



## **New EPSDT Dental Procedure Codes and Policy Revisions Effective for Dates of Service On and After January 1, 2009**

The new 2009/2010 CDT codes were released in October 2008. They became effective January 1, 2009. The Louisiana Medicaid Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Dental program has been updated to reflect certain CDT 2009/2010 changes. For complete fee information, please refer to the revised EPSDT Dental Program Fee Schedule with revision date January 1, 2009 which is located at [www.lamedicaid.com](http://www.lamedicaid.com).

### **NEW 2009 DENTAL PROCEDURE CODE**

Effective for **dates of service on and after January 1, 2009**, the new dental procedure code identified below will be reimbursable by Medicaid in the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Dental Program. This procedure code will require prior authorization by Medicaid. Applicable policy for each procedure code is provided in the following information. NOTE: There may be a delay in reimbursement due to programming requirements. Once the required programming changes are made, Medicaid will automatically recycle denied claims for dates of service between January 1, 2009 and the date of implementation of the programming changes. Please refer to the revised EPSDT Dental Program Fee Schedule (revision date January 1, 2009) which is located at [www.lamedicaid.com](http://www.lamedicaid.com) for complete fee information.

#### *Pulpotomy*

#### **D3222\* Partial Pulpotomy for Apexogenesis – permanent tooth with incomplete root development**

This service is defined as the removal of a portion of the pulp and application of a medicament with the aim of maintaining the vitality of the remaining portion to encourage continued physiological development and formation of the root. This procedure is not to be construed as the first stage of root canal therapy.

This procedure is reimbursable for Tooth Numbers 2 through 15 and 18 through 31.

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

## **EPSDT Dental Program Policy Revisions**

The following policy revisions are effective for **dates of service on and after January 1, 2009**. 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 due to programming requirements. Once the required programming changes are made, Medicaid will automatically recycle denied claims for this service for dates of service between January 1, 2009 and the date of implementation of the programming changes.**

### *ENDODONTIC SERVICES*

#### **D3220 Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament**

**Revised Policy:** This service is defined as the surgical removal of the coronal portion of the pulp and completely filling the pulp chamber with a restorative material. It should not be applied to primary teeth where the roots show signs of advanced resorption (more than two-thirds of the root structure is resorbed), where there are radiographic signs of infection in the surrounding bone, or where there is mobility on clinical evaluation. Procedure code D3220 is reimbursable for Tooth Letters A through T. However, this procedure code is payable for Tooth Letters D, E, F, G, N, O, P and Q only if the recipient is under 5 years of age.

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

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