

*Dental  
and  
Denturist  
Program*



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July 2004

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# Key Contacts

Hours for Key Contacts are 8:00 a.m. to 5:00 p.m. Monday through Friday (Mountain Time), unless otherwise stated.

## Prior Authorization

For questions regarding prior authorization:

**(800) 624-3958** In state  
**(406) 442-1837** Out of state

Mail backup documentation to:

Claims Processing Unit  
P. O. Box 8000  
Helena, MT 59604

Fax backup documentation to:

**(406) 442-4402**

## Program Policy

For program policy questions:

**(406) 444-3182** (phone)  
**(406) 444-1861** (fax)

Send written inquiries to:

Dental Program Officer  
Medicaid Services Bureau  
P.O. Box 202951  
1400 Broadway  
Helena, MT 59620

## Paper Claims

Send paper claims to:

Claims Processing Unit  
P. O. Box 8000  
Helena, MT 59604

## Presumptive Eligibility Verification

**(800) 932-4453**

## Provider Relations

For questions about eligibility, payments, denials, general claims questions, or to request billing instructions, manuals, or fee schedules:

**(800) 624-3958** In state  
**(406) 442-1837** Out of state

Send written inquiries to:

Provider Relations Unit  
P.O. Box 4936  
Helena, MT 59604

## Third Party Liability

For questions about private insurance, Medicare or other third-party liability:

**(800) 624-3958** In state  
**(406) 442-1837** Out of state

Send written inquiries to:

Third Party Liability Unit  
P. O. Box 5838  
Helena, MT 59604

## American Dental Association

To order the current CDT-4 Dental Terminology manual, contact the ADA at:

**(800) 947-4746**

7:00 a.m. to 5:00 p.m. Mon-Fri (Central Time)

Send written inquiries to:

American Dental Association  
Council on Dental Care Programs  
211 East Chicago Avenue  
Chicago, IL 60611-2678

### **Provider Enrollment**

For enrollment changes or questions:

**(800) 624-3958** In state  
**(406) 442-1837** Out of state

Send written inquiries to:

Provider Enrollment Unit  
P.O. Box 4936  
Helena, MT 59604

### **ACS EDI Gateway**

For questions regarding electronic claims submissions:

