



colorado.gov/hcpf

Provider Bulletin

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This bulletin completely replaces Medical Assistance Program Bulletin B0600221 (12/06).

In this issue:

General Dental Information.....	1
Child Benefits.....	3
Adult Benefits.....	15
Adult Emergency	15
Adult with Concurrent Medical Condition.....	18
Non-Citizen Benefits.....	23
Dental Provider Certification	Attachment A
Assistant Surgeon Report form	Attachment B
Dental Policy for Clients Age 20 and under.....	Attachment C

Dental Program Updates & Revisions

This bulletin contains a revised list of dental procedures that are benefits for Colorado Medicaid clients effective January 1, 2009. Please refer to the ADA publication **Current Dental Terminology (CDT) 2009/2010** for detailed code information, clarification and appropriate code selection. Go to the appropriate section of this bulletin for a list of dental procedures that are benefits for children (20 and under), adults with emergencies, adults with concurrent medical conditions or non-citizen clients.

The Colorado Medical Assistance Program would like to express our sincere thanks to all Colorado dental providers who serve Medicaid clients. Medicaid clients and the Colorado Department of Health Care Policy and Financing sincerely appreciate your dedication and contribution.

Special Bulletin Points Of Interest

- This symbol denotes new ADA procedure codes which have been added as a benefit for Medicaid clients age 20 and under
 - D3222 – partial pulpotomy for apexogenesis-permanent tooth with incomplete root development
 - D5991 – topical medicament carrier
- ▲ This symbol identifies an ADA revision to nomenclature / definition
- This symbol identifies code use limitations

Please direct questions to ACS Provider Services

303-534-0146 or 1-800-237-0757 (toll free Colorado)

Claim and PAR submission

When submitting paper claims or paper pre-authorization reviews (PARS), **only the ADA 2006 claim form is accepted.** Providers must be enrolled in the Colorado Medicaid program to submit claims on either paper or electronically through the Web Portal but not both.

All ADA paper claims received by the fiscal agent, ACS, without a signed Dental Provider Certification form attached will deny for “no signature on file” regardless of the dates of service. Providers are reminded that the Certification requires the original signature of the provider. The form is available in the Provider Services section of the Department’s website and is also Attachment A of this bulletin.



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

ACS Contacts

Billing and Bulletin Questions
303-534-0146
1-800-237-0757

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

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

Enrollment, Changes, Signature authorization and Claim

Electronic claim format is required unless paper claims submittals are prior authorized by the Department. Requests for approval may be sent to ACS, P.O. Box 90, Denver, CO 80201.

Once approval is received, the following claims can be submitted on paper and processed for payment:

- Claims from providers who consistently submit five or fewer claims per month (requires prior approval)
- Claims that, by policy, require attachments
- Reconsideration claims
- Claims from orthodontic providers **only** for orthodontic treatment of an approved handicapping malocclusion

Electronically mandated claims submitted on paper are processed, denied and marked with the message "Electronic Filing Required". Dental providers billing electronically through the Web Portal are not required to submit the Dental Certification form.

Supplemental billing information can be found in the Medical Assistance Program Dental Billing Manual found at the provider services section of the Department's external website.

Prior Authorization Review (PAR)

PAR after the procedure code means that the procedure requires a prior authorization review before starting the service.

Approval of a PAR does not guarantee Colorado Medicaid payment

Authorization only assures that the approved service, as identified on the PAR, is a medical necessity and is considered a benefit of Colorado Medicaid . 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.

Provide the following information with all dental PARs

- Describe the dental condition supporting the need for the service under "Remarks" which is field #35 on the ADA 2006 form.
- Please do not send x-rays with PARs.

TMJ surgery - PAR required only for the primary surgeon and is not required for the assistant surgeon

Provide the following information with all TMJ surgery PARs::

- TMJ diagnosis
- Duration of symptoms
- Number of previous TMJ surgeries
- 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 that allow an assistant surgeon for a child. These claims must be submitted on paper. Please refer to Attachment B of this bulletin for complete instructions.

