

Dear Senators LODGE, Broadsword & Bock, and
Representatives McGEACHIN, Bilbao & Rusche:

The Legislative Services Office, Research and Legislation, has received the enclosed rules of the Dept. of Health & Welfare:

IDAPA 16.03.10 - Medicaid Enhanced Plan Benefits (Docket No. 16-0310-1007).

Pursuant to Section 67-454, Idaho Code, a meeting on the enclosed rules may be called by the co-chairmen or by two (2) or more members of the subcommittee giving oral or written notice to Research and Legislation no later than fourteen (14) days after receipt of the rules' analysis from Legislative Services. The final date to call a meeting on the enclosed rules is no later than 12-23-10. If a meeting is called, the subcommittee must hold the meeting within forty-two (42) days of receipt of the rules' analysis from Legislative Services. The final date to hold a meeting on the enclosed rules is 1-24-11.

The germane joint subcommittee may request a statement of economic impact with respect to a proposed rule by notifying Research and Legislation. There is no time limit on requesting this statement, and it may be requested whether or not a meeting on the proposed rule is called or after a meeting has been held.

To notify Research and Legislation, call 334-4845, or send a written request to the address or FAX number indicated on the memorandum attached.



Legislative Services Office Idaho State Legislature

Serving Idaho's Citizen Legislature

Jeff Youtz
Director

MEMORANDUM

TO: Rules Review Subcommittee of the Senate Health & Welfare Committee and the House Health & Welfare Committee

FROM: Research & Legislation Staff - Paige Alan Parker *PAP*

DATE: December 3, 2010

SUBJECT: Department of Health and Welfare - IDAPA 16.03.10 - Medicaid Enhanced Plan Benefits (Docket No. 16-0310-1007) (Temporary and Proposed)

This temporary and proposed rule docket 16-0310-1007 (hereinafter “proposed rule”) represents the Department of Health and Welfare’s further amendments to chapter 16.03.10 dealing with Medicaid enhanced plan benefits. The Governor’s justifications for the temporary rule is to comply with deadlines in amendments to governing law or federal programs and to confer a benefit. The temporary rule was effective on November 1, 2010.

The Department’s stated purpose for the proposed rulemaking is to implement legislative intent to control costs, improve access and maintain quality for Medicaid Enhanced Plan Benefits dental services through a selective contract system with Blue Cross of Idaho. According to the Department, the propose rule will provide the needed changes to implement the “Idaho Smiles” insurance plan for eligible enhanced plan participants.

According to the Department, the proposed rule is authorized pursuant to sections 56-202(b), 56-203(g) and (i), and 56-250 through 56-257, Idaho Code, and by HB 701 (2010).

Section 56-202(b), Idaho Code, provides the Department with general and broad rulemaking authority. Section 56-203(7) [formerly subsection (g)], Idaho Code, grants the Department the power to define persons entitled to medical assistance in such terms as will meet requirements for federal participation in medical assistance payments. Section 56-203(9) [formerly subsection (i)], Idaho Code, empowers the Department to determine the amount, duration and scope of care and services to be purchased as medical assistance on behalf of needy eligible individuals.

Mike Nugent, Manager
Research & Legislation

Cathy Holland-Smith, Manager
Budget & Policy Analysis

Don H. Berg, Manager
Legislative Audits

Glenn Harris, Manager
Information Technology

Sections 56-250 through 56-255, Idaho Code, are the codified provisions of the Idaho Medicaid Simplification Act, HB 776 (2006). Part of the legislative intent of that Act is to strive to balance efforts to contain Medicaid costs, improve program quality and improve access to services. Section 56-251(1), Idaho Code. Section 56-253(8), Idaho Code, gives the Department's director the authority to promulgate rules consistent with that Act. Sections 56-256 and 56-257, Idaho Code, deal with personal health accounts and co-payments, respectively, and are not relevant to the present proposed rule.

HB 701 (2010) is the appropriation for the Department's medical assistance services for the 2011 fiscal year. Section 12 of that appropriation provided legislative intent for a freeze on all price increases, regardless of calculation basis, in all categories with the exception of those increases that are mandated by federal law and provided for in the appropriation for the Medicaid program. Section 13 of that appropriation provided the Department with temporary rulemaking authority to impose requirements for Medicaid programs funded by the General Fund for fiscal year 2011.

According to the Department, no fee or charge is implicated by the proposed rule. Regarding the impact on the General Fund, the Department states that the proposed rule is a cost containment effort. This effort began in 2007, by outsourcing Medicaid Basic Plan Benefits. The Department states that the proposed rule adds Medicaid Enhanced Plan participants to the selective contract with Blue Cross and DentaQuest. The Department does not state the amount of savings it expects due to this outsourcing. The Department states that negotiated rulemaking was not conducted because the proposed rule implements legislative intent contained in HB 701 (2010).

A public hearing will be held if requested in writing by twenty-five persons, a political subdivision or an agency not later than December 15, 2010. All written comments are to be delivered on or before December 22, 2010.

ANALYSIS

One modified definition and one new definition are provided in the proposed rule. The term "dental services" has been broadened from the relief of dental pain and the correction of handicapping malocclusion to provide for preventive, diagnostic, restorative, periodontic, prosthetic, oral surgery and adjunctive dental care. Section 080.01. "Idaho Smiles" is defined as an insurance plan which is provided through a selective contract with Blue Cross of Idaho for the defined basic "dental services." Section 080.02.

Rather than determining participant eligibility by distinguishing children from adults, the proposed rule uses age 65 as the division. Services for Medicaid eligible participants age 65 or under (including the Pregnant Women program) are covered under Idaho Smiles. Section 081.01. Participants over age 65, who qualify but have not enrolled in the Medicare/Medicaid

Coordinated Plan (MMCP), described in a separate chapter, are covered through Medicaid’s “fee-for-service” program described in the proposed rule. Section 081.02.

In effect, the proposed rule moves dental services for Medicaid eligible participants to the Idaho Smiles dental insurance program. The details of the coverage under Idaho Smiles are not set forth in the proposed rule. The proposed rule’s coverages are limited to the Medicaid fee-for-service program and are limited to the over 65 Medicaid eligible participants and are described in sections 082.03 through 082.10.

The proposed rule requires documentation in the participant’s record to include procedure, surface and the tooth number. Such documentation must be maintained for six years. Section 082.01.

As noted above, sections 082.03 through 082.10 set forth the covered services under the Medicaid fee-for-service program. A number of services, identified by dental code and service description, have been eliminated or modified by the proposed rule. Some of these changes are related to the fact that rule chapter is no longer relevant to individuals age 65 or younger. Others are simply eliminated. The following table illustrates the number of dental codes deleted by the proposed rule.

<u>Procedure</u>	<u>Old Rule Codes</u>	<u>Codes Deleted</u>
Dental Diagnostic Procedures	18	7
Dental Preventive Procedures	10	8
Dental Restorative Procedures	32	16
Endodontics	15	13
Periodontics	9	5
Prosthodontics	34	7
Maxillo Facial Prosthetics	17	17 (all)
Fixed Prosthodontics	3	3 (all)
Oral Surgery	21	7
Orthodontics	13	13 (all)
Adjunctive General Services	15	4
Dental Codes for Adults	87	87 (all)
Denturist Procedure	<u>25</u>	<u>25</u> (all)
Total	299	212

In addition, the proposed rule provides that Medicaid provides no additional allowance for a cavitron or ultrasonic prophylaxis, deleting provisions for posterior restoration, anterior proximal restoration, amalgams and resin restorations and crowns. Section 082.05. The proposed rule also provides that the remaining 27 prosthodontics procedures are covered for dentists and denturists, unless designated otherwise, with denturists being reimbursed at 85% of the dental fee schedule. The time frames in which Medicaid covered prosthodontic procedures are authorized

are revised to: complete or immediate denture construction for each arch once every five years; denture relines once every two years; and complete and partial denture adjustment as part of the initial denture construction service for the first six months. Section 082.08. The Idaho Medicaid Handicapping Malocclusion Index (Appendix A under the old rule), used to limit orthodontics, is deleted by the proposed rule.

