



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 Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.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: Dentists

December 2002

Reference: B0200146

This bulletin completely replaces Medicaid Bulletin B0100087 (01/01).
Bulletin B0100087 should be discarded.

Dental Program Updates & Revisions

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Special points of interest:

Significant ADA Code Changes

- Dentists can use 1994 and 1999 ADA claim forms
- No PAR required for assistant surgeons
- Contact the hospital for PAR requirements

Important:

Claims and PARs will be denied for deleted codes beginning January 3, 2003.

Please read changes carefully

Please direct questions to Medicaid Provider Services
303-534-0146 or 1-800-237-0757 (toll free Colorado)

This document replaces the January 2001 bulletin.

Share this bulletin promptly with your billing staff as it contains important policy and billing information, supplementing information in the Medicaid Dental Provider Manual.

Revised Dental Benefits

This bulletin contains a revised list of dental procedures that are benefits for Colorado Medicaid clients effective January 1, 2003. Go to the appropriate section of this bulletin for a list of dental procedures that are benefits for children, adults and non-citizen clients. The dental codes in this bulletin are current ADA codes. Please refer to the ADA publication Current Dental Terminology 4, for detailed code information, clarification, and appropriate utilization.

All dental providers are required to utilize ADA dental codes.

CPT medical and surgical codes may not be used by dental providers.

1994 or 1999 ADA claim forms are accepted for Prior Authorization Requests (PARs) and claims.

Thank you

The Colorado Medicaid program would like to express our sincere thanks to all Colorado dentists who serve Medicaid clients. Your patients and the Colorado Department of Health Care Policy and Financing sincerely appreciate your dedication and contribution.

Inpatient & Outpatient Hospitalization PAR

Dental procedures requiring hospitalization and general anesthesia may be a covered benefit, if in the treating dentist's opinion, the client meets one or more of the following criteria:

1. The client has a physical, mental or medically compromising condition; or
2. The client has dental needs for which local anesthesia is ineffective because of acute infection, anatomic variations, or allergy; or
3. The client is extremely uncooperative, unmanageable, anxious, or uncommunicative and has dental needs deemed sufficiently important that dental care cannot be deferred; or
4. The client has sustained extensive orofacial and dental trauma.

What to do

If a dentist determines that a client needs hospitalization with or without associated general anesthesia, and meets one or more of the listed criteria, the dentist should:

1. Contact the individual's HMO medical management department for prior authorization to use the hospital. The HMO may require documentation of medical necessity; or
2. If the client is not enrolled in an HMO, the dentist should make prior arrangements with the Medicaid participating hospital.

Enrollment in an HMO

Enrollment in a Medicaid HMO does not affect a client's eligibility for dental services. A client is eligible for dental services regardless of the primary care provider or the HMO. Clients enrolled in HMOs receive medical care through that HMO.

CHILD BENEFITS

The comprehensive benefits listed in this section are available for children.

Children's dental services must be completed before the individual client's 21st birthday

PAR ▲ Prior Authorization Review

PAR after the procedure code, designates that prior authorization review is required before starting the service for a child.

Approval of a PAR does not guarantee Medicaid payment

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

Electronic PAR

Electronic PAR is available only with ACS - WINASAP program, which is supplied at no cost to dental providers. In the "Provider comments" field, write the dental condition supporting the need for service.

Paper PAR

In the "Remarks for unusual services" area of the 1994 or 1999 ADA dental claim form, write the dental condition supporting the need for the service. Please do not send x-rays.

TMJ surgery ▲ PAR required only for the primary surgeon

In the "Provider comments" field of the ACS - WINASAP program, or the "Remarks for unusual services" area of the 1994 or 1999 ADA dental claim form, write the; TMJ diagnosis, duration of symptoms, number of previous TMJ surgeries, and prognosis with the planned surgery. CPT medical and surgical codes may not be used. Please do not send x-rays or attachments.

Assistant surgeon ▲ PAR not required

ASSIST next to the code, indicates procedures for which an assistant surgeon is allowed for a child. These claims must be submitted on paper, see last page of this bulletin.

Treatment of handicapping malocclusion ▲ PAR required

For PAR information contact ACS prior authorization assistance at 303.534.0279 or 1.800.237.7647.

Orthodontic treatment for handicapping malocclusions is a benefit only when the client's condition is the result of accident or injury, congenital dentofacial malformations, medical conditions, severe skeletal condition or discrepancy.