Treatment of handicapping malocclusion - PAR required

Orthodontic treatment rendered by a Medicaid enrolled orthodontist is a benefit only for child clients who have a handicapping malocclusion as a result of accident or injury, congenital dentofacial malformations, medical conditions, severe skeletal condition or severe skeletal discrepancy Please refer to the January 2009 Orthodontic Bulletin (B0900257) for detailed information on procedures and coding information.

12 Hour Rule

Immediate intervention or treatment means services rendered within 12 hours.

Inpatient & Outpatient Hospitalization Policy

Dental procedures requiring hospitalization 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.
2. The client has dental needs for which local anesthesia is ineffective because of acute infection, anatomic variations, or allergy.
3. The client is extremely uncooperative, unmanageable, anxious, or uncommunicative and has dental needs deemed sufficiently important that dental care cannot be deferred.
4. The client has sustained extensive orofacial and dental trauma.
5. The client (children only) has rampant multi-surface decay and needs six or more prefabricated crowns placed during one date of service.

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 or Primary Care Physician Program (PCPP) medical management department for prior authorization to use the hospital. The HMO or PCPP may require documentation of medical necessity; or
2. If the client is not enrolled in an HMO or PCPP, the dentist should make prior arrangements with the Medical Assistance Program participating hospital.

Enrollment in an HMO

Enrollment in a Medical Assistance Program 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.

Child Benefits

Please refer to Attachment C for the policy statement regarding dental services for clients age 20 & under.

Clinical Oral Evaluations

D0120	periodic oral evaluation
D0140	limited oral evaluation - problem focused
▲ D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver
D0150	comprehensive oral evaluation - new or established patient
D0160	detailed & extensive oral evaluation - problem focused, by report
D0170	evaluation-limited, problem focused (established patient; not post-operative visit)

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

Radiographs/Diagnostic Imaging

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 photographic images

Tests and Laboratory Examinations

D0415	collection of microorganisms for culture and sensitivity
D0425	caries susceptibility tests
→ not to be used for carious dentin staining	
→ for in-office lab culture, the provider must be CLIA certified (ages 0-5 years)	
D0460	pulp vitality tests
→ includes multiple teeth & contra lateral comparison/s	
D0470	diagnostic casts
→ includes both maxillary and mandibular casts	
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	

Dental Prophylaxis

D1110	prophylaxis, adult
D1120	prophylaxis, child

Topical Fluoride Treatment (Office Procedure)

▲ D1203	topical application of fluoride - child
▲ D1204	topical application of fluoride - 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
D1555	removal of fixed space maintainer

Amalgam Restorations

D2140	amalgam - one surface, primary or permanent
D2150	amalgam - two surfaces, primary or permanent
D2160	amalgam - three surfaces, primary or permanent

Amalgam Restorations

D2161	amalgam - four or more surfaces, primary or permanent
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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)
D2391	resin-based composite – one surface, posterior
D2392	resin-based composite – two surfaces, posterior
D2393	resin-based composite – three surfaces, posterior
D2394	resin-based composite – four or more surfaces, posterior

Crowns - Single Restorations Only

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

Other Restorative Services

D2910	recement inlay, onlay or partial coverage restoration
D2920	recement crown
D2930	prefabricated stainless steel crown - primary tooth
D2931	prefabricated stainless steel crown - permanent tooth
D2932	prefabricated resin crown
→ benefit only for primary anteriors	
→ limited to teeth C-H, M-R	
D2933	prefabricated stainless steel crown with resin window
→ benefit only for primary anteriors	
→ limited to teeth C-H, M-R	
D2934	prefabricated esthetic coated stainless steel crown – primary tooth
→ benefit only for primary anteriors	
→ limited to teeth C-H, M-R	
D2940	sedative filling
D2950	core build up, including any pins
D2951	pin retention - per tooth, in addition to restoration
D2952	PAR post and core in addition to crown, indirectly fabricated
D2953	PAR each additional indirectly fabricated post – same tooth
D2954	prefabricated post and core in addition to crown
D2955	post removal (not in conjunction with endodontic therapy)
D2957	each additional prefabricated post – same tooth
D2980	PAR crown repair, by report
D2999	PAR unspecified restorative procedure, by report

