



**Dental Fee Reimbursement Increases,
New EPSDT Dental Procedure Codes and Policy Revisions
Effective for Dates of Service On and After December 24, 2008**

Dental Rate Increases

Effective retroactively for **dates of service on and after December 24, 2008**, Medicaid's reimbursement rates will be increased for certain Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Dental services. Medicaid will work diligently to ensure reimbursement rate changes are in place as quickly as possible following receipt of CMS approval. **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 as Medicaid will automatically recycle and adjust the claims. Providers who do not bill their usual and customary fees will be responsible for all necessary claim adjustments.

NEW 2008 DENTAL PROCEDURE CODES

Effective retroactively for **dates of service on and after December 24, 2008**, the five new dental procedure codes identified below will be reimbursable by Medicaid in the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) 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 December 24, 2008 and the date of implementation of the programming changes. Please refer to the revised EPSDT Dental Program Fee Schedule (revision date December 24, 2008) 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 D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, and D2394 represent final restorations. 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. The fee for 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 a 12-month period. Procedure D2335 or D2394 are 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 American Dental Association (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.

EPSDT Dental Program Policy Revisions

The following policy revisions are effective for **dates of service on and after December 24, 2008**. These policy revisions replace current policy and apply on the specific information provided below. Additional policy as stated in the 2003 Dental Services Manual and/or the Dental Services Provider Training Packets still applies.

NOTE: There may be some erroneous denials of endodontic services as a result of lifetime limits due to programming requirements. Once the required programming changes are made, Medicaid will automatically recycle denied claims for these services for dates of service between December 24, 2008 and the date of implementation of the programming changes.

ENDODONTIC SERVICES

Revised Policy: Complete root canal therapy (procedures D3310, D3320, and D3330) includes treatment plan, all appointments necessary to complete treatments, clinical procedures, all intra-operative radiographs (which must include a post operative radiograph) and follow-up care.

Medical necessity for all endodontic procedures must be documented in the patient's chart and be supported by radiographic documentation. If the radiographs do not indicate the need for a root canal, the provider must include a written statement as to why the root canal is necessary.

Prior authorization is required. Request for prior authorization must be accompanied by a treatment plan supported by sufficient, readable, most-current bitewing and current periapical radiographs, as applicable, to judge the general oral health status of the patient. Specific treatment plans for final restoration of the tooth must be submitted. If the radiographs do not indicate the need for a root canal, the provider must include a written statement as to why the root canal is necessary. Approval of any requested root canal will depend on the prognosis of the affected tooth, the condition of the other teeth in the mouth, and the past history of recipient oral care.

Providers are reminded that if specific treatment needs are identified by the consultants and not noted by the provider or if the radiographs do not adequately indicate the need for the root canal requested, the request for prior authorization will be returned to the provider requesting additional information.

In cases where multiple root canals are requested or when teeth are missing or in need of endodontic therapy in the same arch, partial denture may be indicated. Third molar root canals are not reimbursable.

The date of service on the payment request must reflect the final treatment. Intra-operative radiograph(s), which must include a post-operative radiograph, are included in the reimbursement for the root canal and must be maintained in the patient treatment record. Written documentation must also include the type of filling material used as well the notation of any complications encountered which may compromise the success of the endodontic treatment.

D3346* Retreatment of Previous Root Canal Therapy, Anterior

Revised Policy: Retreatment of Previous Root Canal Therapy – Anterior, is payable only to a different provider or provider group than originally performed the initial root canal therapy, and is reimbursable with prior authorization for Medicaid eligible recipients under 21 years of age.

The prior authorization request of procedure code D3346 by the same provider or provider group who performed the initial root canal therapy will be denied with a new denial code (452) which will state: “An anterior root canal retreatment is not payable to the same dentist or dental group who performed the initial root canal. Recipients may seek the service from a different dentist (dental group) who will submit for a new prior authorization.”

Procedure D3346 may include the removal of post, pin(s), old root canal filling material, and the procedures necessary to prepare the canal and place the canal filling. This includes complete root canal therapy. The reimbursement for this procedure includes all appointments necessary to complete treatment and all intra-operative radiographs. The date of service on the payment request must reflect the final treatment date. Intra-operative radiograph(s), which must include a post-operative radiograph, are included in the reimbursement for the retreatment of the root canal and must be maintained in the patient treatment record.

Approval of any requested root canal retreatment will depend on the prognosis of the affected tooth, the condition of the other teeth in the mouth, and the past history of recipient oral care. Requests for prior authorization must be accompanied by a treatment plan supported by sufficient, readable, most-current bitewings and current periapical radiographs, as applicable, to judge the general oral health status of the patient. Specific treatment plans for final restoration of the tooth must also be submitted.

If the radiographs do not indicate the need for a root canal, the provider must include a written statement as to why the root canal retreatment is necessary. If a fistula is present, a clear oral/facial image (photograph) is required and will be reimbursable in situations where dental radiographs do not adequately indicate the necessity for the requested retreatment of previous root canal therapy.

Providers are reminded that if specific treatment needs are identified by the consultants and not noted by the provider or if the radiographs do not adequately indicate the need for the retreatment of a previous root canal, the request for prior authorization will be returned to the provider requesting additional information.

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