CLINICAL ORAL EVALUATIONS

- D0120 periodic oral evaluation
- D0140 limited oral evaluation - problem focused
- D0150 comprehensive oral evaluation – new or established patient
Description revised 01-01-03
- D0160 detailed & extensive oral evaluation problem focused, by report
- D0170 evaluation-limited, problem focused (established patient; not post-operative visit)

RADIOGRAPHS/DIAGNOSTIC IMAGING

- D0210 intraoral - complete series (including bite wings)
- D0220 intraoral - periapical first film
- D0230 intraoral – periapical each additional film
- D0240 intraoral - occlusal film
- 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 postero-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
- D0340 cephalometric film
- D0350 oral/facial images (includes intra and extraoral images)

TESTS AND LABORATORY EXAMINATIONS

- D0415 bacteriologic studies for the determination of pathologic agents
- D0425 caries susceptibility tests
→ not to be used for carious dentin staining,
→ for in-office lab culture, the provider must be CLIA certified
- D0460 pulp vitality tests
→ includes multiple teeth & contralateral comparison/s
- D0470 diagnostic casts
→ includes both maxillary and mandibular casts

ORAL PATHOLOGY LABORATORY

- D0472 accession of tissue, gross examination, preparation and transmission of written report
- D0473 accession of tissue, gross and microscopic examination, preparation and transmission of written report
- D0474 accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report
- D0480 processing and interpretation of cytologic smears, including the preparation and transmission of written report
- D0501 histopathologic examinations
Code deleted 01-01-03
- D0502 **PAR** other oral pathology procedures, by report
- 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

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DENTAL PROPHYLAXIS

- D1110 prophylaxis - adult
→ use code D1205 when doing prophy & fluoride on same date of service
- D1120 prophylaxis - child
→ use code D1201 when doing prophy & fluoride on same date of service

TOPICAL FLUORIDE TREATMENT

- D1201 topical application of fluoride (including prophylaxis) child
- D1203 topical application of fluoride (prophylaxis not included) child
→ use code D1201 when doing prophy & fluoride on same date of service
- D1204 topical application of fluoride (prophylaxis not included) adult
→ use code D1205 when doing prophy & fluoride on same date of service
- D1205 topical application of fluoride (including prophylaxis) adult

OTHER PREVENTIVE SERVICES

- D1330 oral hygiene instructions
- D1351 sealant - per tooth
→ a benefit only for permanent molars
→ mechanically and/or chemically prepared enamel surface sealed to prevent decay

SPACE MAINTAINERS

- 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

AMALGAM RESTORATIONS

- D2110 amalgam - one surface, primary
Code deleted 01-01-03
- D2120 amalgam - two surfaces, primary
Code deleted 01-01-03
- D2130 amalgam - three surfaces, primary
Code deleted 01-01-03
- D2131 amalgam - four or more surfaces, primary
Code deleted 01-01-03
- D2140 amalgam - one surface, primary or permanent
Description revised 01-01-03
- D2150 amalgam - two surfaces, primary or permanent
Description revised 01-01-03
- D2160 amalgam - three surfaces, primary or permanent
Description revised 01-01-03
- D2161 amalgam - four or more surfaces, primary or permanent
Description revised 01-01-03

RESIN-BASED COMPOSITE RESTORATIONS

- 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)
- D2336 resin-based composite crown, anterior-primary
- D2337 resin-based composite crown, anterior-permanent

- D2380 resin-based composite - one surface, posterior-primary
Code deleted 01-01-03
- D2381 resin-based composite - two surfaces, posterior-primary
Code deleted 01-01-03
- D2382 resin-based composite - three or more surfaces, posterior-Primary
Code deleted 01-01-03
- D2385 resin-based composite - one surface, posterior-permanent
Code deleted 01-01-03
- D2386 resin-based composite - two surfaces, posterior-permanent
Code deleted 01-01-03
- D2387 resin-based composite - three surfaces, posterior-permanent
Code deleted 01-01-03
- D2388 resin-based composite - four or more surfaces, posterior- permanent
Code deleted 01-01-03
- D2391 resin-based composite - one surface, posterior
New code 01-01-03
- D2392 resin-based composite - two surfaces, posterior
New code 01-01-03
- D2393 resin-based composite - three surfaces, posterior
New code 01-01-03
- D2394 resin-based composite - four or more surfaces, posterior
New code 01-01-03

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
- D2920 recement crown
- D2930 prefabricated stainless steel crown - primary tooth
- D2931 prefabricated stainless steel crown - permanent tooth
- D2932 prefabricated resin crown
- D2933 prefabricated stainless steel crown with resin window
→ a benefit only for teeth C-H, M-R
- D2940 sedative filling
- D2950 core build up, including any pins
- D2951 pin retention - per tooth, in addition to restoration
- D2952 **PAR** cast post & core in addition to crown
- D2953 **PAR** each additional cast 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
- D2970 temporary crown (fractured tooth)
- D2980 **PAR** crown repair, by report
- D2999 **PAR** unspecified restorative procedure, by report