Pulp Capping

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

Pulpotomy

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

Endodontic Therapy on Primary Teeth

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

Endodontic Therapy

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

Endodontic Retreatment

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

Apexification/Recalcification 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

Other Endodontic Procedures

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 tooth bounded spaces per quadrant
▲ D4211	PAR gingivectomy or gingivoplasty one to three contiguous teeth or tooth bounded spaces per quadrant
▲ D4240	PAR gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant
D4245	PAR apically positioned flap
D4249	PAR clinical crown lengthening - hard tissue
▲ D4260	PAR osseous surgery (including flap entry and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant
▲ D4261	PAR osseous surgery (including flap entry and closure) one to three contiguous teeth or tooth bounded spaces per quadrant.
D4263	PAR bone replacement graft - first site in quadrant
D4264	PAR bone replacement graft - each additional site in quadrant
D4266	PAR guided tissue regeneration - resorbable barrier, per site
D4267	PAR guided tissue regeneration – nonresorbable barrier, per site (includes membrane removal)
D4268	PAR surgical revision procedure, per tooth
D4270	PAR pedicle soft tissue graft procedure
D4271	PAR free soft tissue graft procedure (including donor site surgery)
D4273	PAR subepithelial connective tissue graft procedures, per tooth
D4274	PAR distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)

Non-Surgical Periodontal Services

D4320	provisional splinting - intracoronal
D4321	provisional splinting - extracoronal
D4341	PAR periodontal scaling and root planing - four or more teeth per quadrant
D4355	full mouth debridement to enable comprehensive evaluation and diagnosis
D4381	PAR localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report

Other Periodontal Services

D4999	PAR unspecified periodontal procedure, by report
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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)
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Partial Dentures

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

Adjustments to Dentures

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

Repairs to Complete Dentures

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

Repairs to Partial Dentures

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

Denture Rebase Procedures

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

Denture Reline Procedures

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

Interim Prosthesis

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

Other Removable Prosthetic Services

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

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

Maxillofacial Prosthetics

D5987	PAR	commissure splint
D5988		surgical splint
• D5991		topical medicament carrier
D5999	PAR	unspecified maxillofacial prosthesis, by report

Implant Services

D6010	PAR	surgical placement of implant body: 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, includes placement
D6057	PAR	custom abutment, includes placement
D6060	PAR	abutment supported porcelain fused to metal crown (predominantly base metal)
D6063	PAR	abutment supported cast metal crown (predominantly base metal)
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	implant maintenance procedures, including removal of prosthesis, cleaning of prosthesis and abutments, reinsertion of prosthesis
D6090	PAR	repair implant supported prosthesis, by report
D6092		recent implant/abutment supported crown
D6093		recent implant/abutment supported fixed partial denture
D6095	PAR	repair implant abutment, by report
D6100	PAR	implant removal, by report
D6190	PAR	radiographic / surgical implant index, 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 6-11, 22-27

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 post and core in addition to fixed partial denture retainer, Indirectly fabricated
D6972	prefabricated post and core in addition to fixed partial denture retainer
D6973	core build up for retainer, including any pins
D6975	PAR coping – metal
D6976	PAR each additional indirectly fabricated post – same tooth
D6977	PAR each additional prefabricated post – same tooth
D6980	PAR fixed partial denture repair, by report
D6999	PAR unspecified fixed prosthodontic procedure, by report
→ code valid for tooth numbers 1-32 only	

Extraction

D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)
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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	oral antral fistula closure
D7261	primary closure of sinus perforation
D7270	tooth reimplantation and/or stabilization of accidentally avulsed or displaced tooth
D7272	tooth transplantation (includes reimplantation from one site to another and splinting &/or stabilization)
D7280	PAR surgical access of an unerupted tooth
D7283	PAR placement of device to facilitate eruption of impacted tooth
→ review CDT 5 for appropriate code use	
→ not for placement of inter-dental wire ligatures	
→ not for brass wire eruption spacer	
D7285	biopsy of oral tissue, hard (bone, tooth)
D7286	biopsy of oral tissue, soft
D7288	brush biopsy – transepithelial sample collection
D7290	surgical repositioning of teeth
D7291	transseptal fiberotomy/supra crestal fiberotomy, by report

