



**Expanded Dental Services for Pregnant Women (EDSPW)
Fee Reimbursement Increases
&
New Dental Procedure Codes
Effective for Dates of Service On and After January 6, 2009**

Dental Rate Increases

Effective retroactively for **dates of service on and after January 6, 2009**, certain Medicaid-covered Expanded Dental Services for Pregnant Women (EDSPW) Dental services will receive a reimbursement rate increase. **A delay in implementing the increased rates is unavoidable in this instance; therefore, we remind you that dental providers are required to bill their usual and customary fees.** Providers who bill their usual and customary fees will not be required to manually adjust their claims should a claim recycle be required as Medicaid will automatically adjust the claims. If a dental provider does not bill their usual and customary fees and a claim recycle is required, the dental provider will be responsible for all necessary claim adjustments. For complete fee information, please refer to the revised EDSPW Dental Program Fee Schedule with revision date January 6, 2009 which is located at **www.lamedicaid.com**.

NEW 2009 DENTAL PROCEDURE CODES

Effective for **dates of service on and after January 6, 2009**, the five new dental procedure codes identified below will be reimbursable by Medicaid in the Expanded Dental Services for Pregnant Women (EDSPW) Dental Program. These five 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 five codes due to programming requirements. Once the required programming changes are made, Medicaid will automatically recycle denied claims for dates of service between January 6, 2009 and the date of implementation of the programming changes. Please refer to the revised EDSPW Dental Program Fee Schedule (revision date January 6, 2009) which is located at www.lamedicaid.com for complete fee information.**

Resin-Based Composite Restorations

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

Providers cannot provide a service that has a defined Current Dental Terminology (CDT) procedure code and bill a different service that has a defined CDT procedure code in order to receive reimbursement by Medicaid.

Procedure codes D2391 is payable only for Class V type restorations on the buccal or lingual surface in direct contact with the periodontally affected gingival tissue. **Occlusal surfaces and buccal, lingual, and occlusal pits are specifically excluded from reimbursement for code D2391.**

Procedure code D2392, D2393, and D2394 are only payable for restorations in which at least one of the involved surfaces is in direct contact with the periodontally affected gingival tissue.

In addition to the requirement of gingival contact, resin restorations must be placed in a preparation in which the entire preparation extends through the enamel and into dentin, and follows established dental protocol that the preparation and restoration include all grooves and fissures on the billed surface(s). If the restoration is a mesial occlusal or distal occlusal restoration, the preparation must extend down the mesial or distal surface far enough for the restoration to contact the periodontally affected gingival tissue.

Duplicate surfaces are not payable on the same tooth in resin restorations in a 12 month period.

If two restorations are placed on the same tooth, a maximum fee for resin-based composites that can be reimbursed per tooth has been established such that all restored surfaces on a single tooth shall be considered connected.

The fee for any additional restorative service(s) on the same tooth will be cut back to the maximum fee for the combined number of surfaces when performed within the term of the pregnancy. Procedure D2394 is reimbursable only once per day, same tooth, any billing provider.

All composite restorations must be placed in a preparation that extends through the enamel and into the dentin. To bill for a particular surface in a complex restoration, the margins of the preparation must extend past the line angles onto the claimed surface. A Class V resin-based composite restoration is a one surface restoration. If the tooth is decayed extensively, a crown should be considered.

The resin-based composite – four or more surfaces (D2394) is a single posterior restoration that involves full resin-based composite coverage of a tooth. Providers may

bill this procedure in cases where two D2393 restorations would not adequately restore the tooth.

Procedure codes D2391, D2392, D2393, and D2394 are reimbursable for Tooth Number 1 through 5, 12 through 16, 17 through 21, and 28 through 32 and Tooth Letters A, B, I, J, K, L, S and T.

The appropriate tooth number or letter must be identified in the “Tooth Number(s) or Letter(s)” column of the ADA Claim Form when requesting reimbursement for this procedure.

Non-surgical Extractions

D7111 Extraction, Coronal Remnants – Deciduous Tooth

Removal of soft tissue-retained coronal remnants for deciduous teeth only. This procedure code is reimbursable for Tooth Letters A through T and AS through TS.

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