The proposed rule provides that authorization is not required for dental procedures, except under dental code D5899 (unable to deliver full or partial denture), section 082.08.g. This procedure must be approved by the Medicaid consultant prior to reimbursement and requires a written narrative stating why the provider was unable to deliver the dentures or why the patient refused them. Section 083. The proposed rule states that denturists are reimbursed at 85% of the dentists' reimbursement. Section 085.

SUMMARY

The Department's proposed rule appears to be authorized under sections 56-202(b), 56-203(7) and (9), Idaho Code and by HB 701 (2010).

cc: Department of Health and Welfare, Tamara Prisock & Arla Farmer

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE

16.03.10 - MEDICAID ENHANCED PLAN BENEFITS

DOCKET NO. 16-0310-1007

NOTICE OF RULEMAKING - TEMPORARY AND PROPOSED RULE

EFFECTIVE DATE: The effective date of these temporary rules are November 1, 2010.

AUTHORITY: In compliance with Sections 67-5221(1) and 67-5226, Idaho Code, notice is hereby given that this agency has adopted a temporary rule, and proposed rulemaking procedures have been initiated. The action is authorized pursuant to Sections 56-202(b), 56-203(7), 56-203(9), 56-250 through 56-257, Idaho Code; also House Bill 701 passed by the 2010 legislature.

PUBLIC HEARING SCHEDULE: Public hearing(s) concerning this rulemaking will be scheduled if requested in writing by twenty-five (25) persons, a political subdivision, or an agency, not later than December 15, 2010.

The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below.

DESCRIPTIVE SUMMARY: The following is the required finding and concise statement of its supporting reasons for adopting a temporary rule and a nontechnical explanation of the substance and purpose of the proposed rulemaking:

The Department of Health and Welfare is implementing a selective contract system for the Medicaid Enhanced Plan Benefits dental services based on legislative intent to control costs, improve access, and maintain quality. These rules provide the needed changes to implement the "Idaho Smiles" insurance plan through Blue Cross of Idaho for eligible enhanced plan participants.

TEMPORARY RULE JUSTIFICATION: Pursuant to Sections 67-5226(1)(b) and (c), Idaho Code, the Governor has found that temporary adoption of these rules are appropriate in order to comply with deadlines in amendments to governing law or federal programs and confers a benefit.

FEE SUMMARY: Pursuant to Section 67-5226(2), the Governor has found that the fee or charge being imposed or increased is justified and necessary to avoid immediate danger and the fee is described herein: N/A

FISCAL IMPACT: The following is a specific description, if applicable, of any fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year.

This is a cost containment effort, first initiated in 2007 with outsourcing Basic Plan dental benefits. The resulting selective contract with Blue Cross and DentaQuest was so successful under this managed care arrangement that the Enhanced Plan participants are being added under this single contract. This results in improved access and no additional costs.

NEGOTIATED RULEMAKING: Pursuant to Section 67-5220(2), Idaho Code, negotiated rulemaking was not conducted because the changes are being made to implement the legislative intent in H0701 passed by the 2010 Legislature.

INCORPORATION BY REFERENCE: No materials are being incorporated by reference into these rules.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the temporary and proposed rule, contact Arla Farmer at (208) 364-1958.

Anyone may submit written comments regarding the proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before December 22, 2010.

DATED this 5th day of November, 2010.

Tamara Prisock
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P.O. Box 83720
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THE FOLLOWING IS THE TEXT OF THE TEMPORARY RULE AND THE
PROPOSED RULE TEXT FOR DOCKET 16-0310-1007

080. DENTAL SERVICES - DEFINITIONS.

01. Dental Services. Dental services under this chapter of rules are provided for ~~the relief of dental pain, prosthetic replacement, and the correcting of handicapping malocclusion~~ preventive, diagnostic, restorative, periodontic, prosthetic, oral surgery, and adjunctive dental treatment. These services must be purchased from provided by a licensed dentist or denturist. (5-8-09)(11-1-10)T

02. Idaho Smiles. Idaho Smiles is a dental insurance plan which is provided through a selective contract with Blue Cross of Idaho for basic dental services defined in Subsection 080.01 of this rule. (11-1-10)T

081. DENTAL SERVICES - PARTICIPANT ELIGIBILITY.

01. Children's Coverage. ~~Dental services for children, covered through the month of their twenty first birthday, are listed in Sections 080 through 085 of these rules.~~ **Participants From Birth to Age Sixty-Five.** Dental services for participants from birth through the month of the participant's sixty-fifth birthday who are eligible for Medicaid's Basic and Enhanced Plans, including women on the Pregnant Women (PW) program, are covered under the Idaho Smiles dental insurance plan, which is the result of a selective contract with Blue Cross of Idaho. (5-8-09)(11-1-10)T

02. Adult Coverage. ~~Covered dental services for Medicaid eligible persons who are past the month of their twenty first birthday who are not eligible under IDAPA 16.03.09, "Medicaid Basic Plan Benefits," Pregnant Women (PW), Qualified Medicare Beneficiary (QMB), or under IDAPA 16.03.17, "Medicare/Medicaid Coordinated Plan Benefits," are listed in Subsections 082.14 and 082.15 of these rules.~~ **Participants over Age Sixty-Five.** Covered dental services for Medicaid eligible adults who are past the month of the participant's sixty-fifth birthday and qualify for, but have not chosen to enroll in the Medicare/Medicaid Coordinated Plan (MMCP) under IDAPA 16.03.17, "Medicare/Medicaid Coordinated Plan Benefits," are covered for dental services through Medicaid's fee-for-service dental program. The benefits for this group of participants are listed in Subsections 082.03 through 082.10 of these rules. (5-8-09)(11-1-10)T

03. Limitations on Orthodontics. ~~Orthodontics are limited to participants from birth to twenty one (21) years of age who meet the eligibility requirements, and the Idaho Medicaid Handicapping Malocclusion Index as evaluated by the state Medicaid dental consultant. The Malocclusion Index may be found in the Appendix A of these rules. Participants already in orthodontic treatment who transfer to Idaho Medicaid must have their continuing treatment justified and authorized by the state Medicaid dental consultant.~~ (5-8-09)

04. Participants Eligible for Other Programs. ~~Participants who have only Qualified Medicare Beneficiary (QMB) eligibility are not eligible for dental services.~~ (5-8-09)

082. DENTAL SERVICES - COVERAGE AND LIMITATIONS.

01. Covered Dental Services. Dental services for eligible participants described in Section 081 of these rules are covered by Medicaid's as described in Section 081 of these rules fee-for-service dental program described in Subsections 082.03 through 082.10 of this rule. Idaho uses the procedure codes contained in the Current Dental Terminology (CDT) handbook published by the American Dental Association. All dental services must be documented in the participant's record to include: procedure, surface, and tooth number, if applicable. This record must be maintained for a period of six (6) years. ~~(5-8-09)~~(11-1-10)T

02. Non-Covered Services. Non-covered services are procedures not recognized by the American Dental Association (ADA) or services not listed in these rules. (5-8-09)

