



MEDICAID DENTAL PROGRAMS POLICY AND FEE REVISION INFORMATION EFFECTIVE JANUARY 22, 2010

Effective for dates of service on and after January 22, 2010, the following dental policy and fee revisions will apply. With exception to the specific revisions identified below, existing dental program policy still applies. The EPSDT Dental and Expanded Dental Services for Pregnant Women (EDSPW) Program revised fee schedules are located Dental Program homepage at the following website:
www.lamedicaid.com/provweb1/LicenseAgreement/PickAndClick.asp?param1=DentalHomePage under the link entitled “Fee Schedules”.

Adult Denture Program

Record Keeping

State law and Medicaid regulations require that all services provided under the EPSDT dental program are documented. Services not adequately documented are considered not to have been delivered. Providers are required to maintain radiographs, and treatment records of all appointments that should reflect all procedures performed on those appointments. For services provided to recipients under the EPSDT Dental Program and Adult Denture program, records and radiographs must be maintained for at least five years. It is strongly suggested that the Adult Denture Provider maintain records for eight years as the program allows for the provision of prosthetics once every seven years. Failure to produce these records on demand by the Medicaid program or its authorized designee will result in sanctions against the provider.

D0150 Comprehensive oral examination - new or established patient

Code D0150 is reimbursable once every eight years when performed by the same billing provider or another Medicaid provider located in the same office as the billing provider.

D0210* Intraoral – complete series

Code D0210 is reimbursable once every eight years when performed by the same billing provider or another Medicaid provider located in the same office as the billing provider.

D5110* Complete Denture - maxillary

D5120* Complete Denture - mandibular

D5130 Immediate Denture - maxillary*
D5140 Immediate Denture – mandibular*
D5211 Maxillary partial denture*
D5212 Mandibular partial denture*

Only one complete or partial denture per arch is allowed in an eight-year period.

The eight year period begins from the date the previous complete or partial denture for the same arch was delivered. A combination of two complete or partial denture relines per arch or one complete or partial denture and one reline per arch is allowed in an eight-year period as prior authorized by BHSF or its designee.

D5750* Reline complete maxillary Denture - Laboratory Reline
D5751* Reline complete mandibular Denture - Laboratory Reline
D5760* Reline maxillary Partial denture - Laboratory Reline
D5761* Reline mandibular Partial denture - Laboratory Reline

If the same billing provider (or another Medicaid-enrolled provider located in the same office as the requesting provider) requests a complete or partial denture for the same arch within one year after delivery of the reline, the reline fee will be deducted from the new prosthesis fee. A combination of two complete or partial denture relines or one complete or partial denture and one reline in the same arch are allowed in a **eight-year period** as prior authorized by Bureau or its designee. Reline of existing dentures must be given priority over the construction of new dentures if the reline will result in a serviceable denture for at least **eight** years. Chair-side relines (cold cure acrylics) are not reimbursable.