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

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D3221 Pulpal debridement, primary and permanent teeth
Description revised 01-01-03
→ 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

ENDODONTIC THERAPY ON PRIMARY TEETH

D3240 pulp therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)
→ a benefit only for teeth A,J,K,T

ENDODONTIC THERAPY

D3310 anterior (excluding final restoration)
D3320 bicuspid (excluding final restoration)
D3330 molar (excluding final restoration)
D3331 treatment of root canal obstruction; non-surgical access
D3332 incomplete endodontic therapy; inoperable 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 PROCEDURES

D3351 apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)
D3352 apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)
D3353 apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)

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

PERIODONTICS - SURGICAL SERVICES

D4210 [PAR] Gingivectomy or gingivoplasty – four or more contiguous teeth or bounded teeth spaces, per quadrant
Description revised 01-01-03
D4211 [PAR] Gingivectomy or gingivoplasty one to three teeth, per quadrant
Description revised 01-01-03

D4220 [PAR] gingival curettage, surgical - per quadrant, by report
Code deleted 01-01-03

D4240 [PAR] gingival flap procedure, including root planning, four or more contiguous teeth or bounded spaces, per quadrant
Description revised 01-01-03

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 bounded teeth spaces, per quadrant
Description revised 01-01-03

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)

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
Description revised 01-01-03

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 contiguous teeth or bounded teeth spaces, per quadrant
Description revised 01-01-03
D4355 full mouth debridement to enable comprehensive evaluation and diagnosis
Description revised 01-01-03
D4381 [PAR] localized delivery of chemotherapeutic agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report

OTHER PERIODONTAL SERVICES

D4910 periodontal maintenance
Code Deleted 01-01-03
D4999 [PAR] unspecified periodontal procedure, by report

COMPLETE DENTURES

D5110 [PAR] complete denture - maxillary
D5120 [PAR] complete denture - mandibular
D5130 [PAR] immediate denture - maxillary
D5140 [PAR] immediate denture - mandibular

PARTIAL DENTURES

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)

CHILD BENEFITS

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- 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 (chairside)
- D5731 reline complete mandibular denture (chairside)
- D5740 reline maxillary partial denture (chairside)
- D5741 reline mandibular partial denture (chairside)
- 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

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
- D5999 **PAR** unspecified maxillofacial prosthesis, by report

IMPLANT SERVICES

- D6010 **PAR** surgical placement of implant body: endosteal implant
- D6020 **PAR** abutment placement or substitution: endosteal implant
- D6040 **PAR** surgical placement: eposteal implant
- D6050 **PAR** surgical placement: transosteal implant

IMPLANT SUPPORTED PROSTHETICS

- D6055 **PAR** dental implant supported connecting bar
- D6056 **PAR** prefabricated abutment
- D6057 **PAR** custom abutment
- D6060 **PAR** abutment supported porcelain fused to metal crown (predominantly base metal)
- D6063 **PAR** abutment supported cast metal crown (predominantly base metal)

CHILD BENEFITS

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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)

D6078 **PAR** implant/abutment supported fixed denture for completely edentulous arch

D6079 **PAR** implant/abutment supported fixed denture for partially edentulous arch

OTHER IMPLANT SERVICES

D6080 **PAR** implants maintenance procedures, including removal of prosthesis, cleaning of prosthesis and abutments, reinsertion of prosthesis

D6090 **PAR** repair implant supported prosthesis, by report

D6095 **PAR** repair implant abutment, by report

D6100 **PAR** implant removal, by report

D6199 **PAR** unspecified implant removal procedure, by report

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 1-32

FIXED PARTIAL DENTURE RETAINERS - CROWNS

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

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** cast post and core in addition to fixed partial denture retainer

D6971 **PAR** cast post as part of a fixed partial denture retainer

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 cast 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
→ Groper appliance deleted as a benefit 01-03-03
→ code valid for tooth numbers 1-32 only

EXTRACTION

D7110 single tooth
Code deleted 01-01-03

D7120 each additional tooth
Code deleted 01-01-03

D7130 root removal - exposed roots
Code deleted 01-01-03

D7140 extraction, erupted tooth or exposed root (elevation and/or forceps removal)
New code 01-01-03

SURGICAL EXTRACTIONS

D7210 surgical removal of erupted tooth requiring elevation of mucoperiosteal flap & removal of bone &/or section of tooth

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)

OTHER SURGICAL PROCEDURES

D7260 oroantral fistula closure

D7261 primary closure of sinus perforation
New code 01-01-03

D7270 tooth reimplantation and/or stabilization of accidentally avulsed or displaced tooth
Description revised 01-01-03

