741 | reline mandibular partial denture (chair side)  |
| D5750 | reline complete maxillary denture (laboratory)  |
| D5751 | reline complete mandibular denture (laboratory) |
| D5760 | reline maxillary partial denture (laboratory)   |
| D5761 | reline mandibular partial denture (laboratory)  |

**Interim Prosthesis**

|       |     |                                       |
|-------|-----|---------------------------------------|
| D5810 | PAR | interim complete denture (maxillary)  |
| D5811 | PAR | interim complete denture (mandibular) |
| D5820 | PAR | interim partial denture (maxillary)   |
| D5821 | PAR | interim partial denture (mandibular)  |

**Other Removable Prosthetic Services**

|       |     |  |
|-------|-----|--|
| D5850 |     | tissue conditioning, maxillary   |
| D5851 |     | tissue conditioning, mandibular  |
| D5860 | PAR | overdenture – complete, by report  |
| D5861 | PAR | overdenture – partial, by report   |
| D5862 | PAR | precision attachment, by report  |
| D5867 | PAR | replacement of replaceable part of semi-precision or precision attachment (male or female component) |
| D5875 | PAR | modification of removable prosthesis following implant surgery                                       |
| D5899 | PAR | unspecified removable prosthodontic procedure, by report   |

**D5900-D5999 VII. Maxillofacial Prosthetics****Maxillofacial Prosthetics**

|        |     |  |
|--------|-----|--|
| D5911  | PAR | facial moulage (sectional)   |
| D5912  | PAR | facial moulage (complete)  |
| D5913  | PAR | nasal prosthesis   |
| D5914  | PAR | auricular prosthesis   |
| D5915  | PAR | orbital prosthesis   |
| D5916  | PAR | ocular prosthesis  |
| D5919  | PAR | facial prosthesis  |
| D5922  | PAR | nasal septal prosthesis  |
| D5923  | PAR | ocular prosthesis, interim   |
| D5924  | PAR | cranial prosthesis   |
| D5925  | PAR | facial augmentation implant prosthesis   |
| D5926  | PAR | nasal prosthesis, replacement  |
| D5927  | PAR | auricular prosthesis, replacement  |
| D5928  | PAR | orbital prosthesis, replacement  |
| D5929  | PAR | facial prosthesis, replacement   |
| D5931  | PAR | obturator prosthesis, surgical   |
| D5932  | PAR | obturator prosthesis, definitive   |
| D5933  |     | Obturator prosthesis, modification   |
| D5934  | PAR | mandibular resection prosthesis with guide flange  |
| D5935  | PAR | mandibular resection prosthesis without guide flange   |
| D5936  |     | Obturator prosthesis, interim  |
| D5937  | PAR | trismus appliance (not for TMD treatment)  |
| D5951  | PAR | feeding aid  |
| D5952  | PAR | speech aid prosthesis, pediatric   |
| D5953  | PAR | speech aid prosthesis, adult   |
| D5954  | PAR | palatal augmentation prosthesis  |
| D5955  | PAR | palatal lift prosthesis, definitive  |
| D5958  | PAR | palatal lift prosthesis, interim   |
| D5959  | PAR | palatal lift prosthesis, modification  |
| D5960  | PAR | speech aid prosthesis, modification  |
| D5982  |     | surgical stent   |
| D5983  | PAR | radiation carrier  |
| D5984  | PAR | radiation shield   |
| D5985  | PAR | radiation cone locator   |
| D5986  | PAR | fluoride gel carrier   |
| D5987  | PAR | commissure splint  |
| D5988  |     | surgical splint  |
| D5991  |     | topical medicament carrier   |
| ●D5992 |     | adjust maxillofacial prosthetic appliance, by report   |
| ●D5993 |     | Maintenance and cleaning of a maxillofacial prosthesis (extra or intraoral) other than required adjustments, by report |
| D5999  | PAR | unspecified maxillofacial prosthesis, by report  |

## D6000-D6199 VIII. Implant Services

Local anesthesia is usually considered to be part of Implant Services procedures.

### Pre-Surgical Services

|       |     |  |
|-------|-----|--|
| D6190 | PAR | radiographic/surgical implant index, by report |
|-------|-----|--|

### Surgical Services

Report surgical implant procedure using codes in this section.

|       |     |   |
|-------|-----|---|
| D6010 | PAR | surgical placement of implant body: endosteal implant |
| D6040 | PAR | surgical placement: eposteal implant                  |
| D6050 | PAR | surgical placement: transosteal implant               |

### Implant Supported Prosthetics

#### Supporting Structures

|       |     |  |
|-------|-----|--|
| D6055 | PAR | dental implant supported connecting bar    |
| D6056 | PAR | prefabricated abutment, includes placement |
| D6057 | PAR | custom abutment, includes placement        |

#### Single Crowns, Abutment Supported

|       |     |  |
|-------|-----|--|
| D6060 | PAR | abutment supported porcelain fused to metal crown (predominantly base metal) |
| D6063 | PAR | abutment supported cast metal crown (predominantly base metal)               |

#### Fixed Partial Denture, Abutment Supported

|       |     |   |
|-------|-----|---|
| D6070 | PAR | abutment supported retainer for porcelain fused to metal FPD (predominantly base metal) |
| D6073 | PAR | abutment supported retainer for cast metal FPD (predominantly base metal)               |

### Other Implant Services

|       |     |  |
|-------|-----|--|
| D6080 | PAR | implant maintenance procedures, including removal of prosthesis, cleaning of prosthesis and abutments, reinsertion of prosthesis |
| D6090 | PAR | repair implant supported prosthesis, by report   |
| D6092 |     | reinsertion implant/abutment supported crown   |
| D6093 |     | reinsertion implant/abutment supported fixed partial denture   |
| D6095 | PAR | repair implant abutment, by report   |
| D6199 | PAR | unspecified implant removal procedure, by report   |

## D6200-D6999 IX. Prosthodontics, fixed

### Fixed Partial Denture Pontics

|                            |     |  |
|----------------------------|-----|--|
| D6211                      | PAR | pontic - cast predominately base metal               |
| → a benefit for teeth 1-32 |     |  |
| D6241                      | PAR | pontic - porcelain fused to predominantly base metal |
| → a benefit for teeth 1-32 |     |  |

### Fixed Partial Denture Retainers - Inlays/Onlays

|  |     |   |
|--|-----|---|
| D6545                                  | PAR | retainer - cast metal for resin bonded fixed prosthesis |
| → a benefit only for teeth 6-11, 22-27 |     |   |

### Fixed Partial Denture Retainers - Crowns

|                            |     |   |
|----------------------------|-----|---|
| D6751                      | PAR | crown – porcelain fused to predominantly base metal |
| → a benefit for teeth 1-32 |     |   |

### Fixed Partial Denture Retainers - Inlays/Onlays

|                                 |     |  |
|---------------------------------|-----|--|
| D6791                           | PAR | crown - full cast predominantly base metal |
| → a benefit only for teeth 1-32 |     |  |

### Other Fixed Partial Denture Services

|  |     |  |
|--|-----|--|
| D6920                                    | PAR | connector bar  |
| D6930                                    |     | recement fixed partial denture   |
| D6940                                    | PAR | stress breaker   |
| ▲ D6950                                  | PAR | precision attachment   |
| D6970                                    | PAR | post and core in addition to fixed partial denture retainer, Indirectly fabricated |
| D6972                                    |     | prefabricated post and core in addition to fixed partial denture retainer          |
| D6973                                    |     | core build up for retainer, including any pins                                     |
| D6975                                    | PAR | coping – metal   |
| D6976                                    | PAR | each additional indirectly fabricated post – same tooth                            |
| D6977                                    | PAR | each additional prefabricated post – same tooth                                    |
| D6980                                    | PAR | fixed partial denture repair, by report  |
| D6999                                    | PAR | unspecified fixed prosthodontic procedure, by report                               |
| → code valid for tooth numbers 1-32 only |     |  |

### D7000-D7999 X. Oral and Maxillofacial Surgery

Local anesthesia is usually considered to be part of Oral and Maxillofacial Surgical procedures. For dental benefit reporting purposes a quadrant is defined as four or more contiguous teeth and/or teeth spaces distal to the midline.

