Automated Medical Payments

Medicaid Bulletin

Colorado Title XIX

Fiscal Agent

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Medicaid bulletins contain important policy and billing information and should be shared promptly with billing staff.

Bulletins supplement information in the Medicaid Provider Manual and should be retained with the provider manual for reference. Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.

Please direct questions about bulletins and billing information to Medicaid Provider Services.

Distribution: Dental Providers **December 1998**
Reference: B9800003

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Major advancements for the Medicaid dental program

1. Dental providers now can use ADA codes for Medicaid claims.
2. Dental providers now must use the ADA claim form for Medicaid claims.
3. Dental providers use of medical codes has been eliminated.
4. Dental providers receive a significantly higher rate of reimbursement starting July 1, 1998.
5. Dental providers now can use nitrous oxide during operative and surgical procedures.
6. Dental providers can obtain prior authorization review of selected services electronically.
7. Dental providers now can be reimbursed for house calls and hospital calls.

Effective date of this bulletin is January 1, 1999

THE CODES IN THIS BULLETIN ARE EFFECTIVE FOR SUBMITTING PRIOR AUTHORIZATION REQUESTS AND BILLING SERVICES PROVIDED ON AND AFTER JANUARY 1, 1999. This document replaces the September 1996 bulletin that is considered to be obsolete effective 1/1/99. Medicaid Bulletin information remains in effect until specifically rescinded or replaced. Providers should retain bulletins until notified to discard or disregard the publication. Please retain this bulletin for reference. Coding updates and revisions will also be published in Medicaid Bulletins.

Changes effective January 1, 1999

ADA procedure codes

Medicaid providers may now use current ADA codes as published by the ADA in Current Dental Terminology Second Edition 1995-2000. Medicaid providers also may continue to use the HCPCS procedure codes listed in this bulletin. This listing supersedes all previously published coding information for dental services. Dental providers must use the HCPCS codes listed in this bulletin or the corresponding ADA procedure codes beginning January 1, 1999

ADA claim form

Providers are required to use the current ADA dental claim form. Providers may no longer use the Colorado Medicaid dental claim form. The Medicaid dental claim form is now considered obsolete.

The benefit status for ADA procedure codes is identical to Medicaid procedure codes.

This bulletin lists the benefit status of each procedure code for children and adult clients, prior authorization requirements for selected procedures, limitations on the use of selected procedures, and Medicaid policy for selected codes. All information applies to the HCPCS codes and the corresponding ADA codes.

Medical CPT code use deleted

Dental providers, including oral surgeons, may no longer bill Medical CPT codes. Medically necessary dental services provided by an oral surgeon or dentists are billed with HCPCS or ADA codes on the ADA claim form.

Medicaid maximum allowable benefit

Providers are required to submit their usual and customary fee that provides important information for the Medicaid budgeting process and reporting to the State legislature. Providers are paid the maximum allowable rate or the provider's billed charge, whichever is less. Providers who attempt to match submitted charges to the Medicaid reimbursement rate do not receive a higher payment when the rates are increased. **The fiscal agent does not adjust claim payments for providers who have failed to submit usual and customary charges and retroactively wish to increase submitted charges to take advantage of rate increases.** Providers may not charge Medicaid a larger fee than that charged to other non-Medicaid covered individuals even if the Medicaid allowable fee is greater than the provider's usual and customary fee. If special discounts are available to non-Medicaid covered patients, claims submitted to the Medicaid program must represent the same discounted charges as those available to the general public.

Description of Benefits - please read carefully

Benefits for children - age birth through 20

A wide range of dental services is available for children, age birth through 20, under Medicaid's Early Periodic Screening, Diagnosis and Treatment (EPSDT) Program. Children's dental services must be completed before the individual client's 21st birthday. The benefit status of children's services is identified in the code list under the column heading Child.

Benefits for adults - age 21 and older

Very limited medically necessary dental services are available for adults. Routine and preventive dental services are not a Medicaid benefit for adults. In order to provide a medically necessary dental service to an adult Medicaid client, the provider is required to document that the adult client has one of the concurrent medical conditions listed below. The benefit status of adult services is identified in the code list under the column heading Adult.

Concurrent medical conditions for adults

Oral Facial Infection	Jaw Fracture	Organ Transplant
Dental Alveolar Infection	Temporomandibular disorders	Mental retardation affecting oral health
Periodontal Infection	Suppressed Immune System	Physical handicap affecting oral health
Accident/Trauma	Chemotherapy for cancer	Pregnancy affecting oral health
Tooth fracture involving pulp	Severe accident or trauma	Severe Medical Condition

Claims and Prior Authorization Requests (PARs)

Please read the following information carefully:

With few exceptions, Colorado Medicaid claims and Prior Authorization Requests (PARs) must be submitted electronically through the Automated Medical Payments (AMP) system.

- Providers consistently submitting fewer than 10 claims per month may submit paper claims using the information and instructions in the Medicaid Provider Manual.
- Claims that, by federal or state policy or regulation, require the submission of supporting claim documentation must be submitted on paper with appropriate attachments.

AMP claims: Dental services are submitted on the electronic dental claim format.

- Place of service is required. Place of service codes include:

11 - Office	23 - Emergency room hospital
12 - Patient's residence	32 - Nursing facility
21 - Inpatient hospital	99 - Other
22 - Outpatient hospital	

  Dentists who used place of service 4 to identify clinic services now should use place of service 11, office.
- Claim transaction is limited to 9 lines. For additional line items, create a new transaction record.

Paper claims: Dental services are submitted on the ADA claim form. The Colorado Medicaid dental claim form is no longer valid.

Prior authorized services: Requests for the prior authorization of selected dental/oral surgery services must be completed and approved before services are rendered. **P**rior **A**uthorization **R**equests (PARs) should be submitted electronically. In some instances, the provider may be required to submit the PAR on paper. The dentist/oral surgeon must retain sufficient information and diagnostic aids to clearly establish that these procedures are dentally and/or medically necessary. The services must represent the type of care usually provided to patients in his/her practice to ensure an adequate level of oral health. This information must be available and furnished when requested by the dental consultant.

Approval of a PAR does not guarantee Medicaid payment. All claims, including those for prior authorized services, must meet eligibility and claim submission requirements before payment can be made (e.g., ages 20 and under for EPSDT services, timely filing, third party resources payments pursued, required attachments included, etc.).

Claims for prior authorized services must be submitted to the fiscal agent within 120 days of the date of service. Services not rendered within 120 days require a new PAR. Services rendered prior to the authorized date are denied Medicaid reimbursement.

This bulletin lists dental codes for Medicaid billing. The following list of dental HCPCS codes has been approved by the Colorado Department of Health Care Policy and Financing for use in submitting claims for services provided by dentists and oral surgeons. Additionally, the list contains local codes developed to specifically identify services that are unique to the Colorado Medicaid Program.

HCPCS coding compares to ADA coding. Dental claims may be submitted with either Dental HCPCS codes or ADA procedure codes. Dental HCPCS codes are similar to the codes developed by the American Dental Association (ADA) and published in Current Dental Terminology (CDT). The leading zero of the ADA codes is replaced by the letter D in HCPCS codes. Dental HCPCS code narratives are consistent with ADA code narratives**.**

Dental providers must use the HCPCS codes listed in this bulletin or the corresponding ADA procedure codes beginning January 1, 1999. The coding information in this bulletin is effective for prior authorization requests and billing for services provided on and after January 1, 1999. This listing supercedes all previously published coding information for dental services. Do not use the new dental procedure codes for claims with dates of service prior to January 1, 1999.

