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June 26, 2009

MEMORANDUM DENTAL M09-03

TO: All Medicaid Dental Providers

FROM: Kenneth S. Fink, MD, MGA, MPH KF
Med-QUEST Division Administrator

SUBJECT: CHANGES TO ADULT DENTAL BENEFITS EFFECTIVE AUGUST 10, 2009

Due to the State's current fiscal situation, the Department of Human Services (DHS) is unable to continue providing adults (individuals age 21 and older) with the preventive and restorative expanded dental benefits, including the provision of dentures. The Medicaid children's dental benefit (individuals under age 21) will not be affected.

Effective August 10, 2009, the adult (individuals age 21 and older) dental benefit will return to emergency dental services only, as was in effect prior to December 1, 2006 Covered adult dental emergencies are services to:

- Relieve dental pain;
- Eliminate infection; and
- Treat acute injuries to the teeth and supporting structures

TRANSITION FROM THE CURRENT ADULT DENTAL BENEFIT TO THE ADULT EMERGENCY DENTAL BENEFIT

- All adult dental preventive and restorative services must be performed on or before August 9, 2009 to be considered as a covered service.
- All adult denture related services must be performed on or before August 9, 2009 to be considered as a covered service.
- All prior authorizations for adult denture, adult dental preventive and adult restorative services will expire as of August 10, 2009.

- Although preventive and restorative services must be provided on or before August 9, 2009 to be considered as a covered service, dental claims for these services may be filed within one year of the date of service.

SUBMITTAL OF ADULT EMERGENCY CLAIMS

To identify the claim as a payable adult dental emergency claim:

- The ICD-9 diagnosis code 525.9 must be entered in Form Locator (FL) block 35 with the description –"Emergency Services 525.9" The application of the diagnostic code 525.9 represents certification by the provider that the treatment service claimed meets the emergency service limitations as outlined in this memo.

- In the "Remarks" section of the claim form, a brief description of the emergency condition must be entered.

Refer to the attached table for a listing of services allowable under the adult dental emergency benefit and the conditions that need to be met for coverage.

FQHCs and RHCs

Claims for adult emergency dental services should continue to be submitted with ICD-9 diagnosis code 525.9 and CDT code D0140. As with all other medical providers, Federally Qualified Health Centers/Rural Health Centers (FQHCs/RHCs) may ONLY submit claims for the limited panel of adult emergency services indicated on the attached table. The Medicaid recipient's dental records maintained by the FQHC/RHC must detail the adult dental emergency service(s) provided on each date of service.

Thank you for your understanding. Should you have any questions, please feel free to contact the Med-QUEST Clinical Standards Office at 692-8105 or 692-8124.

Attachment

ADULT EMERGENCY DENTAL BENEFIT

The following table lists the services allowable under the adult emergency dental benefit and the conditions that need to be met for coverage. Adult emergency dental services do not require prior authorization. Application of CDT coding must be consistent with procedure code descriptions as defined by CDT 2009-2010, unless otherwise stated. Submitted claims must be true and accurate. Substituting codes to bill for uncovered services is strictly not allowed and may be subject to penalty. **The Medicaid program does not cover elective tooth extractions, including the prophylactic removal of 3rd molars.**

DIAGNOSTIC

Adult Clinical Oral Evaluations		
Code	**Description**	**Requirements/Limitations**
D0140	Limited Oral Evaluation – problem focused	Relating to a dental emergency; requires documentation of findings, diagnosis and treatment plan. May be billed once in evaluation of a given problem and may not be billed on a per tooth or per office visit basis.

Adult Radiographs/Diagnostic Imaging (Including Interpretation)		
Code	**Description**	**Requirements/Limitations**
D0220	Intraoral - periapical 1st film	Symptomatic tooth; one per day
D0230	Intraoral - periapical each additional film	Symptomatic tooth/teeth; not to exceed 4 per day
D0330	Panoramic – film	Not covered under adult dental emergency benefit except for oral surgeons and Queen's Medical Center and limited to situations where periapical film(s) of the tooth/teeth cannot be done due to pain, swelling or trismus and cases of suspected bony fractures or significant oral, nasal or pharyngeal pathology; requires a written report justifying the need submitted with the claim

ORAL AND MAXILLOFACIAL SURGERY

Adult Oral Surgery		
Code	**Description**	**Requirements/Limitations**
D7140	Simple extraction – erupted tooth or exposed root (elevation and/or forceps removal)	Requires tooth number(s)
D7210	Surgical extraction – surgical removal of erupted tooth	Requires elevation of mucoperiosteal flap and bone removal; requires tooth number(s); requires periapical film(s). If appropriate radiographs are not submitted with claim, payment will be at a rate for D7140
D7220	Soft tissue extraction – removal of impacted tooth (Occlusal surface of tooth covered by soft tissue)	Requires mucoperiosteal flap elevation;requires tooth number(s); requires periapical film(s). If appropriate radiographs are not submitted with claim, payment will be at a rate for D7140
D7230	Partial bony impacted extraction (Part of crown covered by bone)	Requires mucoperiosteal flap elevation and bone removal; requires tooth number(s); requires periapical film(s) If appropriate radiographs are not submitted with claim, payment will be at a rate for D7140.

Adult Oral Surgery		
Code	**Description**	**Requirements/Limitations**
D7240	Complete bony impacted extraction (Most or all crown covered by bone)	Requires mucoperiosteal flap elevation and bone removal; requires tooth number(s); requires periapical film(s) If appropriate radiographs are not submitted with claim, payment will be at a rate for D7140.
D7241	Complete bony impacted extraction – with unusual surgical complications (Most or all crown covered by bone--unusually difficult/complicated due to factors such as nerve dissection required, separate closure of maxillary sinus required or aberrant tooth position).	Requires periapical film(s). If appropriate radiographs are not submitted with claim, payment will be at a rate for D7140.
D7250	Surgical removal of residual tooth roots - cutting procedure. (Includes cutting of soft tissue and bone and removal of tooth structure and closure)	Requires periapical film(s). If appropriate radiographs are not submitted with claim, payment will be at a rate for D7140. Requires tooth number(s); requires elevation of mucoperiosteal flap and bone removal. This code applies only to retained, sub-osseous root tips.
D7260	Closure, Oro-antral fistula	Applicable to acutely symptomatic fistulas associated with chronic infection. Not applicable to iatrogenic sinus exposure. Requires a report justifying the service.
D7285	Biopsy of oral tissue-hard (bone, tooth)	Requires the submission of a copy of the pathology report.
D7286	Biopsy of oral tissue-soft (not to be used for the routine removal of peri-radicular inflammatory tissues)	Requires the submission of a copy of the pathology report;
D9110	Palliative treatment service	Requires the performance of a surgical treatment intervention to alleviate pain. Billable only once per visit. May not be applied to consultation or issuance of prescription medication. May not be applied as a substituted code for an uncovered dental emergency service. May not be billed with another treatment service. All applicable tooth numbers must be submitted. Code cannot be used on same tooth as being extracted.

ADJUNCTIVE GENERAL SERVICES

Adult Adjunctive General Services		
Code	**Description**	**PA Required?**
D9241	Intravenous sedation/ analegesia- first 30 minutes	See IV sedation requirements in the Medicaid Provider Manual (dental section)
D9242	Intravenous sedation/ analegesia-each additional 15 minutes	See IV sedation requirements in the Medicaid Provider Manual (dental section)