#### Extractions (Includes local anesthesia, suturing, if needed, and routine postoperative care)

|       |  |  |
|-------|--|--|
| D7140 |  | extraction, erupted tooth or exposed root (elevation and/or forceps removal) |
|-------|--|--|

#### Surgical Extractions (Includes local anesthesia, suturing, if needed, and routine postoperative care)

|         |  |   |
|---------|--|---|
| ▲ D7210 |  | surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated |
| D7220   |  | removal of impacted tooth - soft tissue   |
| D7230   |  | removal of impacted tooth - partially bony  |
| D7240   |  | removal of impacted tooth - completely bony   |
| D7241   |  | removal of impacted tooth - completely bony, with unusual surgical complications  |
| D7250   |  | surgical removal of residual tooth roots (cutting procedure)  |
| ● D7251 |  | coronectomy –intentional partial tooth removal  |

#### Other Surgical Procedures

|       |     |  |
|-------|-----|--|
| D7260 |     | oral antral fistula closure  |
| D7261 |     | primary closure of sinus perforation   |
| D7270 |     | tooth reimplantation and/or stabilization of accidentally avulsed or displaced tooth   |
| D7272 |     | tooth transplantation (includes reimplantation from one site to another and splinting &/or stabilization)  |
| D7280 | PAR | surgical access of an unerupted tooth  |
|       |     | An incision is made and the tissue is reflected and bone removed as necessary to expose the crown of an impacted tooth not intended to be extracted. |

**Other Surgical Procedures**

|   |            |  |
|---|------------|--|
| D7283   | PAR        | placement of device to facilitate eruption of impacted tooth |
| →placement of an orthodontic bracket, band or other device on an unerupted tooth, after its exposure, to aid in its eruption: not for placement of inter-dental wire ligatures; not for brass wire eruption spacer. Report surgical exposure separately using D7280 |            |  |
| D7285   |            | biopsy of oral tissue, hard (bone, tooth)                    |
| D7286   |            | biopsy of oral tissue, soft                                  |
| D7288   |            | brush biopsy – transepithelial sample collection             |
| D7290   |            | surgical repositioning of teeth                              |
| D7291   |            | transseptal fiberotomy/supra crestal fiberotomy, by report   |
| ▲D7295  | PAR ASSIST | harvest of bone for use in autogenous grafting procedure     |

**Alveoloplasty - Surgical Preparation of Ridge**

|       |  |  |
|-------|--|--|
| D7310 |  | alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant     |
| D7320 |  | alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant |

**Vestibuloplasty**

|       |  |   |
|-------|--|---|
| D7340 |  | vestibuloplasty - ridge extension (secondary epithelialization)   |
| D7350 |  | vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied & hyperplastic tissue) |

**Surgical Excision of Soft Tissue Lesions**

|       |        |   |
|-------|--------|---|
| D7410 |        | excision of benign lesion up to 1.25 cm           |
| D7411 | ASSIST | excision of benign lesion greater than 1.25 cm    |
| D7412 | ASSIST | excision of benign lesion, complicated            |
| D7413 | ASSIST | excision of malignant lesion up to 1.25 cm        |
| D7414 | ASSIST | excision of malignant lesion greater than 1.25 cm |
| D7415 | ASSIST | excision of malignant lesion, complicated         |

**Surgical Excision of Intra-Osseous lesions**

|       |        |  |
|-------|--------|--|
| D7440 |        | excision of malignant tumor - lesion diameter up to 1.25cm                           |
| D7441 | ASSIST | excision of malignant tumor - lesion diameter greater than 1.25cm                    |
| D7450 |        | removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25cm           |
| D7451 | ASSIST | removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25cm    |
| D7460 |        | removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25cm        |
| D7461 | ASSIST | removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25cm |
| D7465 |        | destruction of lesions(s) by physical or chemical methods, by report                 |

**Excision of Bone Tissue**

|       |  |  |
|-------|--|--|
| D7471 |  | removal of lateral exostosis (maxilla or mandible) |
| D7472 |  | removal of torus palatinus                         |
| D7473 |  | removal of torus mandibularis                      |
| D7485 |  | surgical reduction of osseous tuberosity           |
| D7490 |  | radical resection of maxilla or mandible           |

**Surgical Incision**

|       |  |  |
|-------|--|--|
| D7510 |  | incision & drainage of abscess - intraoral soft tissue |
|-------|--|--|

**Surgical Incision**

|       |        |   |
|-------|--------|---|
| D7511 | ASSIST | incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces) |
| D7520 |        | incision & drainage of abscess - extraoral soft tissue  |
| D7521 | ASSIST | incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple facial spaces)  |
| D7530 |        | removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue  |
| D7540 |        | removal of reaction-producing foreign bodies, musculoskeletal system  |
| D7550 |        | partial ostectomy/sequestrectomy for removal of non-vital bone  |
| D7560 |        | maxillary sinusotomy for removal of tooth fragment or foreign body  |

**Treatment of Fractures - Simple**

|       |  |   |
|-------|--|---|
| D7610 |  | maxilla - open reduction (teeth immobilized, if present)                          |
| D7620 |  | maxilla - closed reduction (teeth immobilized, if present)                        |
| D7630 |  | mandible - open reduction (teeth immobilized, if present)                         |
| D7640 |  | mandible - closed reduction (teeth immobilized, if resent)                        |
| D7650 |  | malar &/or zygomatic arch - open reduction  |
| D7660 |  | malar &/or zygomatic arch - closed reduction                                      |
| D7670 |  | alveolus – closed reduction, may include stabilization of teeth                   |
| D7671 |  | alveolus – open reduction, may include stabilization of teeth                     |
| D7680 |  | facial bones - complicated reduction with fixation & multiple surgical approaches |

**Treatment of Fractures - Compound**

|       |        |   |
|-------|--------|---|
| D7710 | ASSIST | maxilla - open reduction  |
| D7720 | ASSIST | maxilla - closed reduction  |
| D7730 | ASSIST | mandible - open reduction   |
| D7740 | ASSIST | mandible - closed reduction   |
| D7750 | ASSIST | malar and/or zygomatic arch - open reduction                                      |
| D7760 | ASSIST | malar and/or zygomatic arch - closed reduction                                    |
| D7770 | ASSIST | alveolus - open reduction stabilization of teeth                                  |
| D7771 |        | alveolus – closed reduction stabilization of teeth                                |
| D7780 | ASSIST | facial bones - complicated reduction with fixation & multiple surgical approaches |

**Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions**

|       |     |                                 |   |
|-------|-----|---------------------------------|---|
| D7810 |     | open reduction of dislocation   |   |
| D7820 |     | closed reduction of dislocation |   |
| D7830 |     | manipulation under anesthesia   |   |
| D7840 | PAR | ASSIST                          | condylectomy  |
| D7850 | PAR | ASSIST                          | surgical discectomy, with/without implant           |
| D7852 | PAR | ASSIST                          | disc repair   |
| D7854 | PAR | ASSIST                          | synovectomy   |
| D7856 | PAR | ASSIST                          | myotomy   |
| D7858 | PAR | ASSIST                          | joint reconstruction                                |
| D7860 | PAR | ASSIST                          | arthrotomy  |
| D7865 | PAR | ASSIST                          | arthroplasty  |
| D7870 | PAR | ASSIST                          | arthrocentesis                                      |
| D7871 | PAR | ASSIST                          | non-arthroscopic lysis and lavage                   |
| D7872 | PAR | ASSIST                          | arthroscopy – diagnostic, with or without biopsy    |
| D7873 | PAR | ASSIST                          | arthroscopy - surgical: lavage & lysis of adhesions |

### Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions

|       |     |        |  |
|-------|-----|--------|--|
| D7874 | PAR | ASSIST | arthroscopy - surgical: disc repositioning & stabilization |
| D7875 | PAR | ASSIST | arthroscopy - surgical: synovectomy                        |
| D7876 | PAR | ASSIST | arthroscopy - surgical: discectomy                         |
| D7877 | PAR | ASSIST | arthroscopy - surgical: debridement                        |
| D7880 | PAR |        | occlusal orthotic device, by report                        |
| D7899 | PAR | ASSIST | unspecified TMD therapy, by report                         |

### Repair of Traumatic Wounds

|       |  |  |  |
|-------|--|--|--|
| D7910 |  |  | suture of recent small wounds - up to 5 cm |
|-------|--|--|--|

### Complicated Suturing (Reconstruction Requiring Delicate Handling of Tissues and Wide Undermining for Meticulous Closure)

|       |  |  |  |
|-------|--|--|--|
| D7911 |  |  | complicated suture - up to 5 cm        |
| D7912 |  |  | complicated suture - greater than 5 cm |

### Other Repair Procedures

|         |        |        |  |
|---------|--------|--------|--|
| D7920   | ASSIST |        | skin graft (identify defect covered, location and type of graft)   |
| D7940   | PAR    | ASSIST | osteoplasty - for orthognathic deformities   |
| D7941   | PAR    | ASSIST | osteotomy – mandibular rami  |
| D7943   | PAR    | ASSIST | osteotomy – mandibular rami with bone graft; includes obtaining the graft  |
| D7944   | PAR    | ASSIST | osteotomy - segmented or subapical   |
| D7945   | PAR    | ASSIST | osteotomy - body of mandible   |
| D7946   | PAR    | ASSIST | Lefort I (maxilla - total)   |
| D7947   | PAR    | ASSIST | Lefort I (maxilla - segmented)   |
| D7948   | PAR    | ASSIST | Lefort II or Lefort III (osteoplasty of facial bones for mid-face hypoplasia or retrusion) - without bone graft  |
| D7949   | PAR    | ASSIST | Lefort II or Lefort III - with bone graft  |
| D7950   | PAR    | ASSIST | osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report |
| D7951   | PAR    |        | sinus augmentation with bone or bone substitutes (age 12-20 years)   |
| D7955   | PAR    | ASSIST | repair of maxillofacial soft and/or hard tissue defect   |
| ▲ D7960 |        |        | frenulectomy – also known as frenectomy or frenotomy - separate procedure not incidental to another              |
| D7963   |        |        | frenuloplasty  |
| D7970   |        |        | excision of hyperplastic tissue - per arch   |
| D7971   |        |        | excision of pericoronal gingiva  |
| D7972   |        |        | surgical reduction of fibrous tuberosity   |
| D7980   |        |        | sialolithotomy   |
| D7981   | ASSIST |        | excision of salivary gland, by report  |
| D7982   |        |        | sialodochoplasty   |
| D7983   |        |        | closure of salivary fistula  |
| D7990   |        |        | emergency tracheotomy  |
| D7991   | PAR    | ASSIST | coronoidectomy   |
| D7995   | PAR    | ASSIST | synthetic graft - mandible or facial bones, by report  |
| D7996   | PAR    | ASSIST | implant - mandible for augmentation purposes (excluding alveolar), by report                                     |
| D7997   |        |        | appliance removal (not by dentist who placed appliance), includes removal of archbar                             |
| D7999   | PAR    | ASSIST | unspecified oral surgery procedure, by report  |

**D8000-D8999 XI. Orthodontics**

Consult the comprehensive [Orthodontic Provider Bulletin \(B1000279 - 02/10\)](#) for additional codes and policy guidance.

