



EPSDT DENTAL PROGRAM POLICY REVISIONS EFFECTIVE AUGUST 1, 2013

EPSDT Dental Program Policy Revisions

The following policy revisions are effective for **dates of service on and after August 1, 2013.** These policy revisions replace current policy and apply on the specific information provided below. Additional policy as stated in the 2012 Dental Services Manual, the Dental Services Provider Training Packets, and /or policy updates still apply.

*All new policy has been underlined, while language below that is struck through is no longer applicable.

ADA CODE	NOMECLATURE <i>(and Descriptor)</i>	LOUISIANA MEDICAID DENTAL REIMBURSEMENT POLCIY
D0120	Periodic Oral Exam (Established Patient) <i>An examination 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 examination.</i>	This procedure may be reimbursed once in a six (6) month period. to the same billing provider or another Medicaid provider located in the same office as the billing provider.
D0150	Comprehensive Oral Examination (New Patient) <i>For Medicaid billing, this code will be used for an oral examination for a new patient only. A new patient is described as a patient that has not been seen by this provider for at least two years.</i>	An initial comprehensive oral examination (D0150) is limited to once per three (3) years when performed by the same billing provider or another Medicaid provider located in the same office as the billing provider. <u>Recipients are only allowed one exam within a six (6) month period unless when performed by a Medicaid recognized dental specialist.</u>
D0145	Oral Examination for a Patient under 3 years of age <i>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</i>	This procedure may be reimbursed once in a six (6) month period <u>except when performed by a Medicaid recognized dental specialist.</u> to the same billing provider or another Medicaid provider located in the same office as the billing provider.

	<i>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.</i>	
D0210*	Intraoral- complete series of radiographic images <i>Any request for a complete series must be justified by the findings of a clinical examination.</i>	<u>This procedure is reimbursable only once in a twelve (12) month period, except when performed by a Medicaid recognized dental specialist.</u>
D0272	Bitewings – two radiographic images <i>Bitewing radiographs are required at the comprehensive and periodic oral examinations on all recipients.</i>	This procedure is reimbursable only once in a twelve (12) month period per provider and/or specialist limited to one set, <u>except when performed by a Medicaid recognized dental specialist</u>
D0330	Panoramic Film <i>Panoramic radiographs are reimbursable for oral and maxillofacial surgery and orthodontic services.</i>	Panoramic radiographic images are not indicated and will be considered insufficient for diagnosis in periodontics, endodontics, and restorative dentistry and it will not be reimbursed. The dental consultants may request the actual panoramic radiograph before a PA request can be completed. Panoramic radiographic images are reimbursable for oral and maxillofacial surgery and orthodontic services. <u>This procedure code is reimbursable only once in a twelve (12) month period, except when provided by a Medicaid recognized dental specialist</u> <u>This procedure code no longer requires PA</u>
D0350*	Oral/Facial Photographic Images <i>This includes photographic images, including those obtained by intraoral and extraoral cameras, excluding radiographic images.</i>	Oral/facial photographic images are required when dental radiographs do not adequately indicate the necessity for the requested treatment in the following situations: <u>prior to gingivectomy ; prior to frenulectomy; or with the presence of a fistula prior to retreatment of previous endodontic therapy, anterior.</u> Buccal and lingual decalcification prior to crowning; prior to gingivectomy; prior to full mouth debridement; or with the presence of a fistula prior to retreatment of previous endodontic therapy, anterior. <u>This procedure code requires PA</u>

D1110	Prophylaxis – Adult <i>Adult prophylaxis for children twelve (12) years of age and older includes removal of calculus on the teeth, removal of acquired stains, and polishing of the teeth. Qualified dental personnel must perform any prophylaxis.</i>	This procedure is reimbursable to once in a per six (6) month period. to the same billing provider or another Medicaid provider located in the same office as the billing provider.
D1120	Prophylaxis - Child <i>Child prophylaxis for children under twelve (12) years of age includes minor scaling of the teeth and removal of acquired stains. Qualified dental personnel must perform any prophylaxis.</i>	This procedure is limited to once in a per six (6) month period. to the same billing provider or another Medicaid provider located in the same office as the billing provider.
D1208	Topical Application of Fluoride <i>Topical fluoride treatment must be provided to children less than 16 years of age</i>	This procedure is limited to once in a per six (6) month period. to the same billing provider or another Medicaid provider located in the same office as the billing provider.
D1351	Sealants – per tooth <i>Six-year molars sealants will be paid only for those recipients under the age of 10 years of age. Twelve-year molar sealants will be paid only for those recipients under the age of 16.</i>	Sealants are limited to one application per tooth per twenty-four (24) months. By the same billing provider or another Medicaid provider located in the same office as the billing provider.
D2140- D2161	Amalgam Restorations <i>represent final restorations</i>	<p><u>This procedure will be limited to once in a twelve (12) month period by any provider.</u></p> <p><u>Providers must utilize the Clinical Data Inquiry (e-CDI) application in order to determine whether the recipient has received a restoration within the 12 months from the date of original restoration.</u></p> <p><u>If the restoration requires a second or subsequent restoration, prior authorization is required.</u></p>
D2330- D2335	Resin-Based Restorations, anterior	<p><u>This procedure will be limited to once in a twelve (12) month period by any provider.</u></p> <p><u>Providers must utilize the Clinical Data Inquiry (e-CDI) application in order to determine whether the recipient has received a restoration within the 12 months from the date of original restoration.</u></p>