03. Diagnostic Dental Procedures.

TABLE 082.03 - DENTAL DIAGNOSTIC PROCEDURES	
Dental Code	Description
a. General Oral Evaluations. The following evaluations are not allowed in combination of the same day:	
D0120	Periodic oral evaluation. Includes periodontal screening. One (1) periodic examination is allowed every six (6) months.
D0140	Limited oral evaluation. An evaluation or re-evaluation limited to a specific oral health problem. Not to be used when a participant returns on a later date for follow-up treatment subsequent to either a comprehensive or periodic exam. This may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately. Definitive procedures may be required on the same date as the evaluation.
D0150	Comprehensive oral evaluation. One (1) comprehensive examination is allowed every twelve (12) months. Six (6) months must elapse before a periodic exam can be paid.
D0160	Detailed and extensive oral evaluation. A detailed and extensive problem focused evaluation that entails extensive diagnostic and cognitive modalities based on the findings of a comprehensive oral evaluation. One (1) detailed and extensive oral evaluation is allowed every twelve (12) months.
D0170	Re-evaluation, limited, problem focused. Established participant, not post-operative visit.
b. Radiographs/Diagnostic Images.	
D0210	Intraoral - complete series (including bitewings). Complete series x-rays are allowed only once in a three (3) year period. A complete intraoral series consists of fourteen (14) periapicals and one (1) series of four (4) bitewings.
D0220	Intraoral periapical - first film.
D0230	Intraoral periapical - each additional film.
D0240	Intraoral occlusal film.
D0270	Bitewing - single film. Total of four (4) bitewings allowed every six (6) months.
D0272	Bitewings - two (2) films. Total of four (4) bitewings allowed every six (6) months.
D0274	Bitewings - four (4) films. Total of four (4) bitewings allowed every six (6) months.
D0277	Vertical bitewings. Seven (7) to eight (8) films. Allowed every six (6) months.

TABLE 082.03 - DENTAL DIAGNOSTIC PROCEDURES	
Dental Code	Description
D0330	Panoramic film. Panorex, panelipse or orthopantograph are also allowed under this code. Panoramic-type films are allowed once in a thirty-six (36) month period. This time limitation does not apply to preoperative or postoperative surgery cases. Doing both a panoramic film and an intraoral complete series is not allowed. Up to four (4) bitewings or periapicals are allowed in addition to a panoramic film.
D0340	Cephalometric film. Allowed once in a twelve (12) month period.
e. Test And Laboratory Examination.	
D0460	Pulp vitality tests. Includes multiple tooth and contralateral comparison(s) as indicated. Allowed once per visit per day.
D0470	Diagnostic casts.
d. Diagnostic.	
D0999	Unspecified diagnostic procedure, by report. Narrative required when prior authorizing.

(5-8-09)(11-1-10)T

04. Dental Preventive Procedures. ~~Medicaid provides no additional allowance for a cavitron or ultrasonic prophylaxis.~~

TABLE 082.04 - DENTAL PREVENTIVE PROCEDURES	
Dental Code	Description
a. Dental Prophylaxis.	
D1110	Prophylaxis - Adult (twelve (12) years of age and older). A prophylaxis is allowed once every six (6) months. Includes polishing procedures to remove coronal plaque, calculus, and stains.
D1120	Prophylaxis—Children/young adult (under age twelve (12)). A prophylaxis is allowed once every six (6) months.
b. Fluoride Treatments.	
D1203	Topical application of fluoride—one (1) treatment. Prophylaxis not included. Allowed once every six (6) months for participants under age twenty (21).
D1204	Topical application of fluoride - adult, twenty-one (21) years of age and over. Prophylaxis not included. Allowed once every six (6) months.
e. Other Preventive Services.	
D1351	Sealant—per tooth. Mechanically and/or chemically prepared enamel surface. Allowed for participants under twenty-one (21) years of age. Limited to once per tooth every three (3) years. Tooth designation required.
d. Space Management Therapy.	
Space maintainers are allowed to hold space for missing teeth for participants under age twenty-one (21). No reimbursement is allowed for removing maintainers, unless by dentist other than providing dentist. Vertical space maintainers are not covered.	
D1510	Space maintainer—fixed—unilateral. Limited up to age twenty-one (21). Only allowed once per tooth space. Tooth space designation required.

TABLE 082.04 - DENTAL PREVENTIVE PROCEDURES	
Dental Code	Description
D1515	Space maintainer - fixed - bilateral. Limited up to age twenty-one (21). Only allowed once per arch. Arch designation required.
D1520	Space maintainer, removable - unilateral. Allowed once every two (2) years up to twenty-one (21) years of age. Arch designation required.
D1525	Space maintainer, removable - bilateral. Allowed once every two (2) years up to twenty-one (21) years of age. Arch designation required.
D1550	Re-cementation of space maintainer. Limited up to age twenty-one (21). Only allowed once per quadrant or arch. Quadrant or arch designation required.

~~(5-8-09)~~(11-1-10)T

05. Dental Restorations ~~and~~ Preventive Procedures. Medicaid provides no additional allowance for a cavitron or ultrasonic prophylaxis. ~~(5-8-09)~~(11-1-10)T

- ~~a. Posterior Restoration. (5-8-09)~~
 - ~~i. A one (1) surface posterior restoration is one in which the restoration involves only one (1) of the five (5) surface classifications: mesial, distal, occlusal, lingual, or facial (including buccal or labial). (5-8-09)~~
 - ~~ii. A two (2) surface posterior restoration is one in which the restoration extends to two (2) of the five (5) surface classifications. (5-8-09)~~
 - ~~iii. A three (3) surface posterior restoration is one in which the restoration extends to three (3) of the five (5) surface classification surface classifications. (5-8-09)~~
 - ~~iv. A four (4) or more surface posterior restoration is one in which the restoration extends to four (4) or more of the five (5) surface classifications. (5-8-09)~~
- ~~b. Anterior Proximal Restoration. (5-8-09)~~
 - ~~i. A one (1) surface anterior proximal restoration is one in which neither the lingual nor facial margin of the restoration extends beyond the line angle. (5-8-09)~~
 - ~~ii. A two (2) surface anterior proximal restoration is one in which either the lingual or facial margin of the restoration extends beyond the line angle. (5-8-09)~~
 - ~~iii. A three (3) surface anterior proximal restoration is one in which both the lingual and facial margins of the restorations extend beyond the line angle. (5-8-09)~~
 - ~~iv. A four (4) or more surface anterior restoration is one in which both the lingual and facial margins extend beyond the line angle and the incisal angle is involved. (5-8-09)~~
- ~~c. Amalgams and Resin Restoration. (5-8-09)~~
 - ~~i. Reimbursement for pit restoration is allowed as a one (1) surface restoration. (5-8-09)~~
 - ~~ii. Adhesives (bonding agents), bases, and the adjustment and/or polishing of sealant and restorations are included in the allowance for the major restoration. (5-8-09)~~
 - ~~iii. Liners and bases are included as part of the restoration. If pins are used, they should be reported separately. (5-8-09)~~

- ~~d. Crowns. (5-8-09)~~
- ~~i. When submitting for prior authorization, either an x-ray showing the root canal or an x-ray with a justification detailing the reason for the crown is required. (5-8-09)~~
- ~~ii. Requests for re-doing crowns must be submitted for prior approval and include x-ray and justification. (5-8-09)~~