**(800) 987-6719** Phone  
**(850) 385-1705** Fax

ACS EDI Gateway Services  
2324 Killlearn Center Blvd.  
Tallahassee, FL 32309

<b>Key Web Sites</b>	
<b>Web Address</b>	<b>Information Available</b>
<p><b>Virtual Human Services Pavilion (VHSP)</b> vhsp.dphhs.state.mt.us</p>	<p><b>Select <i>Human Services</i> for the following information:</b></p> <ul style="list-style-type: none"> <li>• <b>Medicaid:</b> Medicaid Eligibility &amp; Payment System (MEPS). Eligibility and claims history information.</li> <li>• <b>Senior and Long Term Care:</b> Provider search, home/housing options, healthy living, government programs, publications, protective/legal services, financial planning.</li> <li>• <b>DPHHS:</b> Latest news and events, Mental Health Services Plan information, program information, office locations, divisions, resources, legal information, and links to other state and federal web sites.</li> <li>• <b>Health Policy and Services Division:</b> Children's Health Insurance Plan (CHIP), Medicaid provider information such as manuals, newsletters, fee schedules, and enrollment information.</li> </ul>
<p><b>Provider Information Website</b> www.mtmedicaid.org or www.dphhs.state.mt.us/hpsd/medicaid/medicaid2</p>	<ul style="list-style-type: none"> <li>• Medicaid news</li> <li>• Provider manuals</li> <li>• Notices and manual replacement pages</li> <li>• Fee schedules</li> <li>• Remittance advice notices</li> <li>• Forms</li> <li>• Provider enrollment</li> <li>• Frequently asked questions (FAQs)</li> <li>• Upcoming events</li> <li>• HIPAA Update</li> <li>• Newsletters</li> <li>• Key contacts</li> <li>• Links to other websites and more</li> </ul>
<p><b>Client Information Website</b> www.dphhs.state.mt.us/hpsd/medicaid/medrecip/medrecip.htm</p>	<ul style="list-style-type: none"> <li>• Medicaid program information</li> <li>• Client newsletters</li> <li>• Who to call if you have questions</li> <li>• Client Notices &amp; Information</li> </ul>
<p><b>Health Policy and Services Division (Now Child and Adult Health Resources Division)</b> www.dphhs.state.mt.us/hpsd</p>	<ul style="list-style-type: none"> <li>• <b>Medicaid:</b> See list under <b>Provider Information Website</b> above, and Client Information is available also</li> <li>• <b>CHIP:</b> Information on the Children's Health Insurance Plan</li> <li>• <b>Public Health:</b> Disease prevention (immunizations), health and safety, health planning, and laboratory services</li> <li>• <b>Administration:</b> CAHRD budgets, staff and program names and phone numbers, program statistics, and systems information.</li> <li>• <b>News:</b> Recent developments</li> </ul>
<p><b>ACS EDI Gateway</b> www.acs-gcro.com/Medicaid_Account/Montana/montana.htm</p>	<p>ACS EDI Gateway is Montana's HIPAA clearinghouse. Visit this website for more information on:</p> <ul style="list-style-type: none"> <li>• Provider Services</li> <li>• EDI Support</li> <li>• Enrollment</li> <li>• Manuals</li> <li>• Software</li> <li>• Companion Guides</li> </ul>
<p><b>Washington Publishing Company</b> www.wpc-edi.com</p>	<ul style="list-style-type: none"> <li>• EDI implementation guides</li> <li>• HIPAA implementation guides and other tools</li> <li>• EDI education</li> </ul>



# Covered Services and Limitations

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The rules, regulations, and policies described in this manual apply to services provided by Dentists, Denturists, Orthodontists, and Oral Surgeons. Providers may be reimbursed for Medicaid covered services when the following requirements are met:

- Provider must be enrolled in Medicaid. (ARM 37.85.402)
- Services must be performed by practitioners licensed and operating within the scope of their practice as defined by law. (ARM 37.85.406)
- Client must be Medicaid eligible and non-restricted. (ARM 37.85.415)
- Service must be medically necessary. (ARM 37.85.410) (The Department may review medical necessity at any time before or after payment.)
- Service must be covered by Medicaid and not be considered cosmetic, experimental or investigational. (ARM 37.85.415)
- Charges must be usual and customary. (ARM 37.85.212)
- Claims must meet timely filing requirements. (ARM 37.84.406)
- Prior authorization requirements must be met. (ARM 37.86.1006)
- PASSPORT approval requirements must be met.

## Who Is Eligible for Dental Services?

### ***Full Medicaid***

Clients who have “Full” Medicaid benefits. Clients age 21 and over who have “Full” Medicaid coverage are eligible for only diagnostic, preventative, basic restorative (including pre-fabricated stainless steel crowns), dentures (immediate, full and partial), and extraction services (ARM 37.86.1006).

Some “Full” Medicaid services are only available to those age 20 and under. Please review the most recent Department dental fee schedule for specific code coverage available for specific ages. Fee schedules are available on the Provider Information web site (see Key Contacts).

Pregnant women who present a Presumptive Eligibility Notice of Decision. Providers should call 1-800-932-4453 to verify presumptive eligibility.

Preventative treatments or routine restorative services are excluded from emergency dental services under "Basic" Medicaid.

### **Basic Medicaid**

The **only** time clients who have "Basic" Medicaid benefits are eligible for dental coverage is when emergency dental services are necessary and when dental work is "essential for employment."

### **Emergency dental services for adults ages 21 and over with "Basic" Medicaid**

Medicaid may cover emergency dental services for those clients who are on "Basic" Medicaid. Subject to the dental program limitations, the Medicaid program will reimburse dental providers for palliative treatment and diagnostic services related to the treatment of emergency medical conditions.