D7272 tooth transplantation (includes reimplantation from one site to another and splinting &/or stabilization)

D7280 **PAR** Surgical access of an unerupted tooth
Description revised 01-01-03

D7281 surgical exposure of impacted or unerupted tooth to aid eruption

D7285 biopsy of oral tissue, hard (bone, tooth)

D7286 biopsy of oral tissue, soft (all others)

D7290 surgical repositioning of teeth

D7291 transseptal fibrotomy/supra crestal fibertomy, by report
Description revised 01-01-03

ALVEOLOPLASTY - SURGICAL PREPARATION OF RIDGE FOR DENTURES

D7310 alveoloplasty in conjunction with extraction - per quadrant

D7320 alveoloplasty not in conjunction with extraction – 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 REACTIVE INFLAMMATORY LESIONS

D7410 excision of benign lesion up to 1.25 cm
Description revised 01-01-03

D7411 excision of benign lesion greater than 1.25 cm
New code 01-01-03

D7412 excision of benign lesion, complicated
New code 01-01-03

D7413 excision of malignant lesion up to 1.25 cm
New code 01-01-03

CHILD BENEFITS

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D7414 excision of malignant lesion greater than 1.25 cm
New code 01-01-03

D7415 excision of malignant lesion, complicated
New code 01-01-03

D7420 **ASSIST** radical excision - lesion diameter greater than 1.25cm
Code deleted 01-01-03

REMOVAL OF TUMORS, CYSTS & NEOPLASM

D7430 excision of benign tumor - lesion diameter up to 1.25cm
Code deleted 01-01-03

D7431 **ASSIST** excision of benign tumor - lesion diameter greater than 1.25cm
Code deleted 01-01-03

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
Description revised 01-01-03

D7451 **ASSIST** removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25cm
Description revised 01-01-03

D7460 removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25cm
Description revised 01-01-03

D7461 **ASSIST** removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25cm
Description revised 01-01-03

D7465 destruction of lesions(s) by physical or chemical methods, by report

EXCISION OF BONE TISSUE

D7471 removal of lateral exostosis (maxilla or mandible)
Description revised 01-01-03

D7472 removal of torus palatinus
New code 01-01-03

D7473 removal of torus mandibularis
New code 01-01-03

D7485 surgical reduction of osseous tuberosity
New code 01-01-03

D7480 partial ostectomy (guttering or saucerization)

D7490 radical resection of mandible with bone graft

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
Description revised 01-01-03

D7540 removal of reaction-producing foreign bodies, musculoskeletal system

D7550 partial ostectomy/sequestrectomy for removal of non-vital bone
Description revised 01-01-03

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
Description revised 01-01-03

D7671 alveolus - open reduction, may include stabilization of teeth
New code 01-01-03

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
Description revised 01-01-03

D7771 alveolus - closed reduction stabilization of teeth
New code 01-01-03

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

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

D7911 complicated suture - up to 5 cm

D7912 complicated suture - greater than 5 cm

CHILD BENEFITS

The comprehensive benefits listed in this section are available for children.

Children's dental services must be completed before the individual client's 21st birthday

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 - per sextant or quadrant
- 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 facial bones - autogenous or nonautogenous, by report
- D7955 **PAR** **ASSIST** repair of maxillofacial soft and hard tissue defect
- D7960 frenulectomy (frenectomy or frenotomy) - separate procedure
- D7970 excision of hyperplastic tissue - per arch
- D7971 excision of pericoronal gingiva
- D7972 surgical reduction of fibrous tuberosity
New code 01-01-03
- 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

LIMITED ORTHODONTIC TREATMENT

- D8010 limited orthodontic treatment of the primary dentition
Code deleted 01-01-03
- D8020 limited orthodontic treatment of the transitional dentition
Code deleted 01-01-03
- D8030 limited orthodontic treatment of the adolescent dentition
Code deleted 01-01-03

- D8040 limited orthodontic treatment of the adult dentition
Code deleted 01-01-03

MINOR TREATMENT TO CONTROL HARMFUL HABITS

- D8210 removable appliance therapy
- D8220 fixed appliance therapy

UNCLASSIFIED TREATMENT

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

ANESTHESIA

- D9220 deep sedation/general anesthesia – first 30 minutes
Description revised 01-01-03
- D9221 deep sedation/general anesthesia – each additional 15 minutes
Description revised 01-01-03
- D9230 analgesia, anxiolysis, inhalation of nitrous oxide
→ 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-D1999, D7110-D7999.
- D9241 intravenous conscious sedation/analgesia – first 30 minutes
Description revised 01-01-03
- D9242 intravenous conscious sedation/analgesia – each additional 15 minutes
Description revised 01-01-03
- D9248 non-intravenous conscious sedation