TABLE 082.05 - <u>DENTAL RESTORATIONS</u>VE PROCEDURES	
Dental Code	Description
ea. Amalgam Restorations.	
D2140	Amalgam - one (1) surface, primary or permanent. Tooth designation required.
D2150	Amalgam - two (2) surfaces, primary or permanent. Tooth designation required.
D2160	Amalgam - three (3) surfaces, primary or permanent. Tooth designation required.
D2161	Amalgam - four (4) or more surfaces, primary or permanent. Tooth designation required.
fb. Resin Restorations. Resin refers to a broad category of materials including but not limited to composites. May include bonded composite, light-cured composite, etc. Light-curing, acid-etching, and adhesives (including resin bonding agents) are part of the restoration. Report glass ionomers when used as restorations. If pins are used, report them separately.	
D2330	Resin - one (1) surface, anterior. Tooth designation required.
D2331	Resin - two (2) surfaces, anterior. Tooth designation required.
D2332	Resin - three (3) surfaces, anterior. Tooth designation required.
D2335	Resin - four (4) or more surfaces or involving incisal angle, anterior. Tooth designation required.
D2390	Resin based composite crown, anterior, primary or permanent. Tooth designation required.
D2391	Resin based composite - one (1) surface, posterior, primary or permanent.
D2392	Resin based composite - two (2) surfaces, posterior, primary or permanent.
D2393	Resin based composite - three (3) surfaces, posterior, primary or permanent.
D2394	Resin based composite - four (4) surfaces, posterior, primary or permanent.
g. Crowns.	
D2710	Crown resin indirect. Tooth designation required. Prior authorization required.
D2721	Crown resin with predominantly base metal. Tooth designation required. Prior authorization required.
D2750	Crown, porcelain fused to high noble metal. Tooth designation required. Prior authorization required.
D2751	Crown porcelain fused too predominantly base metal. Tooth designation required. Prior authorization required.
D2752	Crown, porcelain fused to noble metal. Tooth designation required. Prior authorization required.
D2790	Crown, full cast, high noble metal. Tooth designation required. Prior authorization required.
D2791	Crown full cast predominantly base metal. Tooth designation required. Prior authorization required.

TABLE 082.05 - DENTAL RESTORATIONS VE PROCEDURES	
Dental Code	Description
D2792	Crown, full-cast noble metal. Tooth designation required. Prior authorization required.
c. Other Restorative Services.	
D2920	Re-cement crown. Tooth designation required.
D2930	Prefabricated stainless steel crown – primary tooth. Tooth designation required.
D2931	Prefabricated stainless steel crown - permanent tooth. Tooth designation required.
D2932	Prefabricated resin crown. Tooth designation required.
D2940	Sedative filling. Tooth designation required. Surface is not required.
D2950	Core buildup, including any pins. Tooth designation required. Limited to two (2) pins per tooth.
D2951	Pin retention – per tooth, in addition to restoration. Tooth designation required. Limited to two (2) pins per tooth.
D2954	Prefabricated post and core in addition to crown. Tooth designation required.
D2955	Post removal. Tooth designation required.
D2980	Crown repair. Tooth designation required.
D2999	Unspecified restorative procedure, by report. Narrative and tooth designation required when prior authorizing. Requires prior authorization.

(5-8-09)(11-1-10)T

06. **Endodontics.** Pulpotomies and root canal procedures cannot be paid with the same date of service for the same tooth.

TABLE 082.06 - ENDODONTICS	
Dental Code	Description
a. Pulp Capping.	
D3110	Pulp cap – direct (excluding final restoration). Tooth designation required.
b. Pulpotomy.	
D3220	Therapeutic pulpotomy (excluding final restoration). Once per tooth. Tooth designation required. Not to be construed as the first stage of root canal therapy.
D3221	Pulpal debridement, primary & permanent teeth. For relief of acute pain not to be construed as the first stage of root canal therapy. Not allowed same day as endodontic therapy. Tooth designation required.
c. Root Canal Therapy. Pulpectomy is part of root canal therapy. Includes all appointments necessary to complete treatment; also includes intra-operative radiographs. Does not include diagnostic evaluation and necessary radiographs/diagnostic images. Root canal therapy (includes treatment plan, x-rays, clinical procedures and follow-up care) is for permanent teeth only. Separate charges are allowable for open and drain if the procedure is done on different days.	
D3310	Anterior (excluding final restoration). Tooth designation required.
D3320	Bicuspid (excluding final restoration). Tooth designation required.

TABLE 082.06 - ENDODONTICS	
Dental Code	Description
D3330	Molar (excluding final restoration). Tooth designation required.
D3346	Retreatment of previous root canal therapy, anterior. Tooth designation required.
D3347	Retreatment of previous root canal therapy, bicuspid. Tooth designation required.
D3348	Retreatment of previous root canal therapy, molar. Tooth designation required.
d. Apicoectomy/Periradicular Services:	
D3410	Apicoectomy/Periradicular surgery anterior surgery or root of anterior tooth. Does not include placement of retrograde filling material. Tooth designation required.
D3421	Apicoectomy/Periradicular surgery bicuspid (first root). Surgery on one root of a bicuspid does not include placement of retrograde filling material. Tooth designation required.
D3425	Apicoectomy/Periradicular surgery Molar (first root). Does not include placement of retrograde filling material. Tooth designation required.
D3426	Apicoectomy/Periradicular surgery (each additional root). For molar surgeries when more than one root is being treated during the same procedure. Does not include retrograde filling material placement. Tooth designation required.
D3430	Retrograde filling – per root. For placement of retrograde filling material during Periradicular surgery procedures. Tooth designation required.
D3999	Unspecified restorative procedure, by report. Narrative and tooth designation required. Requires prior authorization.

(5-8-09)(11-1-10)T

07. Periodontics.

TABLE 082.07 - PERIODONTICS	
Dental Code	Description
a. Surgical Services:	
D4210	Gingivectomy or gingivoplasty four (4) or more contiguous teeth in quadrant. Quadrant designation required.
D4211	Gingivectomy or gingivoplasty one (1) to three (3) teeth in quadrant. Quadrant designation required.
ba. Non-Surgical Periodontal Services:	
D4320	Provisional splinting – intracoronal.
D4321	Provisional splinting – extracoronal.
D4341	Periodontal scaling and root planing four (4) or more contiguous teeth per quadrant. Allowed once in a twelve (12) month period. This procedure is indicated for participants with periodontal disease and is therapeutic, not prophylactic, in nature. Quadrant designation required.
D4342	Periodontal scaling and root planing one (1) to three (3) teeth per quadrant. Allowed once in a twelve (12) month period. This procedure is indicated for participants with periodontal disease and is therapeutic, not prophylactic, in nature. Quadrant designation required.

TABLE 082.07 - PERIODONTICS	
Dental Code	Description
D4355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis. Allowed once in a twelve (12) month period. The removal of subgingival and/or supragingival plaque and calculus. This is a preliminary procedure and does not preclude the need for other procedures.
b. Other Periodontal Services.	
D4910	Periodontal maintenance procedures. Allowed once in a three (3) month period. This procedure is for participants who have completed periodontal treatment (surgical and/or non-surgical periodontal therapies exclusive of D4355) and includes removal of the bacterial flora from crevicular and pocket areas, scaling and polishing of the teeth, periodontal evaluation, and a review of the participant's plaque control efficiency.
D4999	Unspecified periodontal procedure. Narrative required when prior authorizing. Requires prior authorization.

