



EPSDT DENTAL PROGRAM
Three New Dental Procedure Codes Reimbursable By Medicaid
Effective for Dates of Service On and After January 1, 2007

Effective for **dates of service on and after January 1, 2007**, the three new dental procedure codes identified below will be reimbursable by Medicaid in the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Dental Program. These three procedure codes will not require prior authorization by Medicaid. Applicable policy for each procedure code is provided in the following information. NOTE: There will be a delay in reimbursement of these three codes due to programming requirements. Once the required programming changes are made, Medicaid will automatically recycle denied claims for dates of service between January 1, 2007 and the date of implementation of the programming changes.

Please refer to the revised EPSDT Dental Program Fee Schedule (revision date January 1, 2007) which is located at **www.lamedicaid.com** for complete fee information.

NEW 2007 DENTAL PROCECURE CODES

D0145 Oral Examination for a Patient Under Three Years of Age and Counseling with Primary Caregiver

Diagnostic and preventive services performed for a child under the age of three, preferably within the first six months of the eruption of the first primary tooth, including 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.

This procedure may be reimbursed once in a 12 month period to the same billing provider or another Medicaid provider located in the same office as the billing provider.

Procedure code D0145 is NOT reimbursable if procedure code D0120 or D0150 has been reimbursed to the same billing provider or another Medicaid provider located in the same office as the billing provider within the prior 12 month period for the same recipient. In addition, procedure codes D0120 and D0150 are NOT reimbursable if procedure code D0145 has been reimbursed to the same billing provider or another Medicaid provider located in the same office as the billing provider within the prior 12 month period for the same recipient.

D1206 Topical Fluoride Varnish; Therapeutic Application for Moderate to High Caries Risk Patients

Application of topical fluoride varnish, delivered in a single visit and involving the entire oral cavity. Not to be used for desensitization.

Procedure code D1206 is reimbursable by Medicaid only for recipients under six years of age.

Procedure code D1206 is reimbursable by Medicaid to the same billing provider or another Medicaid provider located in the same office as the billing provider once per 6 month period, per same recipient.

In addition, Medicaid reimbursement of fluoride for recipients under six years of age is limited to either of the following per 12 months, per recipient:

- Two D1206 (Topical Fluoride Varnish - one per six months); OR
- One D1203 (Topical Application of Fluoride - Prophylaxis Not Included - Child).

A combination of D1203 and D1206 is NOT reimbursable in the same 12 month period for recipients under six years of age.

D1555 Removal of Fixed Space Maintainer

This procedure code is reimbursable for the removal of a Space Maintainer, Fixed, Unilateral (D1510) or the removal of a Space Maintainer, Fixed, Bilateral (D1515).

This procedure is NOT reimbursable to the same billing provider who placed the appliance or another Medicaid provider located in the same office as the billing provider who placed the appliance.

This procedure is reimbursable for Oral Cavity Designators 01, 02, 10, 20, 30 and 40. The appropriate oral cavity designator must be identified in the "Area of Oral Cavity" column of the ADA claim form when requesting reimbursement for this procedure.