Alveoloplasty - Surgical Preparation of Ridge For Dentures

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

Vestibuloplasty

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

Surgical Excision of Reactive Inflammatory Lesions

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

Removal of Tumors, Cysts & Neoplasm

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

Excision of Bone Tissue

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

Surgical Incision

D7510	incision & drainage of abscess - intraoral soft tissue
D7511	ASSIST incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)
D7520	incision & drainage of abscess - extraoral soft tissue
D7521	ASSIST incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple facial spaces)
D7530	removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue
D7540	removal of reaction-producing foreign bodies, musculoskeletal system
D7550	partial ostectomy/sequestrectomy for removal of non-vital bone
D7560	maxillary sinusotomy for removal of tooth fragment or foreign body

Treatment of Fractures - Simple

D7610	maxilla - open reduction (teeth immobilized, if present)
D7620	maxilla - closed reduction (teeth immobilized, if present)
D7630	mandible - open reduction (teeth immobilized, if present)
D7640	mandible - closed reduction (teeth immobilized, if resent)
D7650	malar &/or zygomatic arch - open reduction
D7660	malar &/or zygomatic arch - closed reduction
D7670	alveolus – closed reduction, may include stabilization of teeth

Treatment of Fractures - Simple

D7671	alveolus – open reduction, may include stabilization of teeth
D7680	facial bones - complicated reduction with fixation & multiple surgical approaches

Treatment of Fractures - Compound

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

Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions

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

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

Other Repair Procedures

D7920	ASSIST	skin graft (identify defect covered, location and type of graft)
D7940	PAR ASSIST	osteoplasty - for orthognathic deformities
D7941	PAR ASSIST	osteotomy – mandibular rami

Other Repair Procedures

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

Minor Treatment to Control Harmful Habits

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

Unclassified Treatment

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

▲ D9220	deep sedation/general anesthesia – first 30 minutes
	deep sedation/general anesthesia – each additional 15 minutes
▲ D9221	
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 are billed on the same date of service for the client: D2140-D4999, D6010-D7999
▲ D9241	intravenous conscious sedation/analgesia – first 30 minutes
▲ D9242	intravenous conscious sedation/analgesia – each additional 15 minutes
▲ D9248	non-intravenous conscious sedation

Professional Consultation

D9310	consultation (diagnostic services provided by dentist or physician other than requesting dentist or physician)
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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
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

The Medical Services Board approved rules regarding the treatment of oral cavity conditions for adult clients, effective May 1, 2006. The services for Medicaid clients age 21 and older are limited to emergency treatment for oral cavity conditions and treatment for clients with allowable concurrent medical conditions.

Adult Emergency

Emergency Services to Treat Adult Client Oral Cavity Conditions

Adult clients, age 21 and older, are eligible for emergency treatment if the client presents with an acute oral cavity condition that requires hospitalization and/or immediate surgical care.

Emergency Oral Medical Conditions

Emergency treatment provided to an adult client includes, but is not limited to:

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

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

- Only the most limited service(s) needed to correct the emergency oral cavity condition(s) are allowed.
- Emergency treatment of oral cavity conditions does not require a prior authorization review (PAR).
- Immediate intervention or treatment means services rendered within 12 hours.

These Emergency Services Do Not Require Prior Authorization**Oral Evaluation**

D0140	limited oral evaluation - problem focused
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Radiographs/Diagnostic Imaging

D0220	intraoral - periapical - first film
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Radiographs/Diagnostic Imaging

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
D0330	panoramic film

Tests and Laboratory Examinations

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

Extraction

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

Removal of Tumors, Cysts & Neoplasm

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

Surgical Incision

D7510	incision & drainage of abscess - intraoral soft tissue
D7520	incision & drainage of abscess - extraoral soft tissue
D7530	removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue

Surgical Incision

D7540	removal of reaction-producing foreign bodies, musculoskeletal system,
D7550	partial ostectomy/sequestrectomy for removal of non-vital bone
D7560	maxillary sinusotomy for removal of tooth fragment or foreign body