**Minor Treatment to Control Harmful Habits**

|  |                             |
|--|-----------------------------|
| D8210  | removable appliance therapy |
| → only for treatment to control harmful habits |                             |
| D8220  | fixed appliance therapy     |
| → only for treatment to control harmful habits |                             |

**Unclassified Treatment**

|  |  |
|--|--|
| D9110  | palliative (emergency) treatment of dental pain – minor procedures |
| → This code can only be billed for minor dental procedures to relieve dental pain in emergencies. The nature of the emergency and the specific treatment provided must be documented in the patient's chart. This code may not be used for writing prescriptions dispensing medications in the office, or administering drugs orally. It may be used in conjunction with a problem focused examination code, radiographs and other diagnostic procedures needed to support diagnosis prior to performance of the palliative treatment. |  |

**Anesthesia**

|   |   |
|---|---|
| D9220   | deep sedation/general anesthesia – first 30 minutes                   |
| D9221   | deep sedation/general anesthesia – each additional 15 minutes         |
| ▲ D9230   | inhalation of nitrous oxide/analgesia, anxiolysis                     |
| → This code can be billed only when one or more of the following operative and/or surgical procedures are billed on the same date of service for the client: D2140-D4999, D6010-D7999 |   |
| D9241   | intravenous conscious sedation/analgesia – first 30 minutes           |
| D9242   | intravenous conscious sedation/analgesia – each additional 15 minutes |
| D9248   | non-intravenous conscious sedation                                    |

**Professional Consultation**

|  |  |
|--|--|
| D9310  | consultation (diagnostic services provided by dentist or physician other than requesting dentist or physician) |
| → A consultation is reported when one dentist refers a patient to another dentist for an opinion or advice on a particular problem encountered by the patient. |  |

**Professional Visits**

|  |   |
|--|---|
| D9410  | house/extended care facility call           |
| ▲ D9420  | hospital or ambulatory surgical center call |
| → Care provided outside the dentist's office to a patient who is in a hospital or ambulatory surgical center. Services delivered to the patient on the date of service are documented separately using the applicable procedure codes. This code may be billed to the state plan, fee-for service by enrolled dentist providing services in outpatient hospital setting or ambulatory surgical center. |   |

**Miscellaneous Services**

|       |  |
|-------|--|
| D9911 | application of desensitizing resin for cervical and/or root surface, per tooth |
| D9940 | occlusal guard, by report  |
| D9951 | occlusal adjustment - limited  |
| D9952 | PAR occlusal adjustment – complete   |
| D9971 | odontoplasty 1-2 teeth; includes removal of enamel projections                 |
| D9999 | PAR unspecified adjunctive procedure, by report                                |

## Benefits for Adults

The services for Medicaid clients who are adults, ages 21 and older, are limited to (1) emergency treatment and (2) treatment for clients with allowable concurrent medical conditions.

### Non-Covered Services for Adults

The following services are not covered for adults:

- Preventive services: prophylaxis, fluoride treatment and oral hygiene instruction
- Treatment for dental caries, gingivitis and tooth fractures
- Restorative and cosmetic procedures
- Inlay or onlay restorations
- Crowns, bridges, and implants
- Full and partial dentures: including assessment or preparation of the oral cavity for delivery of dentures/partials and bridges or subsequent adjustments to dentures/partials and bridges including treatment of pain or soreness from the wearing of dentures or any other fixed or removable prosthetic appliance.
- Alveoloplasty, vestibuloplasty, and excision of bone tissue
- Full mouth extractions

### Emergency Treatment for Oral Cavity Conditions

Adult clients who present with an acute oral cavity condition that requires hospitalization and/or immediate surgical care are eligible for emergency treatment. Only the most limited services needed to correct the emergency condition are allowed. Emergency treatment of oral cavity conditions does not require a PAR.

Emergency treatment provided to an adult client includes:

- Immediate treatment or surgery to repair trauma to the jaw
- Reduction of any fracture of the jaw or any facial bone, including splints or other appliances used for this purpose
- Extraction of tooth or tooth structures associated with the emergency treatment of a condition of the oral cavity
- Repair of traumatic oral cavity wounds
- Anesthesia services ancillary to the provision of emergency treatment

## Code Table for Adult Emergency Treatment of Oral Cavity Conditions

### Clinical Oral Evaluations

|       |   |
|-------|---|
| D0140 | limited oral evaluation - problem focused |
|-------|---|

### Radiographs/Diagnostic Imaging (Including Interpretation)

|                                  |                                     |
|----------------------------------|-------------------------------------|
| D0220                            | intraoral - periapical - first film |
| D0230                            | intraoral - each additional film    |
| D0240                            | intraoral - occlusal film           |
| → limit is 2 per date of service |                                     |
| D0250                            | extraoral - single film             |
| D0260                            | extraoral - each additional film    |
| D0270                            | bitewing - single film              |
| D0272                            | bitewings - two films               |
| D0274                            | bitewings – four films              |
| D0277                            | vertical bitewings 7 to 8 films     |
| D0330                            | panoramic film                      |

### Tests and Examinations

|       |  |
|-------|--|
| D0415 | collection of microorganisms for culture and sensitivity |
| D0460 | pulp vitality tests                                      |

### Extractions (Includes local anesthesia, suturing, if needed, and routine postoperative care)

|       |  |
|-------|--|
| D7140 | extraction, erupted tooth or exposed root (elevation and/or forceps removal) |
|-------|--|

### Surgical Extractions (includes local anesthesia, suturing, if needed, and routine postoperative care)

|         |  |
|---------|--|
| ▲ D7210 | surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap |
| D7220   | removal of impacted tooth - soft tissue  |
| D7230   | removal of impacted tooth - partially bony   |
| D7240   | removal of impacted tooth - completely bony  |
| D7250   | surgical removal of residual tooth roots (cutting procedure)   |

### Other Surgical Procedures

|       |  |
|-------|--|
| D7285 | biopsy of oral tissue - hard (bone, tooth) |
| D7286 | biopsy of oral tissue – soft               |

### Surgical Excision of Soft Tissue Lesions

|       |   |
|-------|---|
| D7410 | excision of benign lesion up to 1.25cm  |
| D7411 | ASSIST excision of benign lesion greater than 1.25cm  |
| D7412 | ASSIST excision of benign lesion, complicated   |
| D7413 | ASSIST excision of malignant lesion up to 1.25 cm   |
| D7414 | ASSIST excision of malignant lesion greater than 1.25 cm                                    |
| D7415 | ASSIST excision of malignant lesion, complicated  |
| D7440 | excision of malignant tumor – lesion diameter up to 1.25 cm                                 |
| D7441 | ASSIST excision of malignant tumor – lesion diameter greater than 1.25cm                    |
| D7450 | removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25cm                  |
| D7451 | ASSIST removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25cm    |
| D7460 | removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25cm               |
| D7461 | ASSIST removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25cm |
| D7465 | destruction of lesion(s) by physical or chemical method, by report.                         |

### Surgical Incision

|       |  |
|-------|--|
| D7510 | incision & drainage of abscess - intraoral soft tissue                     |
| D7520 | incision & drainage of abscess - extraoral soft tissue                     |
| D7530 | removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue |
| D7540 | removal of reaction-producing foreign bodies, musculoskeletal system,      |
| D7550 | partial ostectomy/sequestrectomy for removal of non-vital bone             |
| D7560 | maxillary sinusotomy for removal of tooth fragment or foreign body         |

### Treatment of Fractures - Simple

|       |   |
|-------|---|
| D7610 | maxilla - open reduction (teeth immobilized, if present)    |
| D7620 | maxilla - closed reduction (teeth immobilized, if present)  |
| D7630 | mandible - open reduction (teeth immobilized, if present)   |
| D7640 | mandible - closed reduction (teeth immobilized, if present) |
| D7650 | malar &/or zygomatic arch - open reduction                  |

**Treatment of Fractures - Simple**

|       |   |
|-------|---|
| D7660 | malar &/or zygomatic arch - closed reduction                                      |
| D7670 | alveolus – closed reduction, may include stabilization of teeth                   |
| D7671 | alveolus – open reduction, may include stabilization of teeth                     |
| D7680 | facial bones - complicated reduction with fixation & multiple surgical approaches |

**Treatment of Fractures - Compound**

|       |        |   |
|-------|--------|---|
| D7710 | ASSIST | maxilla - open reduction  |
| D7720 | ASSIST | maxilla - closed reduction  |
| D7730 | ASSIST | mandible - open reduction   |
| D7740 | ASSIST | mandible - closed reduction   |
| D7750 | ASSIST | malar &/or zygomatic arch - open reduction  |
| D7760 | ASSIST | malar &/or zygomatic arch - closed reduction                                      |
| D7770 | ASSIST | alveolus - open reduction stabilization of teeth                                  |
| D7771 |        | alveolus – closed reduction stabilization of teeth                                |
| D7780 | ASSIST | facial bones - complicated reduction with fixation & multiple surgical approaches |

**Reduction of Dislocation & Management of Other Temporomandibular Joint Dysfunction**

|       |                                 |
|-------|---------------------------------|
| D7810 | open reduction of dislocation   |
| D7820 | closed reduction of dislocation |
| D7830 | manipulation under anesthesia   |