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08. Prosthodontics. The prosthodontic procedures in this section are covered for dentists and denturists unless designated otherwise. Denturists are reimbursed at 85% of the dental fee schedule. Medicaid allows complete or immediate denture construction for each arch once every five (5) years. Denture relines are allowed once every two (2) years. Complete and partial denture adjustment is considered part of the initial denture construction service for the first six (6) months. (5-8-09)(11-1-10)T

~~a. Removable Prosthodontics.~~ (5-8-09)

~~i. The Medicaid dental program covers only one (1) set of full dentures in a five (5) year period. Full dentures placed immediately must be of structure and quality to be considered the final set. Transitional or interim treatment dentures are not covered. No additional reimbursements are allowed for denture insertions.~~ (5-8-09)

~~ii. If full dentures are inserted during a month when the participant is not eligible, but other work, including laboratory work, is completed during an eligible period, the claim for the dentures is allowed.~~ (5-8-09)

~~iii. Medicaid pays for partial dentures once every five (5) years. Partial dentures are limited to participants age twelve (12) and older. One (1) partial per arch is covered. When a partial is inserted during a month when the participant is not eligible but all other work, including laboratory work, is completed during an eligible period, the claim for the partial is allowed.~~ (5-8-09)

~~b. Removable Prosthodontics by Codes.~~

TABLE 082.08- b. - PROSTHODONTICS	
Dental Code	Description
a.	Complete Dentures. This includes six (6) months of adjustments following placement.
D5110	Complete denture - maxillary.
D5120	Complete denture - mandibular.
D5130	Immediate denture - maxillary.
D5140	Immediate denture - mandibular.
b.	Partial Dentures. This includes six (6) months of care following placement. Limited to twelve (12) years and older.

TABLE 082.08-b. - PROSTHODONTICS	
Dental Code	Description
D5211	Maxillary partial denture - resin base. Includes any conventional clasps, rests, and teeth. <u>This procedure is only covered for dentists.</u>
D5212	Mandibular partial denture - resin base. Includes any conventional clasps, rests, and teeth. <u>This procedure is only covered for dentists.</u>
D5213	Maxillary partial denture - cast metal framework with resin denture bases. Includes any conventional clasps, rests, and teeth.
D5214	Mandibular partial denture - cast metal framework with resin denture bases. Includes any conventional clasps, rests, and teeth.
iii.c. Adjustments To Complete And Partial Dentures. No allowance for adjustments for six (6) months following placement. Adjustments done during this period are included in complete/partial allowance.	
D5410	Adjust complete denture - maxillary.
D5411	Adjust complete denture - mandibular.
D5421	Adjust partial denture - maxillary.
D5422	Adjust partial denture - mandibular.
iv.d. Repairs To Complete Dentures.	
D5510	Repair broken complete denture base. Arch designation required.
D5520	Replace missing or broken teeth - complete denture (each tooth) - six (6) tooth maximum. Tooth designation required.
v.e. Repairs To Partial Dentures.	
D5610	Repair resin denture base. Arch designation required.
D5620	Repair cast framework. Arch designation required.
D5630	Repair or replace broken clasp. Arch designation required.
D5640	Replace broken teeth, per tooth. Tooth designation required.
D5650	Add tooth to existing partial denture. Does not involve clasp or abutment tooth. Tooth designation required.
D5660	Add clasp to existing partial denture. Involves clasp or abutment tooth.
D5670	Replace all teeth and acrylic on cast metal framework (maxillary).
D5671	Replace all teeth and acrylic on cast metal framework (mandibular).
vi.f. Denture Relining. Relines will not be allowed for six (6) months following placement of denture and then only once every two (2) years.	
D5730	Reline complete maxillary denture (chairside).
D5731	Reline complete mandibular denture (chairside).
D5740	Reline maxillary partial denture (chairside).
D5741	Reline mandibular partial denture (chairside).
D5750	Reline complete maxillary denture (laboratory).
D5751	Reline complete mandibular denture (laboratory).

TABLE 082.08-b. - PROSTHODONTICS	
Dental Code	Description
D5760	Reline maxillary partial denture (laboratory).
D5761	Reline mandibular partial denture (laboratory).
iii. Other Removable Prosthetic Services.	
D5850	Tissue conditioning, maxillary - per denture unit.
D5851	Tissue conditioning, mandibular per denture unit.
D5899	Unspecified removable prosthetic procedure, by report. Narrative required when prior authorizing. Requires prior authorization.
D5899	Unable to deliver full or partial denture. Prior authorization required. If the participant does not complete the process for the denture; leaves the state; cannot be located; or dies; the laboratory and professional fees may be billed to Medicaid with an invoice listing lab fees and arch designation.

(5-8-09)(11-1-10)T

~~09. Maxillo-Facial Prosthetics.~~

TABLE 082.09 - MAXILLO-FACIAL PROSTHETICS	
Dental Code	Description
D5931	Obturator prosthesis, surgical. Narrative required when prior authorizing. Requires prior authorization.
D5932	Obturator prosthesis, definitive. Narrative required when prior authorizing. Requires prior authorization.
D5933	Obturator prosthesis, modification. Narrative required when prior authorizing. Requires prior authorization.
D5934	Mandibular resection prosthesis with guide flange. Narrative required when prior authorizing. Requires prior authorization.
D5935	Mandibular resection prosthesis without guide flange. Narrative required when prior authorizing. Requires prior authorization.
D5936	Obturator prosthesis, interim. Narrative required when prior authorizing. Requires prior authorization.
D5951	Feeding aid. Narrative required when prior authorizing. Requires prior authorization.
D5952	Speech aid prosthesis, pediatric. Narrative required when prior authorizing. Requires prior authorization.
D5953	Speech aid prosthesis, adult. Narrative required when prior authorizing. Requires prior authorization.
D5954	Palatal augmentation prosthesis. Narrative required when prior authorizing. Requires prior authorization.

TABLE 082.09 - MAXILLO-FACIAL PROSTHETICS	
D5955	Palatal lift prosthesis, definitive. Narrative required when prior authorizing. Requires prior authorization.
D5958	Palatal lift prosthesis, interim. Narrative required when prior authorizing. Requires prior authorization.
D5959	Palatal life prosthesis, modification. Narrative required when prior authorizing. Requires prior authorization.
D5960	Speech aid prosthesis, modification. Narrative required when prior authorizing. Requires prior authorization.
D5982	Surgical stent. Narrative required when prior authorizing. Requires prior authorization.
D5988	Surgical splint. Narrative required when prior authorizing. Requires prior authorization.
D5999	Unspecified maxillofacial prosthesis. Narrative required when prior authorizing. Requires prior authorization.

~~(5-8-09)~~

~~10. Fixed Prosthodontics.~~

TABLE 082.10 - FIXED PROSTHODONTICS	
Dental Code	Description
Other Fixed Prosthetic Services.	
D6930	Re-cement fixed partial denture.
D6980	Fixed partial denture repair.
D6999	Unspecified fixed prosthodontic procedure, by report. Narrative required when prior authorizing. Requires prior authorization.

~~(5-8-09)~~

~~H09. Oral Surgery.~~

TABLE 082.H09 - ORAL SURGERY	
Dental Code	Description
a. Simple Extraction.	
D7111	Extraction, coronal remnants - deciduous tooth. Including soft-tissue retained coronal remnants.
D7140	Extraction, erupted tooth or exposed root, routine removal.
b. Surgical Extractions.	
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth. Includes cutting of gingiva and bone, removal of tooth structure, and closure. Tooth designation required.