Treatment of Fractures - Simple

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

Treatment of Fractures - Compound

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

Reduction of Dislocation & Management of Other Temporomandibular Joint Dysfunction

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

Repair of Traumatic Wounds

D7910	suture of recent small wounds up to 5 cm
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Complicated Suturing

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

Other Repair Procedures

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

Unclassified Treatment

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

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

Anesthesia

▲D9242	intravenous conscious sedation/analgesia – each additional 15 minutes
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Professional Visits

D9310	consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician)
D9420	hospital call

Adult with Concurrent Medical Condition

Non-Emergency Treatment of the Oral Cavity for Adult Clients with Concurrent Medical Condition(s)

Adult clients must have a concurrent medical condition(s) to receive non-emergent treatment of the oral cavity. Allowable concurrent medical condition(s) are listed below.

Please note the PAR requirements on this “Allowable Concurrent Medical Conditions” chart:

Allowable Concurrent Medical Conditions	Required Information to be Included with all Prior Authorization Requests
<ul style="list-style-type: none"> Neoplastic disease requiring chemotherapy and/or radiation Pre and post organ transplant Pregnancy 	<ul style="list-style-type: none"> Dentist’s statement identifying the approved concurrent medical condition and description of the oral cavity condition. It is the responsibility of the dental provider to submit adequate, clear, and concise evidence that substantiates how the concurrent medical condition is exacerbated by the oral cavity condition and why it is necessary to provide treatment.

Concurrent Medical Conditions	Prior Authorization Requirements
<ul style="list-style-type: none"> Chronic medical condition in which there is documentation that the medical condition is exacerbated by the condition of the oral cavity 	<ul style="list-style-type: none"> Dentist’s statement identifying the chronic medical condition. It is the responsibility of the dental provider to submit adequate, clear, and concise evidence that substantiates how the chronic medical condition is exacerbated by the oral cavity condition and why it is necessary to provide treatment.

Important – The allowable concurrent medical conditions listed or chronic medical conditions that are exacerbated by a condition of the oral cavity as documented by the dentist are the only ones that qualify an adult client for services.

Prior Authorization Review (PAR)

PAR after the procedure code, designates that prior authorization review is required before starting the service for an adult. Approval must be obtained prior to rendering services. Approval is not a guarantee of payment.

Please refer to the coding reference guide below for codes and prior authorization request (PAR) requirements for billing treatment of the oral cavity condition(s) of adult clients with concurrent or chronic medical conditions.

Approval of a PAR does not guarantee Medical Assistance Program payment

Authorization only assures that the approved service, as identified on the PAR, is a medical necessity and is considered a benefit of the Medical Assistance 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.

Medical and Dental necessity required

Provide the following information on PARs for adults with a concurrent medical condition:

- Describe the concurrent medical condition that necessitates providing dental treatment.
- Describe the dental condition supporting the need for the service.
- Please do not send x-rays with PARs.
- Concurrent medical condition must be clearly stated on the PAR and also documented in the adult client's dental records.

Exclusions: Not a Benefit for Adult Clients under Any Circumstance

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

The Codes Followed by **PAR** Require Prior Authorization

Clinical Oral Evaluations

D0140	Limited oral evaluation - problem focused
D0150	PAR comprehensive oral evaluation – new or established patient
D0160	PAR detailed & extensive oral evaluation - problem focused, by report
D0180	PAR comprehensive periodontal evaluation-new or established patient

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
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

Tests and Laboratory Examinations

D0415	Collection of microorganisms for culture and sensitivity
D0460	Pulp vitality tests
→ Includes multiple teeth & contralateral comparison/s	
D0470	PAR diagnostic casts
→ Includes both maxillary and mandibular casts	

Periodontics - Surgical Procedures

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

Non-Surgical Periodontal Service

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

Extraction

D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
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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
D7250	Surgical removal of residual tooth roots (cutting procedure)

Other Surgical Procedures

D7260	Oroantral fistula closure
D7261	Primary closure of sinus perforation
D7285	Biopsy of oral tissue - hard (bone, tooth)
D7286	Biopsy of oral tissue – soft