PROFESSIONAL CONSULTATION

- D9310 consultation (diagnostic services provided by dentist or physician other than practitioner providing treatment)

PROFESSIONAL VISITS

- D9410 house/extended care facility call
- D9420 hospital call

MISCELLANEOUS SERVICES

- D9911 application of desensitizing resin for cervical and/or root surface, per tooth
- X9925 pedodontic restraining device
Code deleted 01-01-03
- 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

ADULT BENEFITS

Only the limited dental benefits listed in this section are available for adults, age 21 & older.
A concurrent medical condition is required to provide any of the services listed below

IMPORTANT

A concurrent medical condition is required to provide any dental service to an adult Medicaid client.

Concurrent medical conditions

- Infection of an oral facial structure
- Accident to an oral facial structure
- Trauma to an oral facial structure
- Fracture of an oral facial structure
- Disorder of temporomandibular structure
- Mental retardation, severe mental condition
- Physical handicap
- Pregnancy
- Suppressed immune system
- Chemotherapy for cancer
- Organ transplant
- Other major medical condition - please describe

PAR ▲ Prior Authorization Review

PAR after the procedure code, designates that prior authorization review is required before starting the service for an adult.

Approval of a PAR does not guarantee Medicaid payment

Authorization only assures that the approved service, as identified on the PAR, is a medical necessity and is considered a benefit of the Medicaid program. All claims, including those for prior authorized services, must meet eligibility and claim submission requirements (e.g., timely filing, Primary Care Physician information completed appropriately, third party resources payments pursued, required attachments included, etc.) before payment can be made. Claims not in compliance with documentation and billing requirements may be denied or subject to recovery.

Electronic PAR

Electronic PAR is available only with ACS WINASAP program, which is supplied at no cost to dental providers. In the "Provider comments" field, write the dental condition supporting the need for service and one of the above listed concurrent medical conditions.

Paper PAR

In the "Remarks for unusual services" area of the 1994 or 1999 ADA dental claim form, write the dental condition supporting the need for the service and one of the above listed concurrent medical conditions. Please do not send x-rays.

TMJ surgery ▲ PAR required only for the primary surgeon

In the "Provider comments" field of ACS - WINASAP program, or the "Remarks for unusual services" area of the 1994 or 1999 ADA dental claim form, write the TMJ diagnosis, duration of symptoms, number of previous TMJ surgeries, and prognosis with the planned surgery. CPT medical and surgical codes may not be used. Please do not send x-rays or attachments.

Assistant surgeon ▲ PAR not required

ASSIST next to the code, indicates procedures for which an assistant surgeon is allowed for an adult. These claims must be submitted on paper, see last page of this bulletin.

CLINICAL ORAL EVALUATIONS

- D0140 limited oral evaluation - problem focused
 D0150 **PAR** comprehensive oral evaluation
 Description revised 01-01-03
 D0160 **PAR** detailed & extensive oral evaluation problem focuses
 D0170 re-evaluation-limited, problem focused (established patient; not post-operative visit)

RADIOGRAPHS/DIAGNOSTIC IMAGING

- 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
 D0277 vertical bitewings - 7 to 8 films
 D0290 **PAR** posterior-anterior or lateral skull & facial bone survey film
 D0310 **PAR** sialography
 D0320 **PAR** temporomandibular joint arthrogram, including injection
 D0321 **PAR** other temporomandibular joint films, by report
 D0322 **PAR** tomographic survey
 D0330 panoramic film
 D0340 **PAR** cephalometric film
 D0350 oral/facial images (includes intra and extraoral images)

TESTS AND LABORATORY EXAMINATIONS

- D0415 bacteriologic studies for the determination of pathologic agents
 D0460 pulp vitality tests
 → includes multiple teeth & contralateral comparison/s
 D0470 **PAR** diagnostic casts
 → includes both maxillary and mandibular casts

ORAL PATHOLOGY LABORATORY

- D0472 accession of tissue, gross examination, preparation and transmission of written report
 D0473 accession of tissue, gross and microscopic examination, preparation and transmission of written report
 D0474 accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report
 D0480 processing and interpretation of cytologic smears, including the preparation and transmission of written report
 D0501 histopathologic examinations
 Code deleted 01-01-03
 D0502 **PAR** other oral pathology procedure, by report
 D0999 **PAR** unspecified diagnostic procedure, by report

AMALGAM RESTORATIONS

- D2140 **PAR** amalgam - one surface, primary or permanent
 Description revised 01-01-03
 D2150 **PAR** amalgam - two surfaces, primary or permanent
 Description revised 01-01-03