Code	Description	Child	Adult	Policy, Limitations, and PAR requirements
Clinical oral evaluation				
D0120	periodic oral evaluation	Yes	NAB	
D0140	limited oral evaluation - problem focused	Yes	Yes	
D0150	comprehensive oral evaluation	Yes	PAR	**Adult PAR** dental & concurrent medical condition.
D0160	detailed & extensive oral evaluation - problem-focused, by report	Yes	PAR	**Adult PAR** dental & concurrent medical condition.
Radiographs/diagnostic imaging				
►	**Medicaid Policy** - Dental providers may bill only for those services actually performed in the office under direct & personal supervision. A dental provider cannot bill for radiographs taken by commercial or hospital facilities. Claims for these services must be submitted by the facility.			
D0210	intraoral - complete series (including bitewings)	Yes	PAR	**Adult PAR** dental & concurrent medical condition.
D0220	intraoral - periapical - first film	Yes	Yes	
D0230	intraoral - periapical - each additional film	Yes	Yes	
D0240	intraoral - occlusal film	Yes	Yes	
D0250	extraoral - first film	Yes	Yes	
D0260	extraoral - each additional film	Yes	Yes	
D0270	bitewing - single film	Yes	Yes	
D0272	bitewings - two films	Yes	Yes	
D0274	bitewings - four films	Yes	Yes	
D0290	postero-anterior & lateral skull & facial bone survey film	Yes	PAR	**Adult PAR** dental & concurrent medical condition.
D0310	sialography	Yes	PAR	**Adult PAR** dental & concurrent medical condition.
D0320	temporomandibular joint arthrogram, including injection	PAR	PAR	**Child PAR** dental condition. **Adult PAR** dental & concurrent medical condition.
D0321	other temporomandibular joint films, by report	PAR	PAR	**Child PAR** dental condition. **Adult PAR** dental & concurrent medical condition.
D0322	tomographic survey	PAR	PAR	**Child PAR** dental condition. **Adult PAR** dental & concurrent medical condition.
D0330	panoramic film	Yes	Yes	
D0340	cephalometric film	PAR	PAR	**Child PAR** dental condition. **Adult PAR** dental & concurrent medical condition.
Tests & laboratory examinations				
D0415	bacteriologic studies for the determination of pathologic agents	Yes	Yes	**Medicaid Billing** Bill on paper with description of study and lab cost.
D0425	caries susceptibility tests	Yes	NAB	**Age limitation** Valid for children age birth through age 5. **Medicaid billing** **In-office lab culture** - The provider must be CLIA certified and is obtaining, culturing and evaluating the specimen.
	Important Changes ➤			
D0460	pulp vitality tests	Yes	Yes	**Medicaid Policy**

Yes = routine benefit	PAR = approval required before rendering service	NAB = not a benefit under any circumstance(s)

Code	Description	Child	Adult	Policy, Limitations, and PAR requirements
				Includes multiple teeth & contralateral comparison(s), as indicated.
D0470	diagnostic casts	PAR	PAR	**Medicaid Policy** One billing includes both maxillary & mandibular casts. **Child PAR** dental condition. **Adult PAR** dental & concurrent medical condition.
D0471	diagnostic photographs	PAR	PAR	**Child PAR** dental condition. **Adult PAR** dental & concurrent medical condition.
D0501	histopathologic examinations	Yes	Yes	
D0502	other oral pathology procedures, by report	PAR	PAR	**Child PAR** describe pathology procedure & dental condition. **Adult PAR** describe pathology procedure, dental & concurrent medical condition.
D0999	unspecified diagnostic procedure, by report	PAR	PAR	**Child PAR** describe pathology procedure & dental condition. **Adult PAR** describe pathology procedure, dental & concurrent medical condition.
Dental prophylaxis				
D1110	prophylaxis - adult	Yes	NAB	**Age limit** Age 12-20.
D1120	prophylaxis - child	Yes	NAB	**Age limit** Age 0-11.
Topical fluoride treatment - office procedure				
D1201	topical application of fluoride (including prophylaxis) child	Yes	NAB	**Age limit** Age 0-11.
D1203	topical application of fluoride (prophylaxis not included) child	Yes	NAB	**Age limit** Age 0-11.
D1204	topical application of fluoride (prophylaxis not included) adult	Yes	NAB	**Age limit** Age 12-20.
D1205	topical application of fluoride (including prophylaxis) adult	Yes	NAB	**Age limit** Age 12-20.
Education & training				
D1330	oral hygiene instructions	Yes	NAB	**Medicaid Policy** The frequency of use of this procedure for a client is indicated by individual need.

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Code	Description	Child	Adult	Policy, Limitations, and PAR requirements
Sealants				
D1351	sealant - per tooth	Yes	NAB	**Terminology revised** Effective 01-01-99. **Medicaid Policy** Use this code for initial placement of sealant and for any subsequent re-applications of sealant. **Tooth surface limitation** Valid for occlusal surface only. **Tooth number limitation** Valid for 2, 3, 14, 15, 18, 19, 30, 31. **Age limit revised** Valid for children from birth through age 20.
	Important Changes ➤			
X1351	sealant, first permanent molar, through age 10, occlusal surface, per tooth	NAB	NAB	**Code deleted** Effective 12-31-98 See D1351 sealant - per tooth
X1352	sealant: replacement for permanent molar, occlusal surface, per tooth	NAB	NAB	**Code deleted** Effective 12-31-98 See D1351 sealant - per tooth
X1353	sealant: primary molar, premolar/other permanent tooth, per tooth	NAB	NAB	**Code deleted** Effective 12-31-98
X1354	sealant: 2nd permanent molar, age 10-15, occlusal surface, per tooth	NAB	NAB	**Code deleted** Effective 12-31-98 See D1351 sealant - per tooth
Space maintainers - passive appliances				
D1510	space maintainer - fixed - unilateral	Yes	NAB	
D1515	space maintainer - fixed - bilateral	Yes	NAB	
D1520	space maintainer - removable - unilateral	Yes	NAB	
D1525	space maintainer - removable - bilateral	Yes	NAB	
D1550	recementation of space maintainer	Yes	NAB	
Amalgam restorations				
►**Medicaid policy** - Includes all necessary bases, liners & polishing				
D2110	amalgam - one surface, primary	Yes	NAB	
D2120	amalgam - two surfaces, primary	Yes	NAB	
D2130	amalgam - three surfaces, primary	Yes	NAB	
D2131	amalgam - four or more surfaces, primary	Yes	NAB	
D2140	amalgam - one surface, permanent	Yes	PAR	**Adult PAR** concurrent medical condition.
D2150	amalgam - two surfaces, permanent	Yes	PAR	**Adult PAR** concurrent medical condition.
D2160	amalgam - three surfaces, permanent	Yes	PAR	**Adult PAR** concurrent medical condition.
D2161	amalgam - four or more surfaces, permanent	Yes	PAR	**Adult PAR** concurrent medical condition.

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Code	Description	Child	Adult	Policy, Limitations, and PAR requirements

Resin restorations

► **Medicaid Policy** - Includes all necessary bases, liners & polishing

D2330	resin - one surface, anterior	Yes	PAR	**Adult PAR** concurrent medical condition.
D2331	resin - two surfaces, anterior	Yes	PAR	**Adult PAR** concurrent medical condition.
D2332	resin - three surfaces, anterior	Yes	PAR	**Adult PAR** concurrent medical condition.
D2335	resin - four or more surfaces or involving incisal angle (anterior)	Yes	PAR	**Adult PAR** concurrent medical condition.
D2336	composite resin crown, anterior - primary	Yes	NAB	
D2380	resin - one surface, posterior - primary	Yes	NAB	
D2381	resin - two surfaces, posterior - primary	Yes	NAB	
D2382	resin - three or more surfaces, posterior - primary	Yes	NAB	
D2385	resin - one surface, posterior - permanent	Yes	PAR	**Adult PAR** concurrent medical condition.
D2386	resin - two surfaces, posterior - permanent	Yes	PAR	**Adult PAR** concurrent medical condition.
D2387	resin - three or more surfaces, posterior - permanent	Yes	PAR	**Adult PAR** concurrent **medical condition**

Crowns - single restorations only

► **Medicaid limitation** - crowns are not a benefit primarily for cosmetics.