**Repair of Traumatic Wounds**

|       |  |
|-------|--|
| D7910 | suture of recent small wounds up to 5 cm |
|-------|--|

**Complicated Suturing (Reconstruction Requiring Delicate Handling of Tissues and Wide Undermining for Meticulous Closure)**

|       |  |
|-------|--|
| D7911 | complicated suture - up to 5 cm        |
| D7912 | complicated suture - greater than 5 cm |

**Other Repair Procedures**

|       |  |
|-------|--|
| D7990 | emergency tracheotomy  |
| D7997 | appliance removal (not by dentist who placed appliance), includes removal of archbar |
| D7999 | ASSIST unspecified oral surgery procedure by report                                  |

**Unclassified Treatment**

|       |   |
|-------|---|
| D9110 | palliative (emergency) treatment of dental pain – minor procedure |
|-------|---|

**Anesthesia**

|       |   |
|-------|---|
| D9220 | deep sedation/general anesthesia – first 30 minutes                   |
| D9221 | deep sedation/general anesthesia – each additional 15 minutes         |
| D9241 | intravenous conscious sedation/analgesia – first 30 minutes           |
| D9242 | intravenous conscious sedation/analgesia – each additional 15 minutes |

**Professional Consultation**

|       |   |
|-------|---|
| D9310 | consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician) |
|-------|---|

**Professional Visits**

|  |                                  |
|--|----------------------------------|
| <b>▲ D9420</b>   | hospital or surgical center call |
| → Care provided outside the dentist’s office to a patient who is in a hospital or ambulatory surgical center. Services delivered to the patient on the date of service are documented separately using the applicable procedure codes.<br>May be billed fee-for service by enrolled dentist providing services in outpatient hospital setting or ambulatory surgical center. |                                  |

**Non-Emergency Treatment for Adults with Concurrent Medical Condition**

Adult clients with one or more concurrent medical conditions are eligible to receive non-emergency treatment of the oral cavity. **Only the concurrent medical conditions listed below, or chronic medical conditions that are exacerbated by a condition of the oral cavity as documented by the dentist, qualify an adult client for services.** A PAR is required for these services; the table below describes what must be included in the PAR. Do not submit x-rays with any PAR.

**Allowable Conditions**

| Allowable Concurrent Medical Conditions   | Required Information to be Included with all Prior Authorization Requests  |
|---|--|
| <ul style="list-style-type: none"> <li>• Neoplastic disease requiring chemotherapy and/or radiation</li> <li>• Pre and post organ transplant</li> <li>• Pregnancy</li> <li>• Chronic medical condition in which there is documentation that the medical condition is exacerbated by the condition of the oral cavity</li> </ul> | <ul style="list-style-type: none"> <li>• Dentist’s statement describing the approved concurrent medical condition and the oral cavity condition.</li> <li>• The client’s physician should submit adequate, clear, and concise evidence of how the concurrent medical condition is exacerbated by the oral cavity condition and why it is necessary to provide treatment. This information should be submitted with the dentist’s PAR.</li> </ul> |

**Code Table for Non-Emergency Treatment for Adults with a Concurrent Medical Condition**

**Clinical Oral Evaluations**

|  |   |
|--|---|
| D0140                                    | limited oral evaluation - problem focused                             |
| D0150                                    | PAR comprehensive oral evaluation – new or established patient        |
| D0160                                    | PAR detailed & extensive oral evaluation - problem focused, by report |
| D0180                                    | PAR comprehensive periodontal evaluation-new or established patient   |
| → limited to independent hygienists only |   |

**Radiographs/Diagnostic Imaging (Including Interpretation)**

|       |   |
|-------|---|
| D0210 | PAR intraoral - complete series (including bite wings)            |
| D0220 | intraoral - periapical - first film                               |
| D0230 | intraoral - each additional film                                  |
| D0240 | intraoral - occlusal film   |
| D0250 | extraoral - single film   |
| D0260 | extraoral - each additional film                                  |
| D0270 | bitewing - single film  |
| D0272 | bitewings - two films   |
| D0274 | bitewings - four films  |
| D0290 | PAR posterior-anterior or lateral skull & facial bone survey film |
| D0310 | PAR sialography   |
| D0320 | PAR temporomandibular joint arthrogram, including injection       |

**Radiographs/Diagnostic Imaging (Including Interpretation)**

|       |     |  |
|-------|-----|--|
| D0321 | PAR | other temporomandibular joint films, by report |
| D0322 | PAR | tomographic survey                             |
| D0330 |     | panoramic film                                 |

**Tests and Examinations**

|       |     |  |
|-------|-----|--|
| D0415 |     | collection of microorganisms for culture and sensitivity |
| D0460 |     | pulp vitality tests                                      |
|       |     | → includes multiple teeth & contralateral comparison/s   |
| D0470 | PAR | diagnostic casts   |
|       |     | → includes both maxillary and mandibular casts           |

**Periodontics**

|       |     |   |
|-------|-----|---|
| D4210 | PAR | gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant                    |
| D4211 | PAR | gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant                    |
| D4240 | PAR | gingival flap procedure, including root planning, four or more contiguous teeth or tooth bounded spaces, per quadrant |

**Non-Surgical Periodontal Service**

|         |     |   |
|---------|-----|---|
| ▲ D4321 | PAR | provisional splinting – extracoronal  |
| D4341   | PAR | periodontal scaling and root planing - four or more teeth per quadrant  |
| D4355   | PAR | full mouth debridement to enable comprehensive evaluation and diagnosis   |
| D4381   | PAR | localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report |
| D5982   | PAR | surgical stent  |
| D5983   | PAR | radiation carrier   |
| D5984   | PAR | radiation shield  |
| D5985   | PAR | radiation cone locator  |
| D5987   | PAR | commissure splint   |
| D5988   | PAR | surgical splint   |
| ● D5992 |     | adjust maxillofacial prosthetic appliance, by report  |

**Extraction**

|       |  |  |
|-------|--|--|
| D7140 |  | extraction, erupted tooth or exposed root (elevation and/or forceps removal) |
|-------|--|--|

**Surgical Extractions (includes local anesthesia, suturing, if needed, and routine postoperative care)**

|         |  |  |
|---------|--|--|
| ▲ D7210 |  | surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap |
| D7220   |  | removal of impacted tooth - soft tissue  |
| D7230   |  | removal of impacted tooth - partially bony   |
| D7240   |  | removal of impacted tooth - completely bony  |
| D7250   |  | surgical removal of residual tooth roots (cutting procedure)   |

**Other Surgical Procedures**

|       |  |  |
|-------|--|--|
| D7260 |  | oroantral fistula closure                  |
| D7261 |  | primary closure of sinus perforation       |
| D7285 |  | biopsy of oral tissue - hard (bone, tooth) |
| D7286 |  | biopsy of oral tissue – soft               |

**Other Surgical Procedures**

|         |            |  |
|---------|------------|--|
| ▲ D7295 | PAR ASSIST | harvest of bone for use in autogenous grafting procedure |
|---------|------------|--|

**Surgical Excision of Reactive Inflammatory Lesions**

|       |        |   |
|-------|--------|---|
| D7410 |        | excision of benign lesion up to 1.25 cm           |
| D7411 | ASSIST | excision of benign lesion greater than 1.25 cm    |
| D7412 | ASSIST | excision of benign lesion, complicated            |
| D7413 | ASSIST | excision of malignant lesion up to 1.25 cm        |
| D7414 | ASSIST | excision of malignant lesion greater than 1.25 cm |
| D7415 | ASSIST | excision of malignant lesion, complicated         |

**Removal of Tumors, Cysts & Neoplasm**

|       |        |  |
|-------|--------|--|
| D7440 |        | excision of malignant tumor - lesion diameter up to 1.25cm                           |
| D7441 | ASSIST | excision of malignant tumor - lesion diameter greater than 1.25cm                    |
| D7450 |        | removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25cm           |
| D7451 | ASSIST | removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25cm    |
| D7460 |        | removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25cm        |
| D7461 | ASSIST | removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25cm |
| D7465 |        | destruction of lesion(s) by physical or chemical method, by report                   |

**Excision of Bone Tissue**

|       |     |  |
|-------|-----|--|
| D7485 | PAR | surgical reduction of osseous tuberosity |
| D7490 | PAR | radical resection of maxilla or mandible |

**Surgical Incision**

|       |  |   |
|-------|--|---|
| D7510 |  | incision & drainage of abscess - intraoral soft tissue                    |
| D7520 |  | incision & drainage of abscess - extraoral soft tissue                    |
| D7530 |  | removal of foreign body from mucosa, skin or subcutaneous alveolar tissue |
| D7540 |  | removal of reaction-producing foreign bodies – musculoskeletal system     |
| D7550 |  | partial ostectomy/sequestrectomy for removal of non-vital bone            |
| D7560 |  | maxillary sinusotomy for removal of tooth fragment or foreign body        |

**Treatment of Fractures - Simple**

|       |  |   |
|-------|--|---|
| D7610 |  | maxilla - open reduction (teeth immobilized, if present)                          |
| D7620 |  | maxilla - closed reduction (teeth immobilized, if present)                        |
| D7630 |  | mandible - open reduction (teeth immobilized, if present)                         |
| D7640 |  | mandible - closed reduction (teeth immobilized, if present)                       |
| D7650 |  | malar &/or zygomatic arch - open reduction  |
| D7660 |  | malar &/or zygomatic arch - closed reduction                                      |
| D7670 |  | alveolus – closed reduction, may include stabilization of teeth                   |
| D7671 |  | alveolus – open reduction, may include stabilization of teeth                     |
| D7680 |  | facial bones - complicated reduction with fixation & multiple surgical approaches |