ADULT BENEFITS

Only the limited dental benefits listed in this section are available for adults, age 21 & older.
A concurrent medical condition is required to provide any of the services listed below

D2160 **PAR** amalgam - three surfaces, primary or permanent
Description revised 01-01-03

D2161 **PAR** amalgam - four or more surfaces, primary or permanent
Description revised 01-01-03

RESIN RESTORATIONS

D2330 **PAR** resin - one surface, anterior

D2331 **PAR** resin - two surfaces, anterior

D2332 **PAR** resin - three surfaces, anterior

D2335 **PAR** resin - four or more surfaces or involving incisal angle (anterior)

D2385 resin-based composite - one surface, posterior-permanent
Code deleted 01-01-03

D2386 resin-based composite - two surfaces, posterior-permanent
Code deleted 01-01-03

D2387 resin-based composite - three surfaces, posterior-permanent
Code deleted 01-01-03

D2388 resin-based composite - four or more surfaces, posterior-permanent
Code deleted 01-01-03

D2391 **PAR** resin-based composite - one surface, posterior
New code 01-01-03

D2392 **PAR** resin-based composite - two surfaces, posterior
New code 01-01-03

D2393 **PAR** resin-based composite - three surfaces, posterior
New code 01-01-03

D2394 **PAR** resin-based composite - four or more surfaces, posterior
New code 01-01-03

D2940 **PAR** sedative filling

D2951 **PAR** pin retention - per tooth, in addition to restoration

PULP CAPPING

D3110 **PAR** pulp cap - direct (excluding final restoration)

D3120 **PAR** pulp cap - indirect (excluding final restoration)

PERIODONTICS - SURGICAL PROCEDURES

D4210 **PAR** gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces, per quadrant
Description revised 01-01-03

D4211 **PAR** gingivectomy or gingivoplasty - one to three teeth, per quadrant
Description revised 01-01-03

D4220 **PAR** gingival curettage, surgical - per quadrant, by report
Code deleted 01-01-03

D4240 **PAR** gingival flap procedure, including root planning, four or more contiguous teeth or bounded spaces, per quadrant
Description revised 01-01-03

NON-SURGICAL PERIODONTAL SERVICE

D4321 **PAR** provisional splinting - extracoronal

D4341 **PAR** periodontal scaling and root planing, four or more contiguous teeth or bounded teeth spaces, per quadrant
Description revised 01-01-03

D4355 **PAR** full mouth debridement to enable comprehensive evaluation and diagnosis
Description revised 01-01-03

D4381 **PAR** localized delivery of chemotherapeutic agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report

MAXILLOFACIAL PROSTHETICS

D5931 **PAR** obturator prosthesis, surgical

D5932 **PAR** obturator prosthesis, definitive

D5933 **PAR** obturator prosthesis, modification

D5934 **PAR** mandibular resection prosthesis with guide flange

D5935 **PAR** mandibular resection prosthesis without guide flange

D5936 **PAR** obturator prosthesis, interim

D5954 **PAR** palatal augmentation prosthesis

D5955 **PAR** palatal lift prosthesis, definitive

D5958 **PAR** palatal lift prosthesis, interim

D5959 **PAR** palatal lift prosthesis, modification

D5982 surgical stent

D5983 **PAR** radiation carrier

D5984 **PAR** radiation shield

D5985 **PAR** radiation cone locator

D5987 **PAR** commissure splint

D5988 surgical splint

IMPLANT SERVICES

D6010 **PAR** surgical placement of implant body - endosteal implant

D6020 **PAR** abutment placement or substitution - endosteal implant

D6040 **PAR** surgical placement - eposteal implant

D6050 **PAR** surgical placement - transosteal implant

OTHER IMPLANT SERVICES

D6080 **PAR** implant maintenance procedures including removal of prosthesis and cleaning of prosthesis and abutments and reinsertion of prosthesis

D6095 **PAR** repair implant abutment, by report

D6100 **PAR** implant removal, by report

D6199 **PAR** unspecified implant procedure, by report

EXTRACTION

D7110 single tooth
Code deleted 01-01-03

D7120 each additional tooth
Code deleted 01-01-03

D7130 root removal - exposed roots
Code deleted 01-01-03

D7140 extraction, erupted tooth or exposed root (elevation and/or forceps removal)
New code 01-01-03

SURGICAL EXTRACTIONS

D7210 surgical removal of erupted tooth requiring elevation of mucoperiosteal flap & removal of bone &/or section of tooth

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)