D2710	crown - resin (laboratory)	PAR	NAB	**Tooth number limitation** Valid for teeth 5-12, 22-27. **Child PAR** dental condition.
D2721	crown - resin with predominantly base metal	PAR	NAB	**Tooth number limitation** Valid for teeth 5-12, 22-27. **Child PAR** dental condition.
D2740	crown - porcelain/ceramic substrate	PAR	NAB	**Tooth number limitation** Valid for teeth 5-12, 22-27. **Child PAR** dental condition.
D2751	crown - porcelain fused to predominantly base metal	PAR	NAB	**Tooth number limitation** Valid for teeth 5-12, 22-27. **Child PAR** dental condition.
D2791	crown - full cast predominantly base metal	PAR	NAB	**Tooth number limitation** Valid for teeth 1-32. **Child PAR** dental condition.

Other restorative services

D2910	recement inlay	Yes	NAB	**Tooth number limitation** Valid for teeth 1-32.
D2920	recement crown	Yes	NAB	
D2930	prefabricated stainless steel crown - primary tooth	Yes	NAB	
D2931	prefabricated stainless steel crown - permanent tooth	Yes	NAB	
D2932	prefabricated resin crown	Yes	NAB	**Tooth number limitation** Valid for teeth C-H, M-R, 6-11, 22-27.

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Code	Description	Child	Adult	Policy, Limitations, and PAR requirements
D2933	prefabricated stainless steel crown with resin window	Yes	NAB	**Tooth number limitation** Valid for teeth C-H, M-R.
D2940	sedative filling	Yes	PAR	**Adult PAR** concurrent medical condition.
D2950	core build up, including any pins	Yes	NAB	**Tooth number limitation** Valid for teeth 1-32.
D2951	pin retention - per tooth, in addition to restoration	Yes	PAR	**Tooth number limitation.** Valid for teeth 1-32. **Adult PAR** concurrent medical condition.
D2952	cast post & core in addition to crown	PAR	NAB	**Tooth number limitation** Valid for teeth 1-32. **Child PAR** dental condition.
D2954	prefabricated post & core in addition to crown	Yes	NAB	**Tooth number limitation** Valid for teeth 1-32.
D2955	post removal (not in conjunction with endodontic therapy)	Yes	NAB	**Medicaid Policy** Valid for removal of post (fractured-defective post), do not bill this code in conjunction with endodontic retreatment.
D2970	temporary crown (fractured tooth)	Yes	NAB	**Tooth number limitation** Valid for teeth 1-32.
D2980	crown repair, by report	PAR	NAB	**Tooth number limitation** Valid for teeth 1-32. **Child PAR** describe procedure, lab cost.
D2999	unspecified restorative procedure, by report	PAR	NAB	**Child PAR** dental condition, describe procedure and lab cost.

Pulp capping

► **Medicaid Policy** - routine bases included in restorative service

D3110	pulp cap - direct (excluding final restoration)	Yes	PAR	**Adult PAR** concurrent medical condition.
D3120	pulp cap - indirect (excluding final restoration)	Yes	PAR	**Adult PAR** concurrent medical condition.

Pulpotomy

D3220	therapeutic pulpotomy (excluding final restoration)	Yes	NAB	

Endodontic therapy on primary teeth

D3240	pulp therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	Yes	NAB	**Tooth number limitation** Valid for teeth A, J, K, T.

Endodontic therapy

► **Medicaid Policy** - Including treatment plan, clinical procedures, follow-up care, and all associated radiographs.

D3310	anterior (excluding final restoration)	Yes	NAB	
D3320	bicuspid (excluding final restoration)	Yes	NAB	
D3330	molar (excluding final restoration)	Yes	NAB	

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Code	Description	Child	Adult	Policy, Limitations, and PAR requirements
Endodontic retreatment				
D3346	retreatment of previous root canal therapy - anterior	PAR	NAB	**Child PAR** dental condition.
D3347	retreatment of previous root canal therapy - bicuspid	PAR	NAB	**Child PAR** dental condition.
D3348	retreatment of previous root canal therapy - molar	PAR	NAB	**Child PAR** dental condition.
Apexification/recalcification procedures				
D3351	apexification/recalcification, initial visit (Apical closure/calcific repair of perforation, root resorption, etc.)	Yes	NAB	
D3352	apexification/recalcification, interim medication replacement (apical closure/calcific repair of perforation, root resorption, etc.)	Yes	NAB	
D3353	apexification/recalcification, final visit (includes completed root canal therapy - apical closure/calcific repair of perforation, root resorption, etc.)	Yes	NAB	
D3426	apicoectomy/periradicular surgery (each additional root)	Yes	NAB	
D3430	retrograde filling - per root	Yes	NAB	
D3450	root amputation - per root	Yes	NAB	
D3460	endodontic endosseous implant	PAR	NAB	**Child PAR** dental condition, describe implant and lab and/or implant cost.
D3470	intentional replantation (including necessary splinting)	PAR	NAB	**Child PAR** dental condition.
Other endodontic procedures				
D3910	surgical procedure for isolation of tooth with rubber dam	Yes	NAB	
D3920	hemisection (including any root removal), not including root canal therapy	Yes	NAB	
D3950	canal preparation & fitting of preformed dowel or post	Yes	NAB	**Medicaid Policy** Procedure can not be billed in conjuntion with codes D2952, D2954, D6971, D6972.
D3999	unspecified endodontic procedure, by report	PAR	NAB	**Child PAR** dental condition & describe procedure.
Periodontics - surgical procedures				
▶ **Medicaid Policy -** periodontal procedures include usual postoperative services **Quadrant designations** UR - upper right quadrant UL - upper left quadrant LL - lower left quadrant LR - lower right quadrant				
D4210	gingivectomy or gingivoplasty - per quadrant	PAR	PAR	**Child PAR** periodontal diagnosis with classification. **Adult PAR** periodontal diagnosis with classification & concurrent medical condition.
D4211	gingivectomy or gingivoplasty, per tooth	PAR	PAR	**Child PAR** periodontal diagnosis with classification. **Adult PAR** periodontal diagnosis with classification & concurrent medical condition.