**Treatment of Fractures - Compound**

|       |        |  |
|-------|--------|--|
| D7710 | ASSIST | maxilla - open reduction                   |
| D7720 | ASSIST | maxilla - closed reduction                 |
| D7730 | ASSIST | mandible - open reduction                  |
| D7740 | ASSIST | mandible - closed reduction                |
| D7750 | ASSIST | malar &/or zygomatic arch - open reduction |

### Treatment of Fractures - Compound

|       |        |   |
|-------|--------|---|
| D7760 | ASSIST | malar &/or zygomatic arch - closed reduction                                      |
| D7770 | ASSIST | alveolus – open reduction stabilization of teeth                                  |
| D7771 |        | alveolus – closed reduction stabilization of teeth                                |
| D7780 | ASSIST | facial bones - complicated reduction with fixation & multiple surgical approaches |

### Reduction of Dislocation & Management of Other Temporomandibular Joint Dysfunction

|       |     |                                 |  |
|-------|-----|---------------------------------|--|
| D7810 |     | open reduction of dislocation   |  |
| D7820 |     | closed reduction of dislocation |  |
| D7830 |     | manipulation under anesthesia   |  |
| D7840 | PAR | ASSIST                          | condylectomy   |
| D7850 | PAR | ASSIST                          | surgical discectomy, with/without implant                  |
| D7852 | PAR | ASSIST                          | disc repair  |
| D7854 | PAR | ASSIST                          | synovectomy  |
| D7856 | PAR | ASSIST                          | myotomy  |
| D7858 | PAR | ASSIST                          | joint reconstruction                                       |
| D7860 | PAR | ASSIST                          | arthrotomy   |
| D7865 | PAR | ASSIST                          | arthroplasty   |
| D7870 | PAR | ASSIST                          | arthrocentesis   |
| D7871 | PAR | ASSIST                          | non-arthroscopic lysis and lavage                          |
| D7872 | PAR | ASSIST                          | arthroscopy – diagnostic, with or without biopsy           |
| D7873 | PAR | ASSIST                          | arthroscopy - surgical: lavage & lysis of adhesions        |
| D7874 | PAR | ASSIST                          | arthroscopy - surgical: disc repositioning & stabilization |
| D7875 | PAR | ASSIST                          | arthroscopy - surgical: synovectomy                        |
| D7876 | PAR | ASSIST                          | arthroscopy - surgical: discectomy                         |
| D7877 | PAR | ASSIST                          | arthroscopy - surgical: debridement                        |
| D7880 | PAR | occlusal                        | orthotic device, by report                                 |
| D7899 | PAR | ASSIST                          | unspecified TMD therapy, by report                         |

### Repair of Traumatic Wounds

|       |  |   |
|-------|--|---|
| D7910 |  | suture of recent small wounds up to 5cm |
|-------|--|---|

### Complicated Suturing

**(Reconstruction requiring delicate handling of tissues & wide undermining for meticulous closure)**

|       |  |                                       |
|-------|--|---------------------------------------|
| D7911 |  | complicated suture - up to 5cm        |
| D7912 |  | complicated suture - greater than 5cm |

### Other Repair Procedures

|       |     |        |   |
|-------|-----|--------|---|
| D7920 | PAR | ASSIST | skin graft (identify defect covered, location and type of graft)  |
| D7950 | PAR | ASSIST | osseous, osteoperiosteal or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report |
| D7955 | PAR | ASSIST | repair of maxillofacial soft and/or hard tissue defect  |
| D7980 | PAR |        | sialolithotomy  |
| D7981 | PAR | ASSIST | excision of salivary gland, by report   |
| D7982 | PAR |        | sialodochoplasty  |
| D7983 | PAR |        | closure of salivary fistula   |
| D7990 |     |        | emergency tracheotomy   |
| D7991 | PAR | ASSIST | coronoidectomy  |
| D7997 |     |        | appliance removal (not by dentist who placed appliance), includes removal of archbar                            |

**Other Repair Procedures**

|       |     |        |   |
|-------|-----|--------|---|
| D7999 | PAR | ASSIST | unspecified oral surgery procedure, by report |
|-------|-----|--------|---|

**Unclassified Treatment**

|       |   |  |  |
|-------|---|--|--|
| D9110 | palliative (emergency) treatment of dental pain – minor procedure |  |  |
|-------|---|--|--|

**Anesthesia**

|       |   |  |  |
|-------|---|--|--|
| D9220 | deep sedation/general anesthesia – first 30 minutes                   |  |  |
| D9221 | deep sedation/general anesthesia – each additional 15 minutes         |  |  |
| D9241 | intravenous conscious sedation/analgesia – first 30 minutes           |  |  |
| D9242 | intravenous conscious sedation/analgesia – each additional 15 minutes |  |  |

**Professional Consultation**

|       |     |   |  |
|-------|-----|---|--|
| D9310 | PAR | consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician) |  |
|-------|-----|---|--|

**Professional Visits**

|  |   |  |  |
|--|---|--|--|
| ▲D9420   | hospital or ambulatory surgical center call |  |  |
| <p>→Care provided outside the dentist's office to a patient who is in a hospital or ambulatory surgical center. Services delivered to the patient on the date of service are documented separately using the applicable procedure codes.</p> <p>May be billed fee-for service by enrolled dentist providing services in outpatient hospital setting or ambulatory surgical center.</p> |   |  |  |

## Benefits for Non-Citizens

Non-citizen clients are eligible for emergency treatment if the client presents with an acute oral cavity condition that requires hospitalization and/or immediate surgical care. **Only the most limited service(s) needed to correct the emergency oral cavity condition(s) are allowed.**

Emergency treatment provided to a non-citizen client includes:

- Immediate treatment or surgery to repair trauma to the jaw
- Reduction of any fracture of the jaw or any facial bone, including splints or other appliances used for this purpose.
- Extraction of tooth or tooth structures associated with the emergency treatment of a condition of the oral cavity
- Repair of traumatic oral cavity wounds
- Anesthesia services ancillary to the provision of emergency treatment

Please refer to the coding reference guide below for the only codes available for billing treatment of emergency oral cavity conditions for non-citizen clients.

Emergency treatment of oral cavity conditions does not require a prior authorization (PAR).

### Code Table for Non-Citizen Benefits

#### Clinical Oral Evaluations

|       |   |
|-------|---|
| D0140 | limited oral evaluation - problem focused |
|-------|---|

#### Radiographs/Diagnostic Imaging (Including Interpretation)

|       |                                     |
|-------|-------------------------------------|
| D0220 | intraoral - periapical - first film |
| D0230 | intraoral - each additional film    |
| D0240 | intraoral - occlusal film           |
| D0250 | extraoral - single film             |
| D0260 | extraoral - each additional film    |
| D0270 | bitewing - single film              |
| D0272 | bitewings - two films               |
| D0330 | panoramic film                      |

#### Tests and Examinations

|       |  |
|-------|--|
| D0415 | collection of microorganisms for culture and sensitivity |
|-------|--|

#### Extraction

|       |  |
|-------|--|
| D7140 | extraction, erupted tooth or exposed root (elevation and/or forceps removal) |
|-------|--|

#### Surgical Extractions (Includes local anesthesia, suturing, if needed, and routine postoperative care)

|         |  |
|---------|--|
| ▲ D7210 | surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap |
| D7220   | removal of impacted tooth - soft tissue  |
| D7230   | removal of impacted tooth - partially bony   |
| D7240   | removal of impacted tooth - completely bony  |
| D7250   | surgical removal of residual tooth roots (cutting procedure)   |

#### Other Surgical Procedures

|       |  |
|-------|--|
| D7285 | biopsy of oral tissue - hard (bone, tooth) |
| D7286 | biopsy of oral tissue – soft               |

**Surgical Excision of Soft Tissues Lesions**

|       |        |   |
|-------|--------|---|
| D7411 | ASSIST | excision of benign lesion greater than 1.25cm     |
| D7412 | ASSIST | excision of benign lesion, complicated            |
| D7413 | ASSIST | excision of malignant lesion up to 1.25 cm        |
| D7414 | ASSIST | excision of malignant lesion greater than 1.25 cm |
| D7415 | ASSIST | excision of malignant lesion, complicated         |

**Surgical Excision of Intra-Osseous Lesions**

|       |        |  |
|-------|--------|--|
| D7440 |        | excision of malignant tumor – lesion diameter up to 1.25 cm                          |
| D7441 | ASSIST | excision of malignant tumor – lesion diameter greater than 1.25cm                    |
| D7450 |        | removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25cm           |
| D7451 | ASSIST | removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25cm    |
| D7460 |        | removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25cm        |
| D7461 | ASSIST | removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25cm |
| D7465 |        | destruction of lesion(s) by physical or chemical method, by report.                  |

**Surgical Incision**

|       |  |   |
|-------|--|---|
| D7510 |  | incision & drainage of abscess - intraoral soft tissue                    |
| D7520 |  | incision & drainage of abscess - extraoral soft tissue                    |
| D7530 |  | removal of foreign body from mucosa, skin or subcutaneous alveolar tissue |
| D7540 |  | removal of reaction-producing foreign bodies, musculoskeletal system      |
| D7550 |  | partial ostectomy/sequestrectomy for removal of non-vital bone            |
| D7560 |  | maxillary sinusotomy for removal of tooth fragment or foreign body        |