ADULT BENEFITS

Only the limited dental benefits listed in this section are available for adults, age 21 & older.
A concurrent medical condition is required to provide any of the services listed below

OTHER SURGICAL PROCEDURES

- D7260 oroantral fistula closure
 D7261 primary closure of sinus perforation
 New code 01-01-03
 D7270 tooth reimplantation and/or stabilization of accidentally avulsed or displaced tooth
 Description revised 01-01-03
 D7285 biopsy of oral tissue - hard (bone, tooth)
 D7286 biopsy of oral tissue - soft (all others)
 D7290 surgical repositioning of teeth

ALVEOLOPLASTY - SURGICAL PREPARATION OF RIDGE FOR DENTURES

- D7310 alveoplasty in conjunction with extraction - per quadrant
 D7320 **PAR** alveoplasty not in conjunction with extraction - per quadrant

VESTIBULOPLASTY

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

SURGICAL EXCISION OF REACTIVE INFLAMMATORY LESIONS

- D7410 excision of benign lesion up to 1.25 cm
 Description revised 01-01-03
 D7411 excision of benign lesion greater than 1.25 cm
 New code 01-01-03
 D7412 excision of benign lesion, complicated
 New code 01-01-03
 D7413 excision of malignant lesion up to 1.25 cm
 New code 01-01-03
 D7414 excision of malignant lesion greater than 1.25 cm
 New code 01-01-03
 D7415 excision of malignant lesion, complicated
 New code 01-01-03
 D7420 **ASSIST** radical excision - lesion diameter greater than 1.25cm
 Code deleted 01-01-03

REMOVAL OF TUMORS, CYSTS & NEOPLASM

- D7430 excision of benign tumor - lesion diameter up to 1.25cm
 Code deleted 01-01-03
 D7431 **ASSIST** excision of benign tumor - lesion diameter greater than 1.25cm
 Code deleted 01-01-03
 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
 Description revised 01-01-03
 D7451 **ASSIST** removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25cm
 Description revised 01-01-03

- D7460 removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25cm
 Description revised 01-01-03
 D7461 **ASSIST** removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25cm
 Description revised 01-01-03
 D7465 destruction of lesion(s) by physical or chemical method, by report

EXCISION OF BONE TISSUE

- D7471 **PAR** removal of lateral exostosis (maxilla or mandible)
 Description revised 01-01-03
 D7472 **PAR** removal of torus palatinus
 New code 01-01-03
 D7473 **PAR** removal of torus mandibularis
 New code 01-01-03
 D7480 **PAR** partial ostectomy (guttering or saucerization)
 D7485 **PAR** surgical reduction of osseous tuberosity
 New code 01-01-03
 D7490 **PAR** radical resection of mandible with bone graft

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
 Description revised 01-01-03
 D7540 removal of reaction-producing foreign bodies - musculoskeletal system
 D7550 partial ostectomy/sequestrectomy for removal of non-vital bone
 Description revised 01-01-03
 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
 Description revised 01-01-03
 D7671 alveolus - open reduction, may include stabilization of teeth
 New code 01-01-03
 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
 Description revised 01-01-03

ADULT BENEFITS

Only the limited dental benefits listed in this section are available for adults, age 21 & older.
A concurrent medical condition is required to provide any of the services listed below

D7771 alveolus – closed reduction stabilization of teeth

New code 01-01-03

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

D7854 **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 facial bones-autogenous or nonautogenous, by report

D7955 **PAR** **ASSIST** repair of maxillofacial soft and hard tissue defect

D7970 **PAR** excision of hyperplastic tissue - per arch

D7971 **PAR** excision of pericoronal gingival

D7972 **PAR** surgical reduction of fibrous tuberosity

New code effective 01-01-03

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

D7995 **PAR** **ASSIST** synthetic graft - mandible or facial bones, by report

D7996 **PAR** **ASSIST** implant - mandible for augmentation purposes (excluding alveolar ridge), by report

D7997 appliance removal (not by dentist who placed appliance), includes removal of archbar

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

Description revised 01-01-03

D9221 deep sedation/general anesthesia – each additional 15 minutes

Description revised 01-01-03

D9241 intravenous conscious sedation/analgesia – first 30 minutes

Description revised 01-01-03

D9242 intravenous conscious sedation/analgesia – each additional 15 minutes

Description revised 01-01-03

PROFESSIONAL CONSULTATION

D9310 **PAR** consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)

PROFESSIONAL VISITS

D9410 house/extended care facility call

D9420 hospital call

NON CITIZEN BENEFITS

Only the selected dental services listed in this section are available for non-citizens.