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Code	Description	Child	Adult	Policy, Limitations, and PAR requirements
D4220	gingival curettage, surgical, per quadrant, by report	PAR	PAR	**Child PAR** periodontal diagnosis with classification. **Adult PAR** periodontal diagnosis with classification & concurrent medical condition.
D4240	gingival flap procedure, including root planing - per quadrant	PAR	PAR	**Child PAR** periodontal diagnosis with classification. **Adult PAR** periodontal diagnosis with classification & concurrent medical condition.
D4249	clinical crown lengthening - hard tissue	PAR	NAB	**Child PAR** periodontal diagnosis with classification.
D4250	mucogingival surgery - per quadrant	PAR	NAB	**Child PAR** periodontal diagnosis with classification.
D4260	osseous surgery (including flap entry & closure) - per quadrant	PAR	NAB	**Child PAR** periodontal diagnosis with classification.
D4263	bone replacement graft - first site in quadrant	PAR	NAB	**Child PAR** periodontal diagnosis with classification, graft site.
D4264	bone replacement graft - each additional site in quadrant	PAR	NAB	**Medicaid Policy** One billing for each additional graft site. **Child PAR** periodontal diagnosis with classification, location of graft site.
D4266	guided tissue regeneration - resorbable barrier, per site, per tooth	PAR	NAB	**Medicaid Policy** One billing for each additional surgical site. **Child PAR** periodontal diagnosis with classification, location of surgical site.
D4267	guided tissue regeneration - nonresorbable barrier, per site, per tooth (includes membrane removal)	PAR	NAB	**Medicaid Policy** One billing for each additional surgical site. **Child PAR** periodontal diagnosis with classification, location of surgical site.
D4270	pedicle soft tissue graft procedure	PAR	NAB	**Child PAR** periodontal diagnosis with classification.
D4271	free soft tissue graft procedure (including donor site surgery)	PAR	NAB	**Child PAR** periodontal diagnosis with classification.
D4273	subepithelial connective tissue graft procedure (including donor site surgery)	PAR	NAB	**Child PAR** periodontal diagnosis with classification.
D4274	distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	PAR	NAB	**Child PAR** periodontal diagnosis with classification, surgical site.
Periodontics - adjunctive services				
D4320	provisional splinting - intracoronal	Yes	NAB	
D4321	provisional splinting - extracoronal	Yes	PAR	**Adult PAR** concurrent medical condition.
D4341	periodontal scaling & root planing, per quadrant	PAR	PAR	**Child PAR** periodontal diagnosis with classification. **Adult PAR** periodontal diagnosis with classification & concurrent medical condition.
D4355	full mouth debridement to enable comprehensive periodontal evaluation and diagnosis	Yes	PAR	**Adult PAR** provisional periodontal diagnosis & concurrent medical condition.
D4381	localized delivery of chemotherapeutic agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	PAR	PAR	**Child PAR** periodontal diagnosis. **Adult PAR** periodontal diagnosis & concurrent medical condition.
Other periodontal services				
D4910	periodontal maintenance procedures (following active therapy)	PAR	NAB	**Child PAR** date & description of previously completed periodontal therapy.
D4999	unspecified periodontal procedure, by report	PAR	NAB	**Child PAR** periodontal diagnosis with classification, description of procedure.

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Code	Description	Child	Adult	Policy, Limitations, and PAR requirements
Complete dentures - including routine post delivery adjustments & care				
D5110	complete denture - maxillary	PAR	NAB	**Child PAR** dental condition.
D5120	complete denture - mandibular	PAR	NAB	**Child PAR** dental condition.
D5130	immediate denture - maxillary	PAR	NAB	**Child PAR** dental condition.
D5140	immediate denture - mandibular	PAR	NAB	**Child PAR** dental condition.
Partial dentures - including routine post-delivery adjustments & care				
D5211	maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	PAR	NAB	**Child PAR** dental condition.
D5212	mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	PAR	NAB	**Child PAR** dental condition.
D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	PAR	NAB	**Child PAR** dental condition.
D5214	mandibular partial denture - casts metal framework with resin denture bases (including any conventional clasps, rests and teeth)	PAR	NAB	**Child PAR** dental condition.
D5281	removable unilateral partial denture - one piece cast metal (including clasps and teeth)	PAR	NAB	**Child PAR** dental condition.
Adjustments to dentures				
D5410	adjust complete denture - maxillary	Yes	NAB	
D5411	adjust complete denture - mandibular	Yes	NAB	
D5421	adjust partial denture - maxillary	Yes	NAB	
D5422	adjust partial denture - mandibular	Yes	NAB	
Repairs to complete dentures				
D5510	repair broken complete denture base	Yes	NAB	
D5520	repair missing broken teeth, complete denture (each tooth)	Yes	NAB	
Repairs to partial dentures				
D5610	repair resin denture base	Yes	NAB	
D5620	repair cast framework	Yes	NAB	
D5630	repair or replace broken clasp	Yes	NAB	
D5640	replace broken teeth - per tooth	Yes	NAB	
D5650	add tooth to existing partial denture	Yes	NAB	
D5660	add clasp to existing partial denture	Yes	NAB	
Denture rebase procedures				
D5710	rebase complete maxillary denture	Yes	NAB	
D5711	rebase complete mandibular denture	Yes	NAB	
D5720	rebase maxillary partial denture	Yes	NAB	
D5721	rebase mandibular partial denture	Yes	NAB	

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Code	Description	Child	Adult	Policy, Limitations, and PAR requirements
Denture reline procedures				
D5730	reline complete maxillary denture (chairside)	Yes	NAB	
D5731	reline complete mandibular denture (chairside)	Yes	NAB	
D5740	reline maxillary partial denture (chairside)	Yes	NAB	
D5741	reline mandibular partial denture (chairside)	Yes	NAB	
D5750	reline complete maxillary denture (laboratory)	Yes	NAB	
D5751	reline complete mandibular denture (laboratory)	Yes	NAB	
D5760	reline maxillary partial denture (laboratory)	Yes	NAB	
D5761	reline mandibular partial denture (laboratory)	Yes	NAB	
Other removable prosthetic services				
D5810	interim complete denture (maxillary)	PAR	NAB	**Child PAR** dental condition.
D5811	interim complete denture (mandibular)	PAR	NAB	**Child PAR** dental condition.
D5820	interim partial denture (maxillary)	PAR	NAB	**Child PAR** dental condition.
D5821	interim partial denture (mandibular)	PAR	NAB	**Child PAR** dental condition.
D5850	tissue conditioning, maxillary	Yes	NAB	
D5851	tissue conditioning, mandibular	Yes	NAB	
D5860	overdenture - complete, by report	PAR	NAB	**Child PAR** dental condition & description of procedure.
D5861	overdenture - partial, by report	PAR	NAB	**Child PAR** dental condition & description of procedure.
D5862	precision attachment, by report	PAR	NAB	**Child PAR** dental condition, description of attachment, and lab cost.
D5899	unspecified removable prosthodontic procedure, by report	PAR	NAB	**Child PAR** dental condition, description of attachment, and lab cost.
Maxillofacial prosthetics				
D5911	facial moulage (sectional)	PAR	NAB	**Child PAR** dental condition and lab cost.
D5912	facial moulage (complete)	PAR	NAB	**Child PAR** dental condition and lab cost.
D5913	nasal prosthesis	PAR	NAB	**Child PAR** dental condition and lab cost.
D5914	auricular prosthesis	PAR	NAB	**Child PAR** dental condition and lab cost.
D5915	orbital prosthesis	PAR	NAB	**Child PAR** dental condition and lab cost.
D5916	ocular prosthesis	PAR	NAB	**Child PAR** dental condition and lab cost.
D5919	facial prosthesis	PAR	NAB	**Child PAR** dental condition and lab cost.
D5922	nasal septal prosthesis	PAR	NAB	**Child PAR** dental condition and lab cost.
D5923	ocular prosthesis, interim	PAR	NAB	**Child PAR** dental condition and lab cost.
D5924	cranial prosthesis	PAR	NAB	**Child PAR** dental condition and lab cost.
D5925	facial augmentation implant prosthesis	PAR	NAB	**Child PAR** dental condition and lab cost.
D5926	nasal prosthesis, replacement	PAR	NAB	**Child PAR** dental condition and lab cost.
D5927	auricular prosthesis, replacement	PAR	NAB	**Child PAR** dental condition and lab cost.
D5928	orbital prosthesis, replacement	PAR	NAB	**Child PAR** dental condition and lab cost.
D5929	facial prosthesis, replacement	PAR	NAB	**Child PAR** dental condition and lab cost.