*Emergency Dental Services* means covered inpatient and outpatient services that are needed to evaluate and stabilize an emergency medical condition. An emergency medical condition is defined as a medical condition manifesting itself by acute symptoms of sufficient severity (included severe pain). Such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in placing the health of the individual in serious jeopardy, serious impairment to body functions, or serious dysfunction of any bodily organ or part. If the Medicaid professional rendering the medical screening deems an emergency dental condition does exist, stabilization treatment is rendered.

The following are acceptable dental emergency codes listed on the *Emergency Dental Services Form*. If the emergency is a code other than these, please indicate the code on the form and explain.

<b>Emergency Dental Codes for Adults on Basic Medicaid</b>					
D0140	D0272	D2161	D3331	D7241	D9241
D0220	D0274	D2330	D3346	D7250	D9242
D0230	D0277	D2331	D7140	D7270	D9248
D0240	D0330	D2332	D7210	D7510	D9420
D0250	D2140	D2335	D7220	D7520	D9920
D0260	D2150	D2940	D7230	D7910	
D0270	D2160	D3310	D7240	D9110	

Emergency dental claims for adults 21 and over with "Basic" Medicaid must be accompanied by a completed Emergency Dental Services Form (see Appendix A: Forms).

- Routine restorative or preventive treatments are specifically excluded from any emergency dental services.
- Root canals are allowable on anterior teeth only.
- All other program limits still apply. RHCs and FQHCs will continue to bill revenue code 512 for these services.
- Document any delay between date of diagnosis and date of treatment. As a guideline, this time frame should be within 30 days of initial date of exam.

- Emergency dental claims for adults 21 and over on “Basic” Medicaid must be accompanied by a completed *Emergency Dental Services Form* (located in *Appendix A: Forms* and on the Provider Information web site).

### ***Essential for Employment Program***

In limited circumstances, Medicaid will cover a dental service normally excluded under "Basic" Medicaid if it is essential to obtaining or maintaining employment. When this is the case, the client will present a signed *Medicaid Services Essential for Employment Form* (DPHHS-HCS-782). Prior to receiving dental services as an *Essential for Employment* benefit, the client must obtain this form through their eligibility specialist at their local County Office of Public Assistance.

- Routine dental services (i.e., exam, x-rays and prophylaxis) are not covered services under the *Essential for Employment* program. Reimbursement is the same for approved services as they would be for a “Full” Medicaid client.
- Claims must be accompanied by a completed *Medicaid Services Essential for Employment Form* (DPHHS-HCS-782), located in *Appendix A: Forms* and on the Provider Information web site.

## **Non-Covered Services**

1. ***Tooth-colored crowns, non pre-fabricated stainless steel and resin crowns and bridges are not covered for clients 21 years of age and older.***
2. ***No-show appointments.*** A “no-show” appointment occurs when a client fails to arrive at a provider's office for a scheduled visit and did not cancel or reschedule the appointment in advance. “No-show” appointments are not a covered service and cannot be billed to Medicaid.
3. ***Cosmetic dentistry.*** Medicaid does not cover cosmetic dental services.
4. ***Splints/mouthguards.*** Splints and mouth guards are not a covered service of the Medicaid program.
5. ***Qualified Medicare Beneficiary (QMB).*** Medicaid does not cover dental services for clients that have “QMB” on their Medicaid eligibility information. See the *General Information For Providers* manual, *Client Eligibility and Responsibilities* chapter for more information on QMB.
6. ***Basic Medicaid Coverage.*** Dental services are not covered for clients that have “Basic” on their Medicaid eligibility information. However, the client may be eligible for emergency dental services and/or when dental work is *Essential for Employment*. (see *Who is eligible for dental services?* at the beginning of this chapter).
7. ***Dental implants***

## Coverage of Specific Services (ARM 37.86.1006)

The following are Medicaid covered services and limitations. The “EP” indicator in the “Child Code” column indicates an Early Periodic Screening, Diagnosis and Treatment Service for children age 20 and under. The “EP” indicator is not needed on the dental claim form. The claims processing system calculates age by the date of birth.