TABLE 082.H09 - ORAL SURGERY	
Dental Code	Description
D7220	Removal of impacted tooth - soft tissue. Occlusal surface of tooth covered by soft tissue; requires mucoperiosteal flap elevation. Tooth designation required.
D7230	Removal of impacted tooth -- partially bony. Part of crown covered by bone; requires mucoperiosteal flap elevation, bone removal, and may require segmentalization of tooth. Tooth designation required.
D7240	Removal of impacted tooth - completely bony. Most or all of crown covered by bone; requires mucoperiosteal flap elevation, bone removal, and may require segmentalization of tooth. Tooth designation required.
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications. Most or all of crown covered by bone; usually difficult or complicated due to factors such as nerve dissection required, separate closure of maxillary sinus required or aberrant tooth position. Allowed only when pathology is present. Tooth designation required.
D7250	Surgical removal of residual tooth roots (cutting procedure). Includes cutting of gingiva and bone, removal of tooth structure, and closure. Can be completed for the same tooth number as previously extracted without prior approval. Tooth designation required.
c. Other Surgical Procedures.	
D7270	Tooth reimplantation and/or stabilization of accidentally avulsed or displaced tooth and/or alveolus. Tooth designation required. Includes splinting and/or stabilization.
D7280	Surgical exposure of impacted or unerupted tooth for orthodontic reasons. Includes orthodontic attachments. Tooth designation required. Limited to participants under twenty-one (21) years of age.
D7281	Surgical exposure of impacted or unerupted tooth to aid eruption. Tooth designation required. Limited to participants under twenty-one (21) years of age.
D7286	Biopsy of oral tissue - soft. For surgical removal of specimen only.
D7287	Cytology sample collection via mild scraping of oral mucosa.
d. Alveoloplasty.	
D7320	Alveoloplasty not in conjunction with extractions -- per quadrant. Quadrant designation is required.
e. Excision of Bone Tissue.	
D7471	Removal of lateral exostosis. Maxilla or mandible. Arch designation required.
f. Surgical Incision.	
D7510	Incision and drainage of abscess - intraoral soft tissue, including periodontal origins.
g. Repair of Traumatic Wounds.	
D7910	Suture of recent small wounds up to five (5) cm.
h. Other Repair Procedures.	

TABLE 082.H09 - ORAL SURGERY	
Dental Code	Description
D7960	<i>Frenulectomy (frenectomy or frenotomy) – separate procedure. The frenum may be excised when the tongue has limited mobility; for large diastema between teeth; or when the frenum interferes with a prosthetic appliance; or when it is the etiology of periodontal tissue disease.</i>
D7970	Excision of hyperplastic tissue - per arch. Arch designation required.
D7971	Excision of pericoronal gingiva. Arch designation required.
D7999	<i>Unspecified oral surgery, by report. Narrative required when prior authorizing. Requires prior authorization.</i>

(5-8-09)(11-1-10)T

~~12. Orthodontics.~~

TABLE 082.12 – ORTHODONTICS	
Dental Code	Description
a. Limited Orthodontics. <i>Orthodontic treatment with a limited objective, not involving the entire dentition may be directed at the only existing problem, or one aspect of a larger problem in which a decision is made to defer or forgo more comprehensive therapy.</i>	
D8010	<i>Limited orthodontic treatment of primary dentition. Justification and treatment plan required when prior authorizing. Requires prior authorization.</i>
D8020	<i>Limited orthodontic treatment of transitional dentition. Justification and treatment plan required when prior authorizing. Requires prior authorization.</i>
D8030	<i>Limited orthodontic treatment of adolescent dentition. Justification and treatment plan required when prior authorizing. Requires prior authorization.</i>
D8040	<i>Limited orthodontic treatment of adult dentition. Justification and treatment plan required when prior authorizing. Requires prior authorization.</i>
b. Comprehensive Orthodontic Treatment. <i>The coordinated diagnosis and treatment leading to the improvement of a participant's craniofacial dysfunction and/or dentofacial deformity including anatomical, functional, and aesthetic relationships. Treatment usually, but not necessarily, utilizes fixed orthodontic appliances, and can also include removable appliances, headgear, and maxillary expansion procedures. Must score at least eight (8) points on the State's Handicapping Malocclusion Index.</i>	
D8070	<i>Comprehensive orthodontic treatment of transition dentition. Models, panorex, and treatment plan are required when prior authorizing. Requires prior authorization.</i>
D8080	<i>Comprehensive orthodontic treatment of adolescent dentition, up to sixteen (16) years of age. Models, panorex, and treatment plan are required when prior authorizing. Requires prior authorization.</i>
D8090	<i>Comprehensive orthodontic treatment of adult dentition. Justification required. Models, panoramic film, and treatment plan are required when prior authorizing. Requires prior authorization.</i>
c. Minor Treatment to Control Harmful Habits.	

TABLE 082.12—ORTHODONTICS	
Dental Code	Description
D8210	<i>Removable appliance therapy. Removable indicates participant can remove; includes appliances for thumb sucking and tongue thrusting. Justification required when prior authorizing. Will be allowed up to two (2) adjustments when prior authorizing. Replacement appliances are not covered. Requires prior authorization.</i>
D8220	<i>Fixed appliance therapy. Fixed indicates participant cannot remove appliance; includes appliances for thumb sucking and tongue thrusting. Justification required when prior authorizing. Will be allowed up to two (2) adjustments when prior authorizing. Replacement appliances are not covered. Requires prior authorization.</i>
d. Other Services:	
D8670	<i>Adjustments monthly. When utilizing treatment codes D8070, D8080 or D8090 a maximum of twenty-four (24) adjustments over two (2) years will be allowed (twelve (12) per year) when prior authorizing. When utilizing treatment codes D8210 or D8220, two (2) adjustments will be allowed per treatment when prior authorizing. Requires prior authorization.</i>
D8680	<i>Orthodontic retention, removal of appliances, construction and placement of retainer(s). Replacement appliances are not covered. Includes both upper and lower retainer if applicable.</i>
D8691	<i>Repair of orthodontic appliance. Limited to one (1) occurrence.</i>
D8999	<i>Unspecified orthodontics. Narrative required when prior authorizing. No payment for lost or destroyed appliances. Requires prior authorization.</i>

(5-8-09)

130. Adjunctive General Services.

TABLE 082.130 - ADJUNCTIVE GENERAL SERVICES	
Dental Code	Description
a. Unclassified Treatment.	
D9110	Palliative (emergency) treatment of dental pain - minor procedure (open and drain abscess, etc.). <i>Open and drain is included in the fee for root canal when performed during the same sitting.</i> Tooth or quadrant designation required. No other services covered same day.
b. Anesthesia.	
D9220	Deep sedation/general anesthesia - first thirty (30) minutes. Not included as general anesthesia are tranquilization; nitrous oxide; or enteral or parenteral administration of analgesic, sedative, tranquilizing, or dissociative agents.
D9221	Deep sedation/general anesthesia - each additional fifteen (15) minutes.
D9230	Analgesia - includes nitrous oxide.
D9241	Intravenous conscious sedation/analgesia - first thirty (30) minutes. Provider certification required.
D9242	Intravenous conscious sedation/analgesia - each additional fifteen (15) minutes. Provider certification required.
c. Professional Consultation.	