Yes = routine benefit	PAR = approval required before rendering service	NAB = not a benefit under any circumstance(s)

Code	Description	Child	Adult	Policy, Limitations, and PAR requirements
D5931	obturator prosthesis, surgical	PAR	PAR	**Child PAR** dental condition and lab cost. **Adult PAR** dental & concurrent medical condition, lab cost.
D5932	obturator prosthesis, definitive	PAR	PAR	**Child PAR** dental condition and lab cost. **Adult PAR** dental & concurrent medical condition, lab cost.
D5933	obturator prosthesis, modification	Yes	PAR	**Adult PAR** dental & concurrent medical condition, lab cost.
D5934	mandibular resection prosthesis with guide flange	PAR	PAR	**Child PAR** dental condition and lab cost. **Adult PAR** dental & concurrent medical condition, lab cost.
D5935	mandibular resection prosthesis without guide flange	PAR	PAR	**Child PAR** dental condition and lab cost. **Adult PAR** dental & concurrent medical condition, lab cost.
D5936	obturator prosthesis, interim	Yes	PAR	**Adult PAR** dental & concurrent medical condition, lab cost.
D5937	trismus appliance (not for TMD treatment)	PAR	NAB	**Child PAR** dental condition and lab cost.
D5951	feeding aid	PAR	NAB	**Child PAR** dental condition and lab cost.
D5952	speech aid prosthesis, pediatric	PAR	NAB	**Child PAR** dental condition and lab cost.
D5953	speech aid prosthesis, adult	PAR	NAB	**Child PAR** dental condition and lab cost.
D5954	palatal augmentation prosthesis	PAR	PAR	**Child PAR** dental condition and lab cost. **Adult PAR** dental & concurrent medical condition, lab cost.
D5955	palatal lift prosthesis, definitive	PAR	PAR	**Child PAR** dental condition and lab cost. **Adult PAR** dental & concurrent medical condition, lab cost.
D5958	palatal lift prosthesis, interim	PAR	PAR	**Child PAR** dental condition and lab cost. **Adult PAR** dental & concurrent medical condition, lab cost.
D5959	palatal lift prosthesis, modification	PAR	PAR	**Child PAR** dental condition and lab cost. **Adult PAR** dental & concurrent medical condition, lab cost.
D5960	speech aid prosthesis, modification	PAR	NAB	**Child PAR** dental condition and lab cost.
D5982	surgical stent	Yes	Yes	
D5983	radiation carrier	PAR	PAR	**Child PAR** dental condition and lab cost. **Adult PAR** dental & concurrent medical condition, lab cost.
D5984	radiation shield	PAR	PAR	**Child PAR** dental condition and lab cost. **Adult PAR** dental & concurrent medical condition, lab cost.
D5985	radiation cone locator	PAR	PAR	**Child PAR** dental condition and lab cost. **Adult PAR** dental & concurrent medical condition, lab cost.
D5986	fluoride gel carrier	PAR	NAB	**Child PAR** dental condition and lab cost.
D5987	commissure splint	PAR	PAR	**Child PAR** dental condition and lab cost. **Adult PAR** dental & concurrent medical condition, lab cost.
D5988	surgical splint	Yes	Yes	
D5999	unspecified maxillofacial prosthesis, by report	PAR	NAB	**Child PAR** dental condition and lab cost.

Endosteal implants

D6010	surgical placement of implant body - endosteal implant	PAR	PAR	**Medicaid Policy** Includes 2nd surgery and placement of healing cap on implant. **Child PAR** dental condition. **Adult PAR** dental & concurrent medical condition.
D6020	abutment placement or substitution - endosteal implant	PAR	PAR	**Child PAR** dental condition. **Adult PAR** dental & concurrent medical condition.

Yes = routine benefit	PAR = approval required before rendering service	NAB = not a benefit under any circumstance(s)

Code	Description	Child	Adult	Policy, Limitations, and PAR requirements
Eposteal implants				
D6040	surgical placement - eposteal implant	PAR	PAR	**Child PAR** dental condition, cost of implant. **Adult PAR** dental & concurrent medical condition, cost of implant.
Transosteal implants				
D6050	surgical placement: transosteal implant	PAR	PAR	**Child PAR** dental condition, implant cost. **Adult PAR** dental & concurrent medical condition, implant cost.
D6055	dental implant supported connecting bar	PAR	NAB	**Child PAR** dental condition, connecting bar cost.
D6080	implant maintenance procedures including: removal of prosthesis, cleaning of prosthesis & abutment, reinsertion of prosthesis	PAR	PAR	**Child PAR** dental condition. **Adult PAR** dental & concurrent medical condition.
D6090	repair implant supported prosthesis, by report	PAR	NAB	**Child PAR** describe repair, lab cost.
D6095	repair implant abutment, by report	PAR	PAR	**Child PAR** describe repair, lab cost. **ADULTS PAR describe** repair, lab cost & concurrent medical condition.
D6100	implant removal, by report	PAR	PAR	**Child PAR** dental condition. **Adult PAR** dental & concurrent medical condition.
D6199	unspecified implant procedure, by report	PAR	PAR	**Child PAR** dental condition, describe procedure, lab cost. **Adult PAR** dental & concurrent medical condition. describe procedure, lab cost.
Fixed partial denture pontics				
D6211	pontic - cast predominantly base metal	PAR	NAB	**Tooth number limitation** Valid for teeth 1-32. **Child PAR** dental condition.
D6241	pontic - porcelain fused to predominantly base metal	PAR	NAB	**Tooth number limitation** Valid for teeth 5-12, 22-27. **Child PAR** dental condition.
D6251	pontic - resin with predominantly base metal	PAR	NAB	**Tooth number limitation** Valid for teeth 5-12, 22-27. **Child PAR** dental condition.
Fixed partial denture retainers - inlays/onlays				
D6545	retainer - cast metal for resin bonded fixed prosthesis	PAR	NAB	**Medicaid policy** Bill separately for pontics. **Tooth number limitations** Valid for teeth 1-32. **Child PAR** dental condition.

Yes = routine benefit	PAR = approval required before rendering service	NAB = not a benefit under any circumstance(s)

Code	Description	Child	Adult	Policy, Limitations, and PAR requirements
Fixed partial denture retainers - crowns				
D6721	crown - resin with predominantly base metal	PAR	NAB	**Tooth number limitation** Valid for teeth 5-12, 22-27. **Child PAR** dental condition.
D6751	crown - porcelain fused to predominantly base metal	PAR	NAB	**Tooth number limitation** Valid for teeth 5-12, 22-27. **Child PAR** dental condition.
D6791	crown - full cast predominantly base metal	PAR	NAB	**Tooth number limitation** Valid for teeth 1-32. **Child PAR** dental condition.
Other fixed partial denture services				
D6920	connector bar	PAR	NAB	**Child PAR** describe connector bar & lab cost.
D6930	recement fixed partial denture	Yes	NAB	
D6940	stress breaker	PAR	NAB	**Child PAR** dental condition, lab cost.
D6950	precision attachment	PAR	NAB	**Child PAR** dental condition, lab cost.
D6970	cast post & core in addition to fixed partial denture retainer	PAR	NAB	**Child PAR** dental condition.
D6971	cast post as part of a fixed partial denture retainer	PAR	NAB	**Child PAR** dental condition.
D6972	prefab post & core in addition to fixed partial denture retainer	Yes	NAB	
D6973	core build up for retainer including any pins	Yes	NAB	
D6975	coping - metal	PAR	NAB	**Child PAR** dental condition, lab cost.
D6980	fixed partial denture repair, by report	PAR	NAB	**Child PAR** dental condition, describe procedure, lab cost.
D6999	unspecified fixed prosthodontic procedure, by report	PAR	NAB	**Child PAR** dental condition, describe procedure, lab cost.
Extractions - includes local anesthesia, suturing, if needed, & routine postoperative care				
D7110	single tooth	Yes	Yes	**Medicaid Policy** When doing multiple extractions on the same date of service, use this code for the first extraction only.
D7120	each additional tooth	Yes	Yes	
D7130	root removal - exposed roots	Yes	Yes	
Surgical extractions - includes local anesthesia, suturing, if needed, & routine postoperative care				
D7210	surgical removal of erupted tooth requiring elevation of mucoperiosteal flap & removal of bone &/or section of tooth	Yes	Yes	
D7220	removal of impacted tooth - soft tissue	Yes	Yes	
D7230	removal of impacted tooth - partially bony	Yes	Yes	
D7240	removal of impacted tooth - completely bony	Yes	Yes	
D7241	removal of impacted tooth - completely bony, with	Yes	Yes	

Code	Description	Child	Adult	Policy, Limitations, and PAR requirements
	unusual surgical complications			
D7250	surgical removal of residual tooth roots (cutting procedure)	Yes	Yes	

Dental/Oral assistant surgery

►□ Medicaid Policy

The assistant surgeon is paid 20% of the amount paid to the primary surgeon.