### 1. Diagnostic

The collection and recording of some data and components of the dental examination may be delegated; however, the evaluation, diagnosis, and treatment planning are the responsibility of the dentist. As with all ADA procedure codes, there is no distinction made between the evaluations provided by general practitioners or specialists.

Examinations for adults will be allowed every six months or more often if a referral has occurred. If both the dentists involved in the referral have done full exams, both can be paid. For this exception to be made, the providers must both indicate on their claims that a referral has occurred and the name of the other dentist involved. This information should be reported in the remarks section of the claim form. If you have a denial of the referral visit, please review your claim to ensure you have the referring dentist's name and resubmit for payment. If you have a copy of your claim and the referring dentist's name is listed, please call Provider Relations (see *Key Contacts*) for a request to reprocess this claim.

Diagnostics							
Adult Code	Child Code	Description	Fee Method	Fees	PA	Min Age	Max Age
D0120		PERIODIC ORAL EVALUATION • Adults allowed every 6 months.	Fee Sched	\$14.28	N	18	999
D0120	EP	PERIODIC ORAL EVALUATION	Fee Sched	\$18.56	N	0	17
D0140		LIMIT ORAL EVALUATION PROBLEM FOCUS • Referral for a specific problem, emergencies, trauma or acute infections.	Fee Sched	\$20.40	N	18	999
D0140	EP	LIMIT ORAL EVALUATION PROBLEM FOCUS	Fee Sched	\$26.52	N	0	17
D0150		COMPREHENSIVE ORAL EVALUATION • Initial visit for new clients of record. Adults allowed every 3 years.	Fee Sched	\$20.40	N	18	999
D0150	EP	COMPREHENSIVE ORAL EVALUATION	Fee Sched	\$26.52	N	0	17

### Radiographs

Radiographs should be taken only for clinical reasons as determined by the client's dentist. They should be of diagnostic quality, properly identified and dated. They are considered to be part of the client's clinical record.

If additional panoramic films are needed for medical purposes (i.e., to check healing of a fractured jaw), they can be billed on an ADA form as long as it was done in an office setting. Otherwise, they should be billed on the CMS-1500 (formerly HCFA-1500) claim form using the CPT-4 code 70355 for panoramic x-ray.