TABLE 082.130 - ADJUNCTIVE GENERAL SERVICES	
Dental Code	Description
D9310	Consultation. Provided by dentist or physician whose opinion or advice regarding the evaluation, management and/or treatment of a specific problem or condition is requested by another dentist or physician. The written or verbal request for a consult must be documented in the participant's medical record. The consultant's opinion and any services that were ordered or performed must also be documented in the participant's medical record and communicated to the requesting dentist or physician. A dental consultant may initiate diagnostic and/or therapeutic services at the same or subsequent visit.
d. Professional Visits.	
D9410	House/Extended Care Facility Calls. Includes visits to nursing homes, long-term care facilities, hospice sites, institutions, etc. Report in addition to reporting appropriate code numbers for actual services performed. Limited to once per day per participant. To be used when participant's health restrictions require treatment at the house/extended care facility. If procedures are done in the hospital, use procedure code D9420.
D9420	Hospital Calls. May be reported when providing treatment in hospital or ambulatory surgical center, in addition to reporting appropriate code numbers for actual services performed. Limited once per day per participant. Not covered for routine preoperative and postoperative. If procedures are done in other than hospital or surgery center use procedure code D9410 found in this table.
D9430	Office visit for observation (during regularly scheduled hours). No other services performed.
D9440	Office visit after regularly scheduled hours.
e. Miscellaneous Service.	
D9920	Behavior Management. May be reported in addition to treatment provided when the participant is developmentally disabled, mentally ill, or is especially uncooperative and difficult to manage, resulting in the dental staff providing additional time, skill and/or assistance to render treatment. Notation and justification must be written in the participant's record identifying the specific behavior problem and the technique used to manage it. Allowed once per participant per day.
D9930	Treatment of complication (post-surgical) - unusual circumstances.
D9940	Occlusal guards—removable dental appliances which are designed to minimize the effects of bruxism (tooth grinding) and other occlusal factors. No payment for replacement of lost or destroyed appliances.
D9951	Occlusal adjustment, limited. May also be known as equilibration; reshaping the occlusal surfaces of teeth to create harmonious contact relationships between the maxillary and mandibular teeth. Presently includes discing/odontoplasty/enamoplasty. Typically reported on a per visit basis. Allowed once every twelve (12) months.
D9952	Occlusal adjustment, complete. Occlusal adjustment may require several appointments of varying length and sedation may be necessary to attain adequate relaxation of the musculature. Study casts mounted on an articulating instrument may be used for analysis of occlusal disharmony. It is designed to achieve functional relationships and masticatory efficiency in conjunction with restorative treatment, orthodontics, orthognathic surgery, or jaw trauma, when indicated. Occlusal adjustment enhances the healing potential of tissues affected by the lesions of occlusal trauma. Justification required when prior authorizing. Requires prior authorization.
D9999	Unspecified adjunctive procedure, by report. Narrative required when prior authorizing. Requires prior authorization.

~~(5-8-09)~~(11-1-10)T

~~14. **Dental Codes For Adult Services.** The following dental codes are covered for adults after the month of their twenty-first birthday.~~

TABLE 082.14 – DENTAL CODES FOR ADULTS	
Dental Code	Description
a. Dental Diagnostic Procedures. The definitions for these codes are in Subsection 082.03 of these rules.	
i. General Oral Evaluations.	
D0120	Periodic oral evaluation.
D0140	Limited oral evaluation.
D0150	Comprehensive oral evaluation.
ii. Radiographs/Diagnostic Images.	
D0210	Intraoral – complete series.
D0220	Intraoral periapical – first film.
D0230	Intraoral periapical – each additional film.
D0270	Bitewing – single film.
D0272	Bitewings – two (2) films.
D0274	Bitewings – four (4) films.
D0277	Vertical bitewings – seven (7) to eight (8) films.
D0330	Panoramic film.
b. Dental Preventive Procedures. The definitions for these codes are in Subsection 082.04 of these rules.	
i. Dental Prophylaxis.	
D1110	Prophylaxis – adult.
ii. Fluoride Treatments.	
D1204	Topical application of fluoride – prophylaxis not included – adult.
c. Dental Restorative Procedures. The definitions for these codes are in Subsection 082.05 of these rules.	
i. Amalgam Restorations.	
D2140	Amalgam – one (1) surface, primary or permanent.
D2150	Amalgam – two (2) surfaces, primary or permanent.
D2160	Amalgam – three (3) surfaces, primary or permanent.
D2161	Amalgam – four (4) or more surfaces, primary or permanent.
ii. Resin Restorations.	
D2330	Resin – one (1) surface, anterior.
D2331	Resin – two (2) surfaces, anterior.

TABLE 082.14 – DENTAL CODES FOR ADULTS	
Dental Code	Description
D2332	Resin - three (3) surfaces, anterior.
D2335	Resin - four (4) or more surfaces or involving incisal angle, anterior.
D2390	Resin based composite crown, anterior, primary or permanent.
D2391	Resin based composite - one (1) surface, posterior, primary or permanent.
D2392	Resin based composite - two (2) surfaces, posterior, primary or permanent.
D2393	Resin based composite - three (3) surfaces, posterior, primary or permanent.
D2394	Resin based composite - four (4) surfaces, posterior, primary or permanent.
<i>iii. Other Restorative Services.</i>	
D2920	Re-cement crown. Tooth designation required.
D2931	Prefabricated stainless steel crown - permanent tooth.
D2940	Sedative filling.
d. Endodontics. The definitions for these codes are in Subsection 082.06 of these rules.	
D3220	Therapeutic pulpotomy.
D3221	Pulpal debridement, permanent teeth.
e. Periodontics. The definitions for these codes are in Subsection 082.07 of these rules.	
<i>i. Non-Surgical Periodontal Service.</i>	
D4341	Periodontal scaling and root planing - four (4) or more contiguous teeth (per quadrant).
D4342	Periodontal scaling and root planing one (1) to three (3) teeth per quadrant.
D4355	Full mouth debridement.
<i>ii. Other Periodontal Services.</i>	
D4910	Periodontal maintenance procedures.
f. Prosthodontics. The definitions for these codes are in Subsection 082.08.b. of these rules.	
<i>i. Complete Dentures.</i>	
D5110	Complete denture - maxillary.
D5120	Complete denture - mandibular.
D5130	Immediate denture - maxillary.
D5140	Immediate denture - mandibular.
<i>ii. Partial Dentures.</i>	
D5211	Maxillary partial denture - resin base.
D5212	Mandibular partial denture - resin base.
<i>iii. Adjustments to Dentures.</i>	

TABLE 082.14 – DENTAL CODES FOR ADULTS

Dental Code	Description
D5410	Adjust complete denture – maxillary.
D5411	Adjust complete denture – mandibular.
D5421	Adjust partial denture – maxillary.
D5422	Adjust partial denture – mandibular.
iv. Repairs to Complete Dentures.	
D5510	Repair broken complete denture base.
D5520	Replace missing or broken tooth – complete denture, each tooth.
v. Repairs to Partial Dentures.	
D5610	Repair resin denture base.
D5620	Repair cast framework.
D5630	Repair or replace broken clasp.
D5640	Replace broken teeth, per tooth.
D5650	Add tooth to existing partial denture.
D5660	Add clasp to existing partial denture.
D5670	Replace all teeth and acrylic on cast metal framework (maxillary).
D5671	Replace all teeth and acrylic on cast metal framework (mandibular).
vi. Denture Relining.	
D5730	Reline complete maxillary denture (chairside).
D5731	Reline complete mandibular denture (chairside).
D5740	Reline maxillary partial denture (chairside).
D5741	Reline mandibular partial denture (chairside).
D5750	Reline complete maxillary denture (laboratory).
D5751	Reline complete mandibular denture (laboratory).
D5760	Reline maxillary partial denture (laboratory).
D5761	Reline mandibular partial denture (laboratory).
g. Oral Surgery. The definitions for these codes are in Subsection 082.11 of these rules.	
i. Extractions.	
D7111	Extraction, coronal remnants – deciduous tooth.
D7140	Extraction, erupted tooth or exposed root, routine removal.
ii. Surgical Extractions	
D7210	Surgical removal of erupted tooth.
D7220	Removal of impacted tooth – soft tissue.