The assistant surgeon must bill on the ADA claim form using one of the options listed below:

Option 1

1. Bill one unit of procedure code D7999 – unspecified oral surgery procedure, by report – on the paper ADA claim form.
2. List each procedure code, including a description, for the services performed by the primary surgeon.
3. Attach a copy of the claim submitted by the primary surgeon to your completed ADA claim form.

Option 2

1. Bill one unit of procedure code D7999 – unspecified oral surgery procedure, by report – on the paper ADA claim form.
2. List each procedure code, including a description, for the services performed by the primary surgeon.
3. Attach a completed copy of the Assistant Surgeon Report form to your completed ADA claim form.

Note: A copy of the Assistant Surgeon Report is included with this bulletin. Please copy the form as needed.

Other surgical procedures

D7260	oroantral fistula closure	Yes	Yes	
D7270	tooth reimplantation &/or stabilization of accidentally avulsed or displaced tooth &/or alveolus	Yes	Yes	
D7272	tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	Yes	NAB	
D7280	surgical exposure of impacted or unerupted tooth for orthodontic reasons (including orthodontic attachments)	Yes	NAB	
D7281	surgical exposure of impacted or unerupted tooth to aid eruption	Yes	NAB	
D7285	biopsy of oral tissue, hard	Yes	Yes	
D7286	biopsy of oral tissue, soft	Yes	Yes	
D7290	surgical repositioning of teeth	Yes	Yes	
D7291	transseptal fiberotomy, by report	Yes	NAB	

Alveoloplasty - surgical preparation of ridge for dentures

D7310	alveoloplasty in conjunction with extractions - per quadrant	Yes	Yes	
D7320	alveoloplasty not in conjunction with extractions - per quadrant	Yes	PAR	**Adult PAR** dental & concurrent medical condition.

Vestibuloplasty

D7340	vestibuloplasty - ridge extension (secondary epithelialization)	Yes	PAR	**Adult PAR** dental & concurrent medical condition.
D7350	vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied & hyperplastic tissue)	Yes	PAR	**Medicaid Billing** Bill on paper with copy of operative report. **Adult PAR** dental & concurrent medical condition.

Surgical excision of reactive inflammatory lesions - scar tissue or other localized congenital lesions

D7410	radical excision - lesion diameter up to 1.25 cm	Yes	Yes	

Yes = routine benefit	PAR = approval required before rendering service	NAB = not a benefit under any circumstance(s)

Code	Description	Child	Adult	Policy, Limitations, and PAR requirements
D7420	radical excision - lesion diameter greater than 1.25 cm	Yes	Yes	

Removal of tumors, cysts, & neoplasms

D7430	excision of benign tumor - lesion diameter up to 1.25 cm	Yes	Yes	
D7431	excision of benign tumor - lesion diameter greater than 1.25 cm	Yes	Yes	
D7440	excision of malignant tumor - lesion diameter up to 1.25 cm	Yes	Yes	
D7441	excision of malignant tumor - lesion diameter greater than 1.25 cm	Yes	Yes	
D7450	removal of odontogenic cyst or tumor - lesion diameter up to 1.25 cm	Yes	Yes	
D7451	removal of odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	Yes	Yes	
D7460	removal of nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	Yes	Yes	
D7461	removal of nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	Yes	Yes	
D7465	destruction of lesion(s) by physical or chemical methods, by report	Yes	Yes	

Excision of bone tissue

D7470	removal of exostosis - maxilla or mandible	Yes	PAR	**Adult PAR** dental & concurrent medical condition.
D7480	partial ostectomy (guttering or saucerization)	Yes	PAR	**Adult PAR** dental & concurrent medical condition.
D7490	radical resection of mandible with bone graft	Yes	PAR	**Medicaid Billing** Bill on paper with copy of operative report. **Adult PAR** dental & concurrent medical condition.

Surgical incision

D7510	incision & drainage of abscess - intraoral soft tissue	Yes	Yes	
D7520	incision & drainage of abscess - extraoral soft tissue	Yes	Yes	
D7530	removal of foreign body, skin, or subcutaneous areolar tissue	Yes	Yes	
D7540	removal of reaction-producing foreign bodies - musculoskeletal system	Yes	Yes	
D7550	sequestrectomy for osteomyelitis	Yes	Yes	
D7560	maxillary sinusotomy for removal of tooth fragment or foreign body	Yes	Yes	

Treatment of fractures - simple

D7610	maxilla - open reduction (teeth immobilized, if present)	Yes	Yes	
D7620	maxilla - closed reduction (teeth immobilized, if present)	Yes	Yes	
D7630	mandible - open reduction (teeth immobilized, if present)	Yes	Yes	

Code	Description	Child	Adult	Policy, Limitations, and PAR requirements
D7640	mandible - closed reduction (teeth immobilized, if present)	Yes	Yes	
D7650	malar and/or zygomatic arch - open reduction	Yes	Yes	
D7660	malar and/or zygomatic arch - closed reduction	Yes	Yes	
D7670	alveolus - stabilization of teeth, open reduction splinting	Yes	Yes	
D7680	facial bones - complicated reduction with fixation & multiple surgical approaches	Yes	Yes	**Medicaid Billing** Bill on paper with copy of operative report.

Treatment of fractures - compound

D7710	maxilla - open reduction	Yes	Yes	
D7720	maxilla - closed reduction	Yes	Yes	
D7730	mandible - open reduction	Yes	Yes	
D7740	mandible - closed reduction	Yes	Yes	
D7750	malar and/or zygomatic arch - open reduction	Yes	Yes	
D7760	malar and/or zygomatic arch - closed reduction	Yes	Yes	
D7770	alveolus - stabilization of teeth, open reduction splinting	Yes	Yes	
D7780	facial bones - complicated reduction with fixation & multiple surgical approaches	Yes	Yes	**Medicaid Billing** Bill on paper with copy of operative report.

Reduction of dislocation & management of other temporomandibular joint dysfunctions - procedures which are an integral part of a primary procedure should not be reported separately.

► **Medicaid Policy**
Prior authorization requirements for TMJ surgery

1. ADA dental PAR/claim form for the **primary surgeon**.
2. Separate ADA dental PAR/claim form for the **assistant surgeon**.
3. Completed **TMJ Pre-surgical Evaluation** form for the primary surgeon.
4. TMJ surgeries may be subject to a second opinion review through **CFMC oral surgery specialist** consultant.