**Treatment of Fractures - Simple**

|       |  |   |
|-------|--|---|
| D7610 |  | maxilla - open reduction (teeth immobilized, if present)                          |
| D7620 |  | maxilla - closed reduction (teeth immobilized, if present)                        |
| D7630 |  | mandible - open reduction (teeth immobilized, if present)                         |
| D7640 |  | mandible - closed reduction (teeth immobilized, if present)                       |
| D7650 |  | malar &/or zygomatic arch - open reduction  |
| D7660 |  | malar &/or zygomatic arch - closed reduction                                      |
| D7670 |  | alveolus – closed reduction, may include stabilization of teeth                   |
| D7671 |  | alveolus – open reduction, may include stabilization of teeth                     |
| D7680 |  | facial bones - complicated reduction with fixation & multiple surgical approaches |

**Treatment of Fractures - Compound**

|       |        |   |
|-------|--------|---|
| D7710 | ASSIST | maxilla - open reduction  |
| D7720 | ASSIST | maxilla - closed reduction  |
| D7730 | ASSIST | mandible - open reduction   |
| D7740 | ASSIST | mandible - closed reduction   |
| D7750 | ASSIST | malar &/or zygomatic arch - open reduction  |
| D7760 | ASSIST | malar &/or zygomatic arch - closed reduction                                      |
| D7770 | ASSIST | alveolus - open reduction stabilization of teeth                                  |
| D7771 |        | alveolus – closed reduction stabilization of teeth                                |
| D7780 | ASSIST | facial bones - complicated reduction with fixation & multiple surgical approaches |

**Reduction of Dislocation & Management of Other Temporomandibular Joint Dysfunction**

|       |  |                                 |
|-------|--|---------------------------------|
| D7810 |  | open reduction of dislocation   |
| D7820 |  | closed reduction of dislocation |

**Reduction of Dislocation & Management of Other Temporomandibular Joint Dysfunction**

|       |                               |
|-------|-------------------------------|
| D7830 | manipulation under anesthesia |
|-------|-------------------------------|

**Repair of Traumatic Wounds**

|       |  |
|-------|--|
| D7910 | suture of recent small wounds up to 5 cm |
|-------|--|

**Complicated Suturing (Reconstruction Requiring Delicate Handling of Tissues and Wide Undermining for Meticulous Closure)**

|       |  |
|-------|--|
| D7911 | complicated suture - up to 5 cm        |
| D7912 | complicated suture - greater than 5 cm |

**Other Repair Procedures**

|       |                       |
|-------|-----------------------|
| D7990 | emergency tracheotomy |
|-------|-----------------------|

**Unclassified Treatment**

|       |   |
|-------|---|
| D9110 | palliative (emergency) treatment of dental pain – minor procedure |
|-------|---|

**Anesthesia**

|       |   |
|-------|---|
| D9220 | deep sedation/general anesthesia – first 30 minutes                   |
| D9221 | deep sedation/general anesthesia – each additional 15 minutes         |
| D9241 | intravenous conscious sedation/analgesia – first 30 minutes           |
| D9242 | intravenous conscious sedation/analgesia – each additional 15 minutes |

**Professional Visits**

|         |  |
|---------|--|
| ▲ D9420 | hospital or ambulatory surgical call   |
| →       | Care provided outside the dentist's office to a patient who is in a hospital or ambulatory surgical center. Services delivered to the patient on the date of service are documented separately using the applicable procedure codes.<br>May be billed fee-for service by enrolled dentist providing services in outpatient hospital setting or ambulatory surgical center. |



# Colorado Medical Assistance Program

## Dental Provider Certification

This is to certify that the foregoing information is true, accurate and complete.

This is to certify that I understand that payment of this claim will be from Federal and State funds and that any falsification, or concealment of material fact, may be prosecuted under Federal and State Laws.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This document is an addendum to ADA Dental Claim forms and this document is required per 42 C.F.R. 455.18 (a)(1-2) to be attached to dental claims that are submitted for payment by paper.

# Colorado Medicaid Program Billing



## Assistant Surgeon Report

**ASSIST** next to the procedure code in the current Dental ADA Codes bulletin indicates an assistant surgeon is allowed. The procedures for which an assistant surgeon is allowed are different for children, adults and non-citizen clients. Please refer to the appropriate section of the bulletin before providing these services.

- A Prior Authorization Request (PAR) is **not** required for the assistant surgeon.
- Assistant surgeon claims must be submitted on a 2006 ADA paper claim form.
- Bill one D7999 “unspecified oral surgery procedure, by report”, and enter the total charge for assisting with the surgery/surgeries.
- In the “Remarks” area, write “assistant surgery”.
- Please do not send x-rays.

**Copy this page, complete the Assistant Surgeon Report, and attach it to your paper claim form.**

If enrolled in Medicaid as a dentist rather than physician, CPT medical and surgical codes cannot be used.

## Assistant Surgeon Report

Report date \_\_\_\_\_

Assistant surgeon name \_\_\_\_\_

Provider Medicaid Program number \_\_\_\_\_ Provider NPI \_\_\_\_\_

Primary surgeon name \_\_\_\_\_

Provider Medicaid Program number \_\_\_\_\_ Provider NPI \_\_\_\_\_

Medicaid Program client name \_\_\_\_\_ Client Medicaid ID number \_\_\_\_\_

Claim date of service \_\_\_\_\_

**List the ADA procedure codes provided by the primary surgeon, for which you were the assistant surgeon.**

**Attach this form to completed ADA claim form as described above.**

PLEASE COPY THIS BLANK FORM AS NEEDED

## Dental Services for Clients Age 20 & Under

### Preventive

#### Prophylaxis

Teeth cleanings are allowed every six month period per client.

Prophylaxis is not a benefit when billed on the same date of service as any periodontal procedure code.

#### Fluoride

Topical fluoride treatment is allowed once every six months. Additional topical fluoride treatments totaling a maximum of three treatments within a twelve month period are available for clients with documented high-risk oral conditions due to disease process, medications, severe periodontal disease, rampant caries, developmental disability, congenital or other medical condition which prevents adequate daily oral health care. Dental should use the dental risk assessment form, Pediatric Oral Health Screening and medical providers should use the medical risk assessment form, Pediatric Oral Health Screening. These forms are found as attachments to the February 2011 dental bulletin and on the Department's Web site.

#### Sealants

Sealants may be applied to any permanent first or second molar at risk for occlusal pit and fissure decay. A separate benefit will not be paid for sealant placed in the facial (buccal) pit and/or fissure of a permanent molar tooth.

Please consult the [JADA 2010, Vol. 141, No 3](#) publication regarding appropriate tooth preparation.

#### Space Maintenance (Passive Appliances)

Limitation for space maintainers is to hold arch space after the premature loss of a first or second primary molar or a permanent first molar, or congenitally missing permanent tooth. Lost space maintainers are replaceable in conjunction with guidance from Medicaid staff. A provisional prosthesis (interim partial denture) designed for use over a limited period of time is also a covered benefit but must be pre-authorized. Fees for space maintainers include maintenance and repair. Repairs and relines to removable dentures are a benefit.

### Diagnostic

#### Clinical Oral Evaluations

A comprehensive oral evaluation (exam) for a new or established patient is allowed once every **three years** per billing provider. This applies to new patients, established patients who have had a significant change in health conditions or other documented unusual circumstances, or established patients who have been absent from active treatment for three or more years. This includes a thorough evaluation and recording of the extraoral and intraoral hard and soft tissues. It may require interpretation of information acquired through additional diagnostic procedures. Additional diagnostic procedures should be reported separately.

A periodic oral evaluation is an evaluation performed on a patient of record to determine any changes in the patient's dental and medical health status since a previous comprehensive or periodic evaluation. This includes an oral cancer evaluation and periodontal screening where indicated, and may require interpretation of information acquired through additional diagnostic procedures. A periodic oral evaluation is allowed twice in a calendar year per patient by the same provider or one time when it is performed in the same year as a previously administered comprehensive oral evaluation. An additional oral evaluation is available for clients with documented high risk oral conditions due to disease process, medication, severe periodontal disease, rampant caries, developmental disability, congenital or other medical conditions which prevent adequate daily oral health care.

For each emergent episode, use of a limited oral evaluation – procedure is allowed. A limited oral evaluation procedure cannot be billed routinely with multiple treatment procedures. Limited oral evaluations may be billed by two different providers on the same date of service for the same client when one provider is a general dentist and the other is a dentist who has received post graduate training in one of the recognized dental specialties.

An oral evaluation for a patient less than three years of age and counseling with primary caregiver is available for a new or established patient twice annually. This service includes recording the oral and physical health history, evaluation of caries susceptibility, development of an appropriate preventive oral health regimen and communication with and counseling of the child's parent, legal guardian and/or primary caregiver. Additional oral evaluations may be available for clients with documented high risk oral conditions due to disease process, medication, rampant caries, developmental disability, congenital or other medical conditions.

## **Radiographs**

Colorado Medicaid requires that clinicians follow the guidelines of the American Academy of Pediatric Dentistry for prescribing dental radiographs for infants, children, adolescents and persons with special health care needs.

**Click on [Radiographs](#) for guidelines.**

A minimum of eight films is required for an intra-oral complete series (full mouth series, complete series). Clients over twelve years of age require 12-20 films as is appropriate for an intra-oral complete series. A panoramic film with four bitewing radiographs is considered equivalent to an intra-oral complete series and cannot be billed on the same date of service as a full mouth series without pre-authorization.