Surgical Excision of Reactive Inflammatory Lesions

D7410	Excision of benign lesion up to 1.25 cm
D7411	ASSIST excision of benign lesion greater than 1.25 cm
D7412	ASSIST excision of benign lesion, complicated

Surgical Excision of Reactive Inflammatory Lesions

D7413	ASSIST	excision of malignant lesion up to 1.25 cm
D7414	ASSIST	excision of malignant lesion greater than 1.25 cm
D7415	ASSIST	excision of malignant lesion, complicated

Removal of Tumors, Cysts & Neoplasm

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

Excision of Bone Tissue

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

Surgical Incision

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

Treatment of Fractures - Simple

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

Treatment of Fractures - Compound

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

Reduction of Dislocation & Management of Other Temporomandibular Joint Dysfunction

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

Repair of Traumatic Wounds

D7910			suture of recent small wounds up to 5cm
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Complicated Suturing**(Reconstruction requiring delicate handling of tissues & wide undermining for meticulous closure)**

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

Other Repair Procedures

D7920	PAR	ASSIST	skin graft (identify defect covered, location and type of graft)
D7950	PAR	ASSIST	osseous, osteoperiosteal or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report
D7955	PAR	ASSIST	repair of maxillofacial soft and/or hard tissue defect
D7980	PAR		sialolithotomy
D7981	PAR	ASSIST	excision of salivary gland, by report
D7982	PAR		sialodochoplasty
D7983	PAR		closure of salivary fistula
D7990			emergency tracheotomy
D7991	PAR	ASSIST	coronoidectomy
D7997			appliance removal (not by dentist who placed appliance), includes removal of archbar
D7999	PAR	ASSIST	unspecified oral surgery procedure, by report

Unclassified Treatment

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

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

Professional Consultation

D9310	PAR consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician)
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Professional Visits

D9420	hospital call
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Non-Citizen Benefits**Client's Medical Assistance Program Identification Card****The MIC does not guarantee eligibility.**

The client should have the card with them. However, it is the provider's responsibility to verify eligibility before services are rendered. Information on how to verify eligibility is located in the General Provider Information section of the Billing Manual.

Emergency Services to Non-Citizen Client Oral Cavity Conditions

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

Emergency Oral Medical Conditions

Emergency treatment provided to a non-citizen client includes, but is not limited to:

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

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

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

Prior Authorization Review (PAR)

A 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.

None of These Services Require Prior Authorization for Non-Citizen Benefits**Oral Evaluation**

D0140	limited oral evaluation - problem focused
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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	collection of microorganisms for culture and sensitivity
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Extraction

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

Removal of Tumors, Cysts & Neoplasm

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

Surgical Incision

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

Treatment of Fractures - Simple

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

Treatment of Fractures - Compound

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

Reduction of Dislocation & Management of Other Temporomandibular Joint Dysfunction

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

Repair of Traumatic Wounds

D7910	suture of recent small wounds up to 5 cm
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Complicated Suturing

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

Other Repair Procedures

D7990	emergency tracheotomy
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Unclassified Treatment

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

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

Professional Visits

D9420	hospital call
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Colorado Medical Assistance Program

Dental Provider Certification

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

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

Signature: _____ **Date:** _____

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



Colorado Medicaid Program Billing

Assistant Surgeon Report

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

- Prior authorization review (PAR) is **not** required for the assistant surgeon.
- Assistant surgeon claim must be submitted on a paper 2006 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” area, write “assistant surgery”.
- Please do not send x-rays.

Copy this page, complete the Assistant Surgeon Report, and attach it to your paper claim form. If enrolled in Medicaid as a dentist rather than physician, CPT medical and surgical codes cannot be used.