D7810	open reduction of dislocation	Yes	Yes	**Medicaid Policy** **Child & Adult PAR** see prior authorization requirements for TMJ surgery at start of this section.
D7820	closed reduction of dislocation	Yes	Yes	**Medicaid Policy** **Child & Adult PAR** see prior authorization requirements for TMJ surgery at start of this section.
D7830	manipulation under anesthesia	Yes	Yes	**Medicaid Policy** **Child & Adult PAR** see prior authorization requirements for TMJ surgery at start of this section.
D7840	condylectomy	PAR	PAR	**Medicaid Policy** **Child & Adult PAR** see prior authorization requirements for TMJ surgery at start of this section.
D7850	surgical discectomy, with/ without implant	PAR	PAR	**Medicaid Policy** **Child & Adult PAR** see prior authorization requirements for TMJ surgery at start of this section.
D7852	disc repair	PAR	PAR	**Medicaid Policy**

Code	Description	Child	Adult	Policy, Limitations, and PAR requirements
				Child & Adult PAR see prior authorization requirements for TMJ surgery at start of this section.
D7854	synovectomy	PAR	PAR	**Medicaid Policy**
				Child & Adult PAR see prior authorization requirements for TMJ surgery at start of this section.
D7856	myotomy	PAR	PAR	**Medicaid Policy**
				Child & Adult PAR see prior authorization requirements for TMJ surgery at start of this section.
D7858	joint reconstruction	PAR	PAR	**Medicaid Policy**
				Child & Adult PAR see prior authorization requirements for TMJ surgery at start of this section.
D7860	arthrotomy	PAR	PAR	**Medicaid Policy**
				Child & Adult PAR see prior authorization requirements for TMJ surgery at start of this section.
D7865	arthroplasty	PAR	PAR	**Medicaid Policy**
				Child & Adult PAR see prior authorization requirements for TMJ surgery at start of this section.
D7870	arthrocentesis	PAR	PAR	**Medicaid Policy**
				Child & Adult PAR see prior authorization requirements for TMJ surgery at start of this section.
D7872	arthroscopy - diagnostic, with or without biopsy	PAR	PAR	**Medicaid Policy**
				Child & Adult PAR see prior authorization requirements for TMJ surgery at start of this section.
D7873	arthroscopy - surgical: lavage & lysis of adhesions	PAR	PAR	**Medicaid Policy**
				Child & Adult PAR see prior authorization requirements for TMJ surgery at start of this section.
D7874	arthroscopy - surgical: disc repositioning & stabilization	PAR	PAR	**Medicaid Policy**
				Child & Adult PAR see prior authorization requirements for TMJ surgery at start of this section.
D7875	arthroscopy - surgical: synovectomy	PAR	PAR	**Medicaid Policy**
				Child & Adult PAR see prior authorization requirements for TMJ surgery at start of this section.
D7876	arthroscopy - surgical: discectomy	PAR	PAR	**Medicaid Policy**
				Child & Adult PAR see prior authorization requirements for TMJ surgery at start of this section.
D7877	arthroscopy - surgical: debridement	PAR	PAR	**Medicaid Policy**
				Child & Adult PAR see prior authorization requirements for TMJ surgery at start of this section.
D7880	occlusal orthotic device, by report	PAR	PAR	**Medicaid Policy**
				Includes fabrication, delivery & routine adjustments **Child PAR** TMJ or TMD clinical diagnosis. **Adult PAR** TMJ or TMD clinical diagnosis.
D7899	unspecified TMD therapy, by report	PAR	PAR	**Medicaid Policy**
				Child & Adult PAR see prior authorization requirements for TMJ surgery at start of this section & describe

Yes = routine benefit	PAR = approval required before rendering service	NAB = not a benefit under any circumstance(s)

Code	Description	Child	Adult	Policy, Limitations, and PAR requirements
				procedure.
Repair of traumatic wounds				
D7910	suture of recent small wounds - up to 5 cm	Yes	Yes	
Complicated suturing - reconstruction requiring delicate handling of tissues & wide undermining for meticulous closure				
D7911	complicated suture - up to 5 cm	Yes	Yes	
D7912	complicated suture - greater than 5 cm	Yes	Yes	
Other repair procedures				
D7920	skin graft (identify defect covered, location & type of graft)	Yes	PAR	**Adult PAR** graft type, site, dental & concurrent medical condition.
D7940	osteoplasty - for orthognathic deformities	PAR	NAB	**Child PAR** dental condition.
D7941	osteotomy - ramus, closed	PAR	NAB	**Child PAR** dental condition.
D7942	osteotomy - ramus, open	PAR	NAB	**Child PAR** dental condition.
D7943	osteotomy - ramus, open with bone graft	PAR	NAB	**Child PAR** dental condition.
D7944	osteotomy - segmented or subapical - per sextant or quadrant	PAR	NAB	**Child PAR** dental condition.
D7945	osteotomy - body of mandible	PAR	NAB	**Child PAR** dental condition.
D7946	Lefort I (maxilla - total)	PAR	NAB	**Child PAR** dental condition.
D7947	Lefort I (maxilla - segmented)	PAR	NAB	**Child PAR** dental condition.
D7948	Lefort II or Lefort III (osteoplasty of facial bones for mid-face hypoplasia or retrusion) - without bone graft	PAR	NAB	**Child PAR** dental condition.
D7949	Lefort II or Lefort III - with bone graft	PAR	NAB	**Child PAR** dental condition.
D7950	osseous, osteoperiosteal, or cartilage graft of the mandible or facial bones-autogenous or nonautogenous, by report	PAR	PAR	**Child PAR** graft type, site & dental condition. **Adult PAR** graft type, site, dental & concurrent medical condition.
D7955	repair of maxillofacial soft & hard tissue defect	PAR	PAR	**Child PAR** graft type, site & dental condition. **Adult PAR** graft type, site, dental & concurrent medical condition.
D7960	frenulectomy (frenectomy or frenotomy) - separate procedure	Yes	NAB	
D7970	excision of hyperplastic tissue - per arch	Yes	PAR	**Adult PAR** dental & concurrent medical condition.
D7971	excision of pericoronal gingiva	Yes	PAR	**Adult PAR** dental & concurrent medical condition.
D7980	sialolithotomy	Yes	PAR	**Adult PAR** dental & concurrent medical condition.
D7981	excision of salivary gland, by report	Yes	PAR	**Medicaid Policy** Bill on paper with copy of operative report. **Adult PAR** dental & concurrent medical condition.
D7982	sialduchoplasty	Yes	PAR	**Adult PAR** dental & concurrent medical condition.
D7983	closure of salivary fistula	Yes	PAR	**Adult PAR** dental & concurrent medical condition.
D7990	emergency tracheotomy	Yes	Yes	
D7991	coronoidectomy	PAR	PAR	**Child PAR** dental condition. **Adult PAR** dental & concurrent medical condition.

Yes = routine benefit	PAR = approval required before rendering service	NAB = not a benefit under any circumstance(s)

Code	Description	Child	Adult	Policy, Limitations, and PAR requirements
D7995	synthetic graft - mandible or facial bones, by report	PAR	PAR	**Child PAR** implant type, site, cost & dental condition. **Adult PAR** implant type, site, cost, dental & concurrent medical condition.
D7996	implant - mandible for augmentation purposes (excluding alveolar ridge), by report	PAR	PAR	**Child PAR** implant type, site, cost & dental condition. **Adult PAR** implant type, site, cost, dental & concurrent medical condition.
D7999	unspecified oral surgery procedure, by report	PAR	PAR	**Child PAR** description of intended procedure, dental condition. **Adult PAR** description of intended procedure, dental & medical condition.

Limited orthodontic treatment

D8010	limited orthodontic treatment of the primary dentition	PAR	NAB	**Medicaid Policy** Includes appliance fabrication, delivery & routine adjustments. **Child PAR** orthodontic diagnosis.
D8020	limited orthodontic treatment of the transitional dentition	PAR	NAB	**Medicaid Policy** Includes appliance fabrication, delivery & routine adjustments. **Child PAR** orthodontic diagnosis.
D8030	limited orthodontic treatment of the adolescent dentition	PAR	NAB	**Medicaid Policy** Includes appliance fabrication, delivery & routine adjustments. **Child PAR** orthodontic diagnosis.
D8040	limited orthodontic treatment of the adult dentition	PAR	NAB	**Medicaid Policy** Includes appliance fabrication, delivery & routine adjustments. **Child PAR** orthodontic diagnosis.