<b>Radiographs</b>							
<b>Adult Code</b>	<b>Child Code</b>	<b>Description</b>	<b>Fee Method</b>	<b>Fees</b>	<b>PA</b>	<b>Min Age</b>	<b>Max Age</b>
D0210		INTRAORAL COMPLETE FILM SERIES • Includes bitewings, minimum of 14 films • 1 film = 1 unit of service • Adults allowed every 3 years	Fee Sched	\$40.80	N	18	999
D0210	EP	INTRAORAL COMPLETE FILM SERIES • Limit does not apply to those age 20 and under.	Fee Sched	\$53.04	N	0	17
D0220		INTRAORAL PERIAPICAL FIRST FILM	Fee Sched	\$10.20	N	18	999
D0220	EP	INTRAORAL PERIAPICAL FIRST FILM	Fee Sched	\$13.26	N	0	17
D0230		INTRAORAL PERIAPICAL EACH ADDITNL FILM	Fee Sched	\$5.10	N	18	999
D0230	EP	INTRAORAL PERIAPICAL EACH ADDITNL FILM	Fee Sched	\$6.63	N	0	17
D0240		INTRAORAL OCCLUSAL FILM	Fee Sched	\$12.24	N	18	999
D0240	EP	INTRAORAL OCCLUSAL FILM	Fee Sched	\$15.91	N	0	17
D0250		EXTRAORAL FIRST FILM	Fee Sched	\$20.40	N	18	999
D0250	EP	EXTRAORAL FIRST FILM	Fee Sched	\$26.52	N	0	17
D0260		EXTRAORAL EACH ADDITIONAL FILM	Fee Sched	\$10.20	N	18	999
D0260	EP	EXTRAORAL EACH ADDITIONAL FILM	Fee Sched	\$13.26	N	0	17
D0270		DENTAL BITEWING SINGLE FILM • Adults are limited to 4 films per year.	Fee Sched	\$10.20	N	18	999
D0270	EP	DENTAL BITEWING SINGLE FILM • 1 film = 1 unit of service • Limit does not apply to those age 20 and under.	Fee Sched	\$13.26	N	0	17
D0272		DENTAL BITEWINGS TWO FILMS • 2 films = 1 unit of service. • Adults are limited to 4 films per year.	Fee Sched	\$12.24	N	18	999
D0272	EP	DENTAL BITEWINGS TWO FILMS • Limit does not apply to those age 20 and under.	Fee Sched	\$15.91	N	0	17
D0274		DENTAL BITEWINGS FOUR FILMS • 4 films = 1 unit of service. • Adults are limited to 4 films per year.	Fee Sched	\$20.40	N	18	999
D0274	EP	DENTAL BITEWINGS FOUR FILMS • Limit does not apply to those age 20 and under.	Fee Sched	\$26.52	N	0	17
D0277		VERTICAL BITEWINGS - 7-8 FILMS	Fee Sched	\$18.36	N	18	999
D0277	EP	VERTICAL BITEWINGS - 7-8 FILMS	Fee Sched	\$23.87	N	0	17
D0330		DENTAL PANORAMIC FILM • Adults are limited to 1 film every 3 years.	Fee Sched	\$32.64	N	18	999

<b>Radiographs (continued)</b>							
<b>Adult Code</b>	<b>Child Code</b>	<b>Description</b>	<b>Fee Method</b>	<b>Fees</b>	<b>PA</b>	<b>Min Age</b>	<b>Max Age</b>
D0330	EP	DENTAL PANORAMIC FILM • Limit does not apply to those age 20 and under.	Fee Sched	\$42.43	N	0	17
D0340		DENTAL CEPHALOMETRIC FILM • Adults allowed 1 full mouth every 3 years.	Fee Sched	\$40.80	N	18	999
D0340	EP	DENTAL CEPHALOMETRIC FILM	Fee Sched	\$53.04	N	0	17
D0350		ORAL/FACIAL IMAGES	Fee Sched	\$10.20	N	18	20
D0350	EP	ORAL/FACIAL IMAGES	Fee Sched	\$13.26	N	0	17
D0460		PULP VITALITY TEST • Not allowed for age 21 and over.	Fee Sched	\$16.32	N	18	20
D0460	EP	PULP VITALITY TEST	Fee Sched	\$21.22	N	0	17
D0470		DIAGNOSTIC CASTS • Not allowed for age 21 and over.	Fee Sched	\$25.50	N	18	20
D0470	EP	DIAGNOSTIC CASTS	Fee Sched	\$33.15	N	0	17

## **2. Preventive**

Prophylaxis and fluoride treatments are allowed every six months and providers may bill for either code. Payment will not be made for the combination of D1110 and D1205 procedures within a six-month period. If providers are treating individuals with a developmental disability who require a prophylaxis treatment more often than six months intervals, indicate "DD" in the remarks section of the ADA claim form. Billed code choices of adult or child prophylaxis are up to the professional expertise of the provider.