		<u>If the restoration requires a second or subsequent restoration, prior authorization is required.</u>
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	<u>This procedure code no longer requires PA</u>
D2391 – D2394	Resin-Based Restorations, posterior	<u>This procedure will be limited to once in a twelve (12) month period by any provider.</u> <u>Providers must utilize the Clinical Data Inquiry (e-CDI) application in order to determine whether the recipient has received a restoration within the 12 months from the date of original restoration.</u> <u>If the restoration requires a second or subsequent restoration, prior authorization is required.</u>
D2930	Prefabricated Stainless Steel Crown – primary tooth	Prior authorization is not required for stainless steel crowns (D2930) on primary teeth, except in the following circumstances: <ul style="list-style-type: none"> • Teeth B, I, L, S (1st primary molars {D’s}) for recipients <u>8 9</u> years of age and older; and • Teeth A, C, H, J, K, M, R, T (primary canines {C’s} and primary second molars {E’s}) for recipients <u>9 10</u> years of age and older.
D3220*	Therapeutic Pulpotomy (excluding final restoration) <i>surgical removal of the coronal portion of the pulp and completely filling the pulp chamber with a restorative material</i>	<u>This procedure is limited to once in a twelve (12) month period, per tooth.</u>
D3222*	Partial Pulpotomy for Apexogenesis	<u>This service is reimbursable only once in a twelve (12) month period, per tooth.</u>
D3310*	Endodontic Therapy, Anterior Tooth	<u>Final approval of any requested root canal will be granted upon the receipt of the Post-Operative radiographic images received by the prior authorization unit.</u>
D3320*	Endodontic Therapy, Bicuspid Tooth	<u>Final approval of any requested root canal will be granted upon the receipt of the Post-Operative radiographic images received by the prior authorization unit.</u>
D3330*	Endodontic Therapy, Molar	<u>Final approval of any requested root canal will be granted upon the receipt of the Post-Operative radiographic images received by the prior authorization unit.</u>
D4341*	Periodontal scaling and Root Planing	<u>This service is reimbursable only once in a twelve (12) month period</u>
D4355*	Full Mouth Debridement <i>This service should be requested when an adult</i>	This procedure is limited to once within a twelve (12) month period. year to the same billing provider or another Medicaid provider located in the same office as the billing provider.

	<i>prophylaxis is not sufficient to reestablish good gingival health and when deep scaling with curettage is not indicated.</i>	
D7210*	Surgical removal of erupted tooth	<u>This procedure code no longer requires PA</u>
D9110*	Palliative (emergency) treatment of dental pain	A maximum of three two (2) palliative treatments per recipient are available annually.
D9248*	Non-intravenous conscious sedation	This service is only reimbursable for children with behavioral problems under the age of six (6) or for older children who are physically or mentally handicapped. <u>Prior Authorization is required only for recipients six (6) years of age and older.</u> <u>A maximum of four (4) Non-intravenous conscious sedation/analgesia administrations, per recipient, are available annually by the same billing provider or another Medicaid provider located in the same office as the billing provider.</u>
D9420*	Hospital Call	Reimbursement for hospital call is limited to recipients under the age of six, unless the child is physically or mentally handicapped. <u>Prior Authorization is required only for recipients six (6) years of age and older</u>
D9920*	Behavior Management	Behavior management is reimbursable for recipients below the age of six eight (8) , unless documentation indicates that the recipient is physically or mentally handicapped. <u>Prior Authorization is required only for recipients eight (8) years of age and older</u> <u>A maximum of four behavior management services, per recipient, are available annually by the same billing provider or another Medicaid provider located in the same office as the billing provider.</u>

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