Minor treatment to control harmful habits

D8210	removable appliance therapy	PAR	NAB	**Medicaid Policy** Includes appliance fabrication, delivery & routine adjustments. **Child PAR** orthodontic diagnosis.
D8220	fixed appliance therapy	PAR	NAB	**Medicaid Policy** Includes appliance fabrication, delivery & routine adjustments. **Child PAR** orthodontic diagnosis.

Treatment of handicapping malocclusion

► Medicaid Policy

Handicapping malocclusion is the result of:congenital dentofacial malformations, accident, injury, medical conditions & severe skeletal discrepancy. Treatment of handicapping malocclusion is a benefit for children from birth through age 20. Treatment of handicapping malocclusion is not a benefit for adults age 21 & older.

Prior authorization is required before services are rendered.

For prior authorization information please contact:Colorado Department of Public Health & Environment, Health Care Program for Children with Special Care Needs (previously known as HCP - Handicapped Children's Program).

Unclassified treatment

D9110	palliative (emergency) treatment of dental pain - minor procedures	Yes	Yes

Yes = routine benefit	PAR = approval required before rendering service	NAB = not a benefit under any circumstance(s)

Code	Description	Child	Adult	Policy, Limitations, and PAR requirements

Anesthesia

▶ Medicaid Policy

Providers must comply with the Colorado Dental Practice Act requirements for anesthesia administration including: provider education & training, patient examination, anesthesia records & documentation, patient monitoring, ASA in-office limitations, staff emergency training & office facilities & equipment.

Reimbursement for local anesthesia is included in the procedural allowance. No additional benefit is available for local anesthesia.

D9220	general anesthesia - first 30 minutes	Yes	Yes	**Terminology revised** Effective 01-01-99 **Medicaid policy** **Description:** General anesthesia is a controlled state of unconsciousness accompanied by loss of protective reflexes including an ability to maintain a patent airway independently with the inability to respond purposefully to physical stimulation or verbal command. By regulation of the Colorado Dental Practice Act, in the office setting, this anesthesia service may be administered to ASA Class 1 & Class II patients. **Dental Records:** Must document the patient's condition or circumstance that necessitate service, informed consent & anesthesia procedural record. **Monitoring, IV supplies & medications** These services are inclusive with the benefit for general anesthesia. **Claim:** Benefit limited to one unit of service per date of service.
	Important Changes ➤			
D9221	general anesthesia - each additional 15 minutes	Yes	Yes	**Code added** Effective 01-01-99 Must be billed on same date of service with D9220. Maximum time is 2 hours including time billed for D9220.
D9230	analgesia - includes nitrous oxide	Yes	NAB	**Code added** Effective 01-01-99 **Medicaid Limitation** This code can be billed only when one or more of the following operative and/or surgical procedures is billed on the same date of service for the client: D2110 - D4999, D6010 - D7999. **Medicaid policy** **Description:** Analgesia is a is a minimally depressed level of consciousness that retains the patient's ability to maintain a patent airway independently & continuously with the ability to respond appropriately to physical or verbal command. **Dental Records:** Must document the patient's condition or circumstance that necessitates service, informed consent & anesthesia procedural record. **Monitoring:** This service is inclusive with the benefit for analgesia - including nitrous oxide sedation. **Claim:** Benefit limited to one unit of service per date of service.
	Important Changes ➤			
D9240	intravenous sedation	Yes	Yes	**Terminology revised**

Yes = routine benefit	PAR = approval required before rendering service	NAB = not a benefit under any circumstance(s)

Code	Description	Child	Adult	Policy, Limitations, and PAR requirements
				Effective 01-01-99 **Medicaid policy** **Description:** Deep sedation is a controlled state of consciousness or unconsciousness from which the patient is not easily aroused, which may be accompanied by a partial loss of protective reflexes including the ability to maintain a patent airway independently with the inability to respond purposefully to physical stimulation or verbal command. By regulation of the Colorado Dental Practice Act, in the office setting, this anesthesia service may be administered to ASA Class I & Class II patients. **Dental Records:** Must document the patient's condition or circumstance that necessitate service, informed consent & analgesia procedural record. **Monitoring, IV supplies & medications** These services are inclusive with the benefit for IV sedation. **Claim:** Benefit limited to one unit of service per date of service.
X9243	IV anesthesia supplies - in office procedure	NAB	NAB	**Code Deleted** Effective 12-31-98 **Medicaid Policy** This service is now inclusive with benefit for anesthesia procedures.
X9250	conscious sedation - parenteral route	Yes	NAB	**Medicaid Policy** Effective 12-31-98 Limited to 1 unit per date of service.
X9260	conscious sedation - oral route	Yes	NAB	**Medicaid Policy** Effective 12-31-98 Limited to 1 unit per date of service.

Hospital care/services

► **Medicaid Policy** - dental treatment in an inpatient and outpatient or "Day Surgery" setting does not require prior authorization for the hospital admission.

Professional consultation

D9310	consultation (diagnostic services provided by dentist or physician other than practitioner providing treatment)	Yes	PAR	**Adult PAR** dental & concurrent medical condition.

Professional visits

D9410	house call	Yes	Yes	**Code Added** Effective 01-01-99
	Important Changes ➤			**Medicaid Policy** Includes nursing facility visits, long-term care facilities, institutions, etc. Report in addition to reporting appropriate codes for actual procedures performed.
D9420	hospital call	Yes	Yes	**Code Added** Effective 01-01-99
	Important Changes ➤			**Medicaid Policy**

Yes = routine benefit	PAR = approval required before rendering service	NAB = not a benefit under any circumstance(s)

Code	Description	Child	Adult	Policy, Limitations, and PAR requirements
				May be reported when providing treatment in hospital in addition to reporting appropriate codes for actual procedures performed.

Miscellaneous services

X9925	pediodontic restraining device	Yes	NAB	**Medicaid Policy** Dental Records must document patient condition or circumstance requiring procedure & informed consent.
X9926	dental surgical tray - in office procedure	NAB	NAB	**Code Deleted** Effective 12-31-98 **Important Changes ➤** **Medicaid Policy** This service is now inclusive with benefit for operative and surgical procedures.
D9940	occlusal guard, by report	Yes	NAB	
D9951	occlusal adjustment - limited	Yes	NAB	
D9952	occlusal adjustment - complete	PAR	NAB	**Child PAR** dental condition.
D9999	unspecified adjunctive procedures, by report	PAR	NAB	**Child PAR** dental condition & describe procedure.
J codes	IV injectables **Important Changes ➤**	NAB	NAB	**All "J" Codes are Deleted** Effective 12-31-98 **Medicaid Policy** This service is now inclusive with benefit for anesthesia services.
CPT codes	Medical codes for services provided by a dentist or an oral surgeon **Important Changes ➤**	NAB	NAB	**All CPT Codes are Deleted** Effective 12-31-98 **Medicaid Policy** Dentists, including oral surgeons, can bill HCPCS codes or ADA codes, but no longer can bill CPT Medical codes.

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Yes = routine benefit	PAR = approval required before rendering service	NAB = not a benefit under any circumstance(s)

Dental Assistant Surgeon Report

Date: _____

Assistant Surgeon: _____ Medicaid Provider Number: _____

Primary Surgeon: _____ Medicaid Provider Number: _____

Date(s) of Service	Billed Procedure Codes	Description	Surgery Charge		Assistant Surgery Charge	
Bill D7999, unspecified procedure, on the ADA claim form.		Total Charges				

For unspecified procedures, complete a report below (use reverse side if necessary) or attach a copy of the primary surgeon's report. Attach to the completed ADA form.

_____ _____

Signature Date