The claim payment for any number or combination of intra-oral radiographic films with or without a panoramic film on the same date of service is not allowed to exceed the maximum benefit for an intra-oral complete series. No panoramic film is permitted on a child less than 6 years of age without pre-authorization.

An intra-oral complete series is allowed once every three years by the same billing dentist. The exception to this limitation is when the client is new to the office or clinic and they were unsuccessful in obtaining radiographs from the previous dental provider. Supporting documentation outlining the provider's attempts to receive previous radiographs must be included in the client's records. Limited x-rays may be billed by two different providers on the same date of service for the same client when one provider is a general dentist and the other is a dentist who has received post graduate training in one of the recognized dental specialties and is not under the same billing provider.

Intra-oral occlusal films may be billed once per arch and are limited to a total of two billings per day by the same billing provider

Intra-operative radiographs cannot be billed separately as part of any endodontic or root canal procedure.

## **Therapeutic**

### **Restorative**

Routine amalgam and composite fillings on posterior and anterior teeth are allowed. Tooth preparation, anesthesia, all adhesives, liners and bases, polishing and occlusal adjustments are included as part of the restoration. If pins are used, they should be reported separately.

Refer to the most current American Dental Association publication, *Current Dental Terminology* (CDT) for definitions of restorative procedures. Unbundling of dental restorations (fillings) is not allowed. The total restorative fee for a primary tooth cannot exceed the current maximum benefit for a prefabricated stainless steel crown.

Restorations for permanent and primary teeth are paid at the same rate.

Claim payment to a dental provider for one or more restorations for the same tooth is limited to a total of four tooth surfaces.

Amalgam or composite restoration and a crown on the same tooth same date of service is not allowed. A core buildup, including any pins is allowed along with a crown on the same tooth on the same date of service.

### **Non-removable prosthetics**

Indirect post and cores, porcelain fused to predominately base metal and full cast predominantly base metal crowns are a benefit for all permanent teeth however they must be pre-authorized. Porcelain crowns placed primarily for aesthetic reasons are not a covered benefit.

Prefabricated stainless steel crowns are a benefit for both primary and permanent teeth. Prefabricated resin crowns, prefabricated stainless steel crowns with a resin window, and prefabricated esthetic coated stainless steel crowns - primary tooth are a benefit only for anterior primary teeth. A maximum of five crowns are allowed to be prepared and inserted on the same day of service in a non-hospital setting unless pre-authorized.

Crowns are covered if there is significant loss of clinical crown, and/or the tooth has completed endodontic treatment and no other restoration will restore function. Crowns will not be covered in cases of advanced periodontal disease, poor crown to root ratio, or generalized poor prognosis.

Payment for preparation of the gingival tissue cannot be billed separately and is included in the global benefit for a crown.

Payment for pin retention – per tooth, in additional to restorations is limited to four per tooth. Payment for pin retention is not allowed when a core buildup is also billed for the same tooth on the same date of service.

Fixed partial dentures are a benefit for permanent teeth, however, require preauthorization. This includes porcelain fused to predominately base metal or cast predominately base metal, connector bars, stress breakers, precision attachments, post and cores and copings.

Refer to the current CDT for classification of materials.

### **Endodontic Therapy**

Therapeutic pulpotomy with the aim of maintaining the tooth vitality is a benefit for primary teeth and permanent teeth. It is not intended to be the first stage of conventional root canal therapy.

Pulpal therapy inclusive of pulpectomy, cleaning and filling of canals with resorbable material is a benefit for all primary teeth with succedaneous teeth.

Endodontic therapy is a covered benefit for permanent teeth excluding third molars and all primary teeth without succedaneous teeth.

Pulpal debridement for acute pain relief prior to conventional root canal therapy is a benefit for primary teeth and permanent teeth excluding third molars. This procedure must be performed prior to the commencement of root canal therapy and only by a provider other than the provider who completes the root canal therapy.

Direct and indirect pulp caps are a benefit when clearly documented in the dental records. All adhesives (including amalgam bonding agents), liners and bases are included as part of a restoration; they cannot appropriately be billed separately and no additional benefit will be paid.

Separate reimbursement for open and drain is only allowed prior to date of service for an extraction or root canal therapy.

Root canal therapy that has only been initiated or taken to some degree of completion, but not carried to completion with a final filling may be billed as incomplete endodontic therapy.

Palliative treatment is defined in the CDT as “action that relieves pain but is not curative.” Clinicians that bill for palliative treatment on a tooth should not be billing for definitive treatment on the same tooth same date of service. Writing of prescription when no other treatment is rendered is not billable as palliative treatment. In addition, examination is not considered as the relief of pain. Radiographs and test necessary to diagnose the emergency condition are considered separately

Root canal therapy and palliative treatment should not be billed by the same provider for the same client, the same tooth, the same date of service.

## Periodontics

Most periodontal procedures require preauthorization.

Diagnosis and classification of the periodontology case type must be in accordance with documentation as currently established by the [American Academy of Periodontology](#).

Clear evidence of bone loss must be present on the current radiographs to support the diagnosis of periodontitis.

There must be current six point periodontal charting with mobility noted inclusive of periodontal prognosis.

Gross debridement will be a covered service for clients age twelve through twenty. No prophylaxis or periodontal benefits will be allowed on the same date of service for clients receiving a gross debridement. This is a reimbursable benefit once every three years.

Scaling and root planing-four or more teeth per quadrant is a covered benefit. Local anesthetic or locally applied anesthetic may not be billed separately.

Gingivectomy or gingivoplasty is covered for severe fibrous gingival hyperplasia where enlargement of gum tissues occurs due to a concurrent medical condition.

Gingival flap procedures and osseous surgery per quadrant procedures are allowed once every three years unless there is a documented medical/dental indication for more frequent treatment.

A maximum of two quadrants on one date of service is allowed, except in a hospital setting. Quadrants are not limited to physical area, but are further defined by the ADA code descriptor.

Periodontal procedures include six months routine postoperative care.

## Removable Prosthetics

Prosthodontic services covered are complete dentures, immediate dentures, partial dentures and relines and tissue conditioning.

Interim complete dentures, overdentures or partials are a benefit but must be pre-authorized.

Extensive maxillofacial prosthetics to habilitate the esthetics and function of patients with acquired, congenital and developmental defects of the head and neck are a benefit as well as services to and methods used to maintain the oral health of clients exposed to cancer-cidal doses of radiation or cytotoxic drugs.

Replacement of a removable prosthesis is allowed once if the replacement is necessary because the removable prosthesis was misplaced, stolen, or damaged due to circumstances beyond the recipient's control. When applicable, the recipient's degree of physical and mental impairment must be considered in determining whether the circumstances were beyond a recipient's control.

Replacement of partial prosthesis is eligible for payment if the existing prosthesis cannot be modified or altered to meet the recipient's dental needs.

Service for a removable prosthesis must include instruction in the use and care of the prosthesis and any adjustment necessary to achieve a proper fit during the six months immediately following the provision of the prosthesis. The dentist must document the instruction and the necessary adjustments, if any, in the recipient's dental record.

Denture adjustments are a covered service only when performed by a dentist who did not provide the denture. Other services include the repair of a broken denture base, repair or replacement of broken clasps, replacement of teeth, and denture relines.

## Implants

Endosteal, eposteal and transosteal implants, components and implant supported prosthetics may be a benefit upon the dental consultant's review of the entire surgical and prosthetic treatment plan. This includes surgical placement of the implant, supporting structures for the implant supported prosthetics such as the dental implant supported connecting bar, prefabricated or custom abutment, an abutment supported porcelain fused to base metal crown, an abutment supported cast metal crown, and an abutment supported retainer of porcelain fused to metal or full metal for a full partial denture.

Additional benefits include implant maintenance procedures, repair of prosthesis or abutment by report, and recementing of the implant supported crown or fixed partial denture.

All implant services require pre-authorization. Alternative treatment plan recommendations may be made at the discretion of the Department.

## Oral Surgery

Extractions which are covered include simple, surgical, soft tissue impactions, partial bony impactions and full bony impactions including third molars. Excision of pericoronal gingival or hyperplastic tissue is a benefit. Surgical access of an unerupted tooth and/or placement of a device to facilitate eruption of an impacted tooth are covered benefits however must be pre-authorized. Surgical access for placement of inter-dental wire ligatures or brass wire eruption spacers are not covered benefits.

Incision and drainage of abscesses are a benefit.

Reduction of dislocation and management of other temporomandibular joint dysfunctions are covered benefits but may require pre-determination.

Removal of maxillary or mandibular lateral exostosis, torus palatinus or mandibularis and surgical reduction of osseous tuberosities, tumors, cysts, neoplasms and reactive inflammatory lesions are a covered benefit.

Alveoloplasty for surgical preparation of ridge for dentures and vestibuloplasties are a covered benefit.

Frenulectomy and frenuloplasty are covered benefits.

Tooth reimplantation is a covered benefit in the event of tooth evulsion.

All oral surgery procedures include local anesthesia and visits for routine postoperative care such as suture removal.

Orthognathic surgery may be a covered benefit in conjunction with a pre-authorized orthodontic treatment plan, trauma, or congenital defects.

Treatment of simple and compound fractures, repair of traumatic wounds and miscellaneous repair procedures are a benefit.

Clinicians should consult the provider bulletin to identify additional covered surgical procedures.

## Anesthesia

The following different levels of sedation are a benefit:

Deep sedation/general anesthesia is an induced state of unconsciousness accompanied by partial or complete loss of protective reflexes, including the ability to independently maintain the airway and respond purposefully to physical stimulation or verbal command.