Assistant Surgeon Report

Report date _____

Assistant surgeon name _____

Provider Medicaid Program number _____ Provider NPI _____

Primary surgeon name _____

Provider Medicaid Program number _____ Provider NPI _____

Medicaid Program client name _____ Client Medicaid ID number _____

Claim date of service _____

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

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

PLEASE COPY THIS BLANK FORM AS NEEDED



Dental Services for Clients Age 20 & Under

Preventive

Prophylaxis

Teeth cleanings are allowed every six month period per client. Two additional annual prophylaxis benefits are available for clients with documented high risk oral conditions due to disease process, medications, severe periodontal disease, rampant caries, developmental disability, congenital or other medical conditions which prevent adequate daily oral health care.

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

Fluoride

Topical fluoride treatment is allowed once every six months. Additional topical fluoride treatments totaling a maximum of four treatments within a twelve month period is available for clients with documented high-risk oral conditions due to disease process, medications, severe periodontal disease, rampant caries, developmental disability, congenital or other medical condition which prevents adequate daily oral health care.

Oral Hygiene Instructions

As a minimum, instructions from the provider to the client and/or the client's caretaker should include tooth brushing technique, flossing, the use of special hygiene aids, dietary practices and, if appropriate, counseling regarding the use of pacifiers and mouth guards.

Sealants

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

Please consult the [JADA March 2008](#) regarding appropriate tooth preparation.

Space Maintenance (Passive Appliances)

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



Diagnostic

Clinical Oral Evaluations

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

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

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

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

Radiographs

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

Click on [Radiographs](#) for guidelines.



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

The claim payment for any number or combination of intra-oral radiographic films with or without a panoramic film on the same date of service is not allowed to exceed the maximum benefit for an intra-oral complete series.

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

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

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

Therapeutic

Restorative

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

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

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



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

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

Non-removable prosthetics

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

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

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

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

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

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

Refer to the current CDT for classification of materials.

Endodontic Therapy

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



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

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

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

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

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

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

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

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

Periodontics

Most periodontal procedures require preauthorization.

Diagnosis and classification of the periodontology case type must be in accordance with documentation as currently established by the [American Academy of Periodontology](http://www.aap.org/).

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



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

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

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

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

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

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

Periodontal procedures include six months routine postoperative care.

Removable Prosthetics

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

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

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

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

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



Service for a removable prosthesis must include instruction in the use and care of the prosthesis and any adjustment necessary to achieve a proper fit during the six months immediately following the provision of the prosthesis. The dentist must document the instruction and the necessary adjustments, if any, in the recipient's dental record. Denture adjustments are a covered service only when performed by a dentist who did not provide the denture. Other services include the repair of a broken denture base, repair or replacement of broken clasps, replacement of teeth, and denture relines.

Implants

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

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

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

Oral Surgery

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

Incision and drainage of abscesses are a benefit.

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

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



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

Frenulectomy and frenuloplasty are covered benefits.

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

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

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

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

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

Anesthesia

The following different levels of sedation are a benefit:

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

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

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

Orthodontics

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



the client's condition is considered. Clients are no longer eligible for these benefits once they reach age 21.

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

Inpatient and outpatient hospitalization policy

Dental procedures requiring hospitalization 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; or
5. The client has rampant multi-surface decay and needs six or more prefabricated crowns placed during one date of service.

Non-citizen children

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

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

Eligibility for Medicaid services

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

Non-Covered Services

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



Tooth whitening

Inlays

Onlays

Veneers

Cosmetic dental services

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

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

Direct Access Hygienists

Currently, independent hygienists may perform the following dental services: topical fluoride applications, adult and children's prophylaxis, oral hygiene instructions, sealants, and dental screenings for data collection.

Medical Home

"Medical Home" means an appropriately qualified medical specialty, developmental, therapeutic, or mental health care practice that verifiably ensures continuous, accessible, and comprehensive access to and coordination of community-based medical care, mental health care, oral health care, and related services for a child. If a child's medical home is not a primary medical care provider, the child must have a primary medical care provider to ensure that a child's primary medical care needs are appropriately addressed. All medical homes shall ensure, at a minimum, the following:

- (a) Health maintenance and preventative care:
- (b) Anticipatory guidance and health education
- (c) Acute and chronic illness care
- (d) Coordination of medication, specialist and therapies
- (e) Provider participation in hospital care; and
- (f) Twenty-four-hour telephone care