TABLE 082.14 – DENTAL CODES FOR ADULTS

Dental Code	Description
D7230	Removal of impacted tooth – partially bony.
D7240	Removal of impacted tooth – completely bony.
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications.
D7250	Surgical removal of residual tooth roots.
iii. Other Surgical Procedures.	
D7286	Biopsy of oral tissue – soft. For surgical removal of specimen only.
iv. Surgical Incision.	
D7510	Incision and drainage of abscess – including periodontal origins.
v. Repair of Traumatic Wounds.	
D7910	Suture of recent small wounds up to five (5) cm.
vi. Other Repair Procedures.	
D7970	Excision of hyperplastic tissue.
D7971	Excision of pericoronal gingiva.
h. Adjunctive General Services. The definitions for these codes are in Subsection 082.13 of these rules.	
i. Unclassified Treatment.	
D9110	Palliative (emergency) treatment of dental pain.
ii. Anesthesia.	
D9220	Deep sedation/general anesthesia – first thirty (30) minutes.
D9221	Deep sedation/general anesthesia – each additional fifteen (15) minutes.
D9230	Analgesia – includes nitrous oxide.
D9241	Intravenous conscious sedation/analgesia – first thirty (30) minutes.
D9242	Intravenous conscious sedation/analgesia – each additional fifteen (15) minutes.
iii. Professional Consultation.	
D9310	Consultation requested by other dentist or physician.
iv. Professional Visits.	
D9410	House, institutional, or extended care facility calls. house/extended care facility.
D9420	Hospital calls.
D9440	Office visit after regularly scheduled hours.
D9930	Treatment of complication (post-surgical) – unusual circumstances.

(5-8-09)

~~15. **Denturist Procedure Codes.**~~

(5-8-09)

~~a. The following codes are valid denturist procedure codes:~~

TABLE 082.15.a.— DENTURIST PROCEDURE CODES	
Dental Code	Description
D5110	Complete denture, upper
D5120	Complete denture, lower
D5130	Immediate denture, upper
D5140	Immediate denture, lower
D5410	Adjust complete denture, upper
D5411	Adjust complete denture, lower
D5421	Adjust partial denture, upper
D5422	Adjust partial denture, lower
D5510	Repair broken complete denture base; arch designation required.
D5520	Replace missing or broken teeth, complete denture (each tooth); six (6) teeth maximum. Tooth designation required.
D5610	Repair resin saddle or base; arch designation required.
D5620	Repair cast framework; arch designation required.
D5630	Repair or replace broken clasp; arch designation required.
D5640	Replace broken teeth per tooth; tooth designation required.
D5650	Add tooth to existing partial denture; tooth designation required.
D5660	Add clasp to existing partial denture; not requiring the altering of oral tissue or natural teeth. Tooth designation required.
D5730	Reline complete upper denture (chairside)
D5731	Reline complete lower denture (chairside)
D5740	Reline upper partial denture (chairside)
D5741	Reline lower partial denture (chairside)
D5750	Reline complete upper denture (laboratory)
D5751	Reline complete lower denture (laboratory)
D5760	Reline upper partial denture (laboratory)
D5761	Reline lower partial denture (laboratory)
D5899	Unable to deliver full denture. Prior authorization required. If the participant does not complete the process for the denture, leaves the state, cannot be located or dies, laboratory and professional fees may be billed to Medicaid with an invoice listing lab fees and arch designation.

(5-8-09)

~~b. Medicaid allows complete and immediate denture construction once every five (5) years. Denture reline is allowed once every two (2) years. Complete and partial denture adjustment is considered part of the initial denture construction service for the first six (6) months.~~

(5-8-09)

083. DENTAL SERVICES - PROCEDURAL REQUIREMENTS.

~~01. **Dental Prior Authorization.** Authorization is not required for dental procedures, except under Dental Code D5899, when unable to deliver full denture, described in Section 082 of these rules. All This procedures that require prior authorization must be approved by the Medicaid dental consultant prior to the service being rendered to reimbursement. Prior a authorization requires a written submission including diagnostics. Verbal authorizations will not be given. Retroactive authorization will be given only in an emergency situation or as the result of retroactive eligibility. Prior authorization of Medicaid dental procedures does not guarantee payment narrative stating why the provider was unable to deliver the dentures or why the patient refused them.~~

~~(5-8-09)(11-1-10)T~~

~~02. **Denturist Prior Authorization.** Prior authorization is not required for the dentist procedures except for dental code D5899 found in Subsection 082.15.a. of these rules.~~

~~(5-8-09)~~

~~03. **Crowns.**~~

~~(5-8-09)~~

~~a. When submitting for prior authorization, either an x-ray showing the root canal or an x-ray with a justification detailing the reason for the crown is required.~~

~~(5-8-09)~~

~~b. Requests for re-doing crowns must be submitted for prior approval and include x-ray and justification.~~

~~(5-8-09)~~

~~084. **DENTAL SERVICES - PROVIDER QUALIFICATIONS AND DUTIES (RESERVED).**~~

~~All dental services must be documented in the participant's record to include: procedure, surface, and tooth number, if applicable. This record must be maintained for a period of six (6) years.~~

~~(5-8-09)~~

085. DENTAL SERVICES - PROVIDER REIMBURSEMENT.

Medicaid reimburses dentists and denturists for procedures on a fee-for-service basis. Usual and customary charges are paid up to the Medicaid maximum allowance. Denturists are reimbursed at eighty-five percent (85%) of the dentists' reimbursement. Dentists may make arrangements for private payment with families for services not covered by Medicaid. If the provider accepts any Medicaid payment for a covered service, the Medicaid payment must be accepted as payment in full for the service, and the participant cannot be billed for the difference between the billed amount and the Medicaid allowed amount.

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(BREAK IN CONTINUITY OF SECTIONS)

APPENDIX A

IDAHO MEDICAID HANDICAPPING MALOCCLUSION INDEX

OVERBITE:	MEASUREMENT/POINTS:	SCORE:
Lower incisors: striking lingual of uppers at incisal	1/3 = 0	
Striking lingual of uppers at middle	1/3 = 1	
Striking lingual of uppers at gingival	1/3 = 2	
OPENBITE: (millimeters) *a,b		
Less than.....	2 mm = 0	
	2-4 mm = 1	

OVERBITE:	MEASUREMENT/POINTS:	SCORE:
	$4+ \text{ mm} = 2$	
OVERJET: (millimeters) *a		
Upper.....	$2-4 \text{ mm} = 0$	
Measure horizontally parallel to occlusal plane.	$5-9 \text{ mm} = 1$	
	$9+ \text{ mm} = 2$	
Lower.....	$0-1 \text{ mm} = 0$	
	$2 \text{ mm} = 1$	
	$3+ \text{ mm} = 2$	
POSTERIOR X-BITE: (teeth) *b		
Number of teeth in x-bite:	$0-2 = 0$	
	$3 = 1$	
	$4 = 2$	
TOOTH DISPLACEMENT: (teeth) *c, d, e		
Number of teeth rotated 45 degrees or displaced 2mm from normal position in arch.	$0-2 = 0$	
	$3-6 = 1$	
	$7+ = 2$	
BUCCAL SEGMENT RELATIONSHIP:		
One side distal or mesial 1/2 cusp	$= 0$	
Both sides distal or mesial or one side full cusp	$= 1$	
Both sides full cusp distal or mesial	$= 2$	
		TOTAL SCORE: _____
<p>Scoring Definitions: Impacted or blocked cuspids are scored 1 open bite and 1 over jet for two teeth. Score 2 for open bite and 2 for over jet for 4 blocked cuspids. a) Cross bites are scored for the tooth in cross bite, not the teeth in the opposing arch. b) Missing teeth count as 1, if the space is still present. c) Do not score teeth that are not fully erupted. d) Displaced teeth are based on where they are in their respective arch line, not their relationship with the opposing arch.</p>		