<b>Prophylaxis</b>							
<b>Adult Code</b>	<b>Child Code</b>	<b>Description</b>	<b>Fee Method</b>	<b>Fees</b>	<b>PA</b>	<b>Min Age</b>	<b>Max Age</b>
D1110		DENTAL PROPHYLAXIS ADULT • Adults allowed every 6 months.	Fee Sched	\$30.60	N	18	999
D1110	EP	DENTAL PROPHYLAXIS ADULT	Fee Sched	\$39.78	N	0	17
D1120		DENTAL PROPHYLAXIS CHILD • Adults allowed every 6 months.	Fee Sched	\$20.40	N	18	999
D1120	EP	DENTAL PROPHYLAXIS CHILD	Fee Sched	\$26.52	N	0	17

<b>Fluoride</b>							
<b>Adult Code</b>	<b>Child Code</b>	<b>Description</b>	<b>Fee Method</b>	<b>Fees</b>	<b>PA</b>	<b>Min Age</b>	<b>Max Age</b>
D1201		TOPICAL FLUORIDE W PROPHY CHILD • Adults allowed every 6 months.	Fee Sched	\$25.50	N	18	999
D1201	EP	TOPICAL FLUORIDE W PROPHY CHILD	Fee Sched	\$33.15	N	0	17
D1203		TOPICAL FLUOR W/O PROPHY CHILD • Adults allowed every 6 months.	Fee Sched	\$10.20	N	18	999

<b>Fluoride (continued)</b>							
<b>Adult Code</b>	<b>Child Code</b>	<b>Description</b>	<b>Fee Method</b>	<b>Fees</b>	<b>PA</b>	<b>Min Age</b>	<b>Max Age</b>
D1203	EP	TOPICAL FLUORIDE W/O PROPHY CHILD	Fee Sched	\$13.26	N	0	17
D1205		TOPICAL FLUORIDE W/ PROPHY ADULT • Adults allowed every 6 months.	Fee Sched	\$40.80	N	18	999
D1205	EP	TOPICAL FLUORIDE W/ PROPHY ADULT	Fee Sched	\$53.04	N	0	17

<b>Sealant</b>							
<b>Only allowed for teeth numbers 2, 3, 14, 15, 18, 19, 30, 31, A, J, K, and T</b>							
<b>These claims are retroactively reviewed to ensure compliance.</b>							
<b>Adult Code</b>	<b>Child Code</b>	<b>Description</b>	<b>Fee Method</b>	<b>Fees</b>	<b>PA</b>	<b>Min Age</b>	<b>Max Age</b>
D1351		DENTAL SEALANT PER TOOTH	Fee Sched	\$16.32	N	18	20
D1351	EP	DENTAL SEALANT PER TOOTH	Fee Sched	\$21.22	N	0	17

<b>Space Maintenance</b>							
<b>Adult Code</b>	<b>Child Code</b>	<b>Description</b>	<b>Fee Method</b>	<b>Fees</b>	<b>PA</b>	<b>Min Age</b>	<b>Max Age</b>
D1510	EP	SPACE MAINTAINER FIXED UNILATERAL	Fee Sched	\$106.08	N	0	17
D1515	EP	FIXED BILATERAL SPACE MAINTAINER	Fee Sched	\$159.12	N	0	17
D1550	EP	RECEMENT SPACE MAINTAINER	Fee Sched	\$31.82	N	0	17

### **3. Restoration**

#### **Fillings**

For complete restoration of a tooth (filling of all surfaces currently damaged by caries), the following policies apply:

- When more than one surface is involved, and one continuous filling is used, select the appropriate code from the range of D2140 through D2394.
- When there are separate fillings on each surface, the one-surface codes are to be used (D2140 and D2330). Your records must clearly indicate each filling is treatment for a separate cavity.
- The ADA views restorative work done on the same day and same tooth as one tooth with five surfaces.
- Only one payment will be allowed for each surface.
- When more than one filling is included on a surface, combine the code. For example, MO and LO on a permanent molar restored in the same day should be coded as MOL. This should be coded this way whether the filling on the occlusal is a continuous filling or two separate fillings.

The ADA views work done on the occlusal as one of the five surfaces that are billable.

- When more than one filling is included on a surface and restored on different days, they should be coded on different days. For example if MO and LO on a permanent molar are restored on subsequent days, they should be coded as a MO on the first day and LO on the second day.
- **Amalgam restorations (including polishing).** All adhesives (including amalgam bonding agents), liners, and base are included as part of the restoration. If pins are used, they should be reported separately (see procedure code D2951).
- **Silicate and resin restorations.** Resin refers to a broad category of materials including, but not limited to, composites. Also included may be bonded composite, light-cured composite, etc. Light-curing, acid-etching, and adhesives (including resin bonding agents) are included as part of the restoration. If pins are used, they should be reported separately (see procedure code D2951).