Intravenous conscious sedation/ analgesia is a medically controlled state of depressed consciousness while maintaining the patient's airway, protective reflexes and the ability to respond to stimulation or verbal commands. It includes intravenous administration of a sedative and/or analgesic agent(s) and appropriate monitoring

Non-intravenous conscious sedation includes the administration of a sedative and/or analgesic agent(s) by a route other than IV. Conscious sedation medically controls a state of depressed consciousness while maintaining the patient's airway, protective reflexes and the ability to respond to stimulation or verbal commands.

## Palliative treatment

Palliative treatment is a minor dental procedure to relieve dental pain. The provider should document in the patient's chart the nature of the emergency and the specific treatment provided. Billing of palliative treatment is not allowed for writing prescriptions, dispensing drugs or medicaments through the office, or administering drugs orally. It may be used in conjunction with a problem focused examination code, radiographs and other diagnostic procedures needed to support diagnosis prior to performance of the palliative treatment.

## Orthodontics

Orthodontic treatment for handicapping malocclusion is a benefit only when the client's condition is the result of accident or injury, congenital dentofacial malformations, medical condition, or severe skeletal condition or discrepancy. Greater emphasis on the skeletal aspect of the client's condition is considered. Clients are no longer eligible for these benefits once they reach age 21.

Clinicians should reference the latest orthodontic provider billing manual for additional information.

## Providing Services in Outpatient Hospital or Ambulatory Surgery Center (ASC)

**Dental procedures requiring hospitalization may be a covered benefit, if the client meets at least one of the following criteria: the client has a physical, mental or medically compromising condition; General anesthesia is required because local anesthesia will be ineffective due to acute infection, anatomic variations, or allergy; the client is extremely uncooperative, unmanageable, anxious, or uncommunicative and has dental needs deemed sufficiently important that dental care cannot be deferred; the client has sustained extensive orofacial and dental trauma; the client (children only) has rampant multi-surface decay and needs six or more prefabricated crowns placed during one date of service.**

**If a client meets any of the criteria above, the provider must do the following to receive approval to provide care for the client in a hospital or ASC:**

- If applicable, contact the client's Managed Care Organization (MCO), Regional Care Collaborative Organization (RCCO), or other medical home to notify them that the client will be using the hospital. The MCO or medical home may require documentation of medical necessity.
- Make prior arrangements with the hospital or ASC.
- Bill fee-for-service Current Dental Terminology (CDT) codes.

- Outpatient departments and ASC facilities will not be allowed to bill for dental x-rays performed during outpatient dental procedures.

**Non-citizen children**

Non-citizens are eligible for emergency treatment if the client presents with an acute oral cavity condition that requires hospitalization and/or immediate surgical care.

Emergency treatment provided to a non-citizen client includes but is not limited to: immediate treatment or surgery to repair trauma to the jaw; reduction of any fracture of the jaw or any facial bone, extraction of tooth or tooth structures associated with the emergency treatment of a condition of the oral cavity; repair of traumatic oral cavity wounds; and anesthesia services ancillary to the provision of emergency treatment.

**Eligibility for Medicaid services**

The client should have the Medicaid card with him/her. However, it is the provider's responsibility to verify eligibility before services are rendered. In a situation where an acute oral cavity condition requires hospitalization and/or immediate surgical care, a prior authorization is not required.

**Non-Covered Services**

The following services are non-covered services will not be considered for reimbursement under any circumstances:

Tooth whitening

Inlays

Onlays

Veneers

Cosmetic dental services

Services which require a prior authorization and are provided before the prior authorization is given except for emergency services.

Non-citizen clients are entitled to only the most limited services needed to correct the emergency oral cavity condition.

**Direct Access Hygienists**

Currently, non-supervised hygienists as defined by the Colorado Department of Regulatory Agencies may perform the following dental services for clients ages 20 and under: topical fluoride applications, adult and children's prophylaxis, sealants, dental screenings for data collection, radiographs, gross debridement, scale and root plane, and comprehensive periodontal evaluation for clients ages 15 through 20.



## Pediatric Oral Health Screening Dental Office

NAME \_\_\_\_\_  
 DOB \_\_\_\_\_  
 MRN \_\_\_\_\_  
 PCP \_\_\_\_\_  
 Patient ID \_\_\_\_\_

| Chief complaint or reason for referral  | Initial  |          | Follow-up    |
|---|----------|----------|--------------|
| <b>Caries risk indicator :- based on parent interview</b>   | <b>Y</b> | <b>N</b> | <b>Note</b>  |
| (a) Mother/ primary caregiver has had active dental decay in past 12 months   |          |          |              |
| (b) Older siblings with history of dental decay   |          |          |              |
| (c) Continual use of bottle containing beverages other than plain water (nothing added). Bottle use > 12 months old   |          |          |              |
| (d) Child sleeps with a bottle or nurses on demand after any teeth have erupted   |          |          |              |
| (e) Frequent (greater 3x/day total) candy, carbohydrate snacks, soda, sugared beverages, and fruit juice  |          |          |              |
| (f) Medical Risks:<br>1. Saliva-reducing meds (asthma, seizure, hyperactivity etc.)<br>2. Developmental problems etc.<br>3. History of anemia or iron therapy<br>4. Daily liquid meds |          |          |              |
| <b>Protective factors – based on parent interview</b>   | <b>Y</b> | <b>N</b> | <b>Notes</b> |
| (a) Child lives in fluoridated community AND drinks tap water daily   |          |          |              |
| (b) Teeth cleaned with fluoride toothpaste smear twice daily  |          |          |              |
| (c) Child has a dental home and regular dental care   |          |          |              |
| <b>Oral examination</b>   | <b>Y</b> | <b>N</b> |              |
| (a) Obvious white spots (demineralization) Non-cavitated ECC (V72.2)  |          |          |              |
| (b) obvious decay present on the child's teeth Cavitated ECC (521.02, 521.03)   |          |          |              |
| NOTE ON DIAGRAM White/Brown/Black spots   |          |          |              |
| Plaque is obvious on the teeth and/or gums bleed easily   |          |          |              |

Assessment: Child's caries risk status (any checked item in shaded areas confers high risk):

LOW  HIGH  EXTREME

**Plan:**

Oral Health education handouts      Self Management Goals

1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
- Dispense toothpaste and toothbrush  
 Tooth brushing & fluoride varnish application  
 Oral Health Clinic follow-up appointment (high and extreme risk) \_\_\_\_\_ months  
 Urgent outside dental referral (high risk, needs tracking)  
 Routine dental referral for dental home (all others)

Provider Signature: \_\_\_\_\_ Date of Service: \_\_\_\_\_

Name: \_\_\_\_\_



## Pediatric Oral Health Screening

Mealcal Office

NAME \_\_\_\_\_  
 DOB \_\_\_\_\_  
 MRN \_\_\_\_\_  
 PCP \_\_\_\_\_  
 Patient ID \_\_\_\_\_

Chief complaint or reason for referral  Initial  Follow-up

| Carie & risk indicators- based on parent interview  | Y | N | Note & |
|---|---|---|--------|
| (a) Mother/ primary caregiver has had otive dental decay in fXlSt 12 months   |   |   |        |
| (b) Older siblings with history of dental decay   |   |   |        |
| (c) Continual use of bottle containing beverages other than plain water (nothing added). Bottle use >12 months old  |   |   |        |
| (d) Child sleeps with a bottle or nurses on dem<ndl after any teeth have erupted  |   |   |        |
| (e) Frequent (greater 3x/dOJy total) candy, carbohydrate snacks, soda, sugared beverages, fruit juice   |   |   |        |
| (f) Medical Risks:<br>1. Saliva-reducing meds (asthma, seizure, hyperodivity etc.)<br>2. Developmental problems etc.<br>3. History of anemia or iron therapy<br>4. Daily liquid medications |   |   |        |

| Protective factors- based on parent interview                       | Y | N | Notes |
|---|---|---|-------|
| (a) Child lives in fluoridated community AND drinks tap water daily |   |   |       |
| (b) Teeth cleaned with fluoridated toothpaste smear twice daily     |   |   |       |
| (c) Child has a dental home and regular dental care                 |   |   |       |

| Oral examination   | Y | N |  |
|--|---|---|--|
| (a) Obvious white spots (demineralization) Non-cavitated ECC (V72.2) |   |   |  |
| (b) obvious decay present on the child's teeth                       |   |   |  |
| E ON DIAGRAM White/Brown/Black spots                                 |   |   |  |
| (c) Plaque is obvious on the teeth and/or gums bleed easily          |   |   |  |

AGSesGment: Chld'G carieG r'Gk GtatuG (any checked item in shaded areas confers hgh rtsk):  
 LOW  HIGH

Plan:  
 Oral Health education handouts  Self Management Goals

1. \_\_\_\_\_
2. -----
3. -----
- Example: -----
- healthy -----
- Dispense toothpaste and toothbrush
  - Tooth brushing & fluoride varnish application
  - Oral Health Clinic follow-up appointment (high risk) \_\_\_\_\_ months
  - Urgent outside dental referral (high risk, needs tracking)
  - Routine dental referral for dental home (all others)
- regular dental visits  
 wean off bottle  
 give fluoride supplement  
 parents receive dental treatment

Signature of Rendering Provider: \_\_\_\_\_ Name: \_\_\_\_\_ # \_\_\_\_\_

Supervisors Attending: \_\_\_\_\_ # \_\_\_\_\_ Date of Service: \_\_\_\_\_