A dental emergency is required to provide any of the below listed services

Client's Medicaid Authorization Card (MAC card) reads

Good for emergency services only

Dental emergency

A dental emergency is present when a non-citizen presents with pain, infection, fracture, or trauma of an oral facial structure. Preventative, restorative, endodontic, periodontal, and prosthetic care is not a benefit for non-citizen clients under any circumstances.

PAR ▲ Prior Authorization Review

PAR is not required for non-citizen benefits.

Assistant surgeon ▲ PAR not required

ASSIST next to the code, indicates procedures for which an assistant surgeon is allowed for a non-citizen. These claims must be submitted on paper. Please see the last page of this bulletin.

ORAL EVALUATION

D0140 limited oral evaluation - problem focused

RADIOGRAPHS/DIAGNOSTIC IMAGING

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 LABORATORY EXAMINATIONS

D0415 bacteriologic studies for the determination of pathologic agent

D0472 accession of tissue, gross examination, preparation and transmission of written report

D0473 accession of tissue, gross and microscopic examination, preparation and transmission of written report

D0474 accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report

D0480 processing and interpretation of cytologic smears, including the preparation and transmission of written report

D0501 histopathologic examinations
Code deleted 01-01-03

EXTRACTION

D7110 single tooth
Code deleted 01-01-03

D7120 each additional tooth
Code deleted 01-01-03

D7130 root removal - exposed roots
Code deleted 01-01-03

D7140 extraction, erupted tooth or exposed root (elevation and/or forceps removal)
New code 01-01-03

SURGICAL EXTRACTIONS

D7210 surgical removal of erupted tooth requiring elevation of mucoperiosteal flap & removal of bone &/or section of tooth

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)

OTHER SURGICAL PROCEDURES

D7285 biopsy of oral tissue - hard (bone, tooth)

D7286 biopsy of oral tissue - soft (all others)

REMOVAL OF TUMORS, CYSTS, & NEOPLASM

D7411 excision of benign lesion greater than 1.25 cm
New code 01-01-03

D7412 excision of benign lesion, complicated
New code 01-01-03

D7413 excision of malignant lesion up to 1.25 cm
New code 01-01-03

D7414 excision of malignant lesion greater than 1.25 cm
New code 01-01-03

D7415 excision of malignant lesion, complicated
New code 01-01-03

D7430 excision of benign tumor - lesion diameter up to 1.25cm
Code deleted 01-01-03

D7431 ASSIST excision of benign tumor - lesion diameter greater than 1.25cm
Code deleted 01-01-03

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
Description revised 01-01-03

D7451 ASSIST removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25cm
Description revised 01-01-03

D7460 removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25cm
Description revised 01-01-03

D7461 ASSIST removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25cm
Description revised 01-01-03

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
Description revised 01-01-03

D7540 removal of reaction-producing foreign bodies, musculoskeletal system

NON-CITIZEN BENEFITS

Only the selected dental services listed in this section are available for non-citizens.

A dental emergency is required to provide any of the below listed services

D7550 partial ostectomy/sequestrectomy for removal of non-vital bone

Description revised 01-01-03

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

Description revised 01-01-03

D7671 alveolus - open reduction, may include stabilization of teeth

New code 01-01-03

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

Description revised 01-01-03

D7771 alveolus - closed reduction stabilization of teeth

New code 01-01-03

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

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

Description revised 01-01-03

D9221 deep sedation/general anesthesia - each additional 15 minutes

Description revised 01-01-03

D9241 intravenous conscious sedation/analgesia - first 30 minutes

Description revised 01-01-03

D9242 intravenous conscious sedation/analgesia - each additional 15 minutes

Description revised 01-01-03

PROFESSIONAL VISITS

D9410 house/extended care facility call

D9420 hospital call

ASSISTANT SURGEON

ASSIST next to the procedure code 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 this bulletin before providing these services.

- ▲ Prior authorization review (PAR) is not required for the assistant surgeon.
- ▲ Assistant surgeon claim must be submitted on a paper 1994 or 1999 ADA claim form.
- ▲ Bill one D7999 "unspecified oral surgery procedure, by report", and enter your total charge for assisting with the surgery/surgeries.
- ▲ In the "Remarks for unusual services" area, write; "assistant surgery".
- ▲ **Copy this page, complete the Assistant Surgeon Report, and attach it to your claim.**
- ▲ CPT medical and surgical codes cannot be used. Please do not send x-rays.

Assistant Surgeon Report

Report date _____

Assistant surgeon name _____ Medicaid provider number _____

Primary surgeon name _____ Medicaid provider number _____

Medicaid client name _____ Medicaid client ID number _____

Claim, date of service _____

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

Attach to completed ADA claim form as described above.

PLEASE COPY THIS BLANK FORM AS NEEDED