### Amalgam Restorations

Adult Code	Child Code	Description	Fee Method	Fees	PA	Min Age	Max Age
D2140		AMALGAM ONE SURFACE PERMANENT	Fee Sched	\$40.80	N	18	999
D2140	EP	AMALGAM ONE SURFACE PERMANENT	Fee Sched	\$53.04	N	0	17
D2150		AMALGAM TWO SURFACES PERMANENT	Fee Sched	\$44.88	N	18	999
D2150	EP	AMALGAM TWO SURFACES PERMANENT	Fee Sched	\$58.34	N	0	17
D2160		AMALGAM THREE SURFACES PERMANENT	Fee Sched	\$55.08	N	18	999
D2160	EP	AMALGAM THREE SURFACES PERMANENT	Fee Sched	\$71.60	N	0	17
D2161		AMALGAM FOUR SURFACES PERMANENT	Fee Sched	\$67.32	N	18	999
D2161	EP	AMALGAM FOUR SURFACES PERMANENT	Fee Sched	\$87.52	N	0	17

### Resin-Based Composite Restorations

Adult Code	Child Code	Description	Fee Method	Fees	PA	Min Age	Max Age
D2330		RESIN ONE SURFACE-ANTERIOR	Fee Sched	\$40.80	N	18	999
D2330	EP	RESIN ONE SURFACE-ANTERIOR	Fee Sched	\$53.04	N	0	17
D2331		RESIN TWO SURFACES-ANTERIOR	Fee Sched	\$61.20	N	18	999
D2331	EP	RESIN TWO SURFACES-ANTERIOR	Fee Sched	\$79.56	N	0	17
D2332		RESIN THREE SURFACES-ANTERIOR	Fee Sched	\$71.40	N	18	999
D2332	EP	RESIN THREE SURFACES-ANTERIOR	Fee Sched	\$92.82	N	0	17
D2335		RESIN 4/> SURFACES OR W INCISAL ANTERIOR	Fee Sched	\$81.60	N	18	999
D2335	EP	RESIN 4/> SURFACES OR W INCISAL ANTERIOR	Fee Sched	\$106.08	N	0	17
D2390		ANT RESIN-BASED COMPOSITE CROWN	Fee Sched	\$57.12	N	18	999
D2390	EP	ANT RESIN-BASED COMPOSITE CROWN	Fee Sched	\$74.26	N	0	17

Resin-Based Composite Restorations (continued)							
Adult Code	Child Code	Description	Fee Method	Fees	PA	Min Age	Max Age
D2391		POST 1 SURFACE RESINBASED COMPOSITE	Fee Sched	\$42.84	N	18	999
D2391	EP	POST 1 SURFACE RESINBASED COMPOSITE	Fee Sched	\$55.69	N	0	17
D2392		POST 2 SURFACE RESINBASED COMPOSITE	Fee Sched	\$55.08	N	18	999
D2392	EP	POST 2 SURFACE RESINBASED COMPOSITE	Fee Sched	\$71.60	N	0	17
D2393		POST 3 SURFACE RESINBASED COMPOSITE	Fee Sched	\$63.24	N	18	999
D2393	EP	POST 3 SURFACE RESINBASED COMPOSITE	Fee Sched	\$82.21	N	0	17
D2394		POST >= 4 SURFACE RESINBASED COMPOSITE	Fee Sched	\$69.36	N	18	999
D2394	EP	POST >= 4 SURFACE RESINBASED COMPOSITE	Fee Sched	\$90.17	N	0	17

### Crowns

Crowns are limited to situations where the tooth is periodontally healthy and without pulpal pathology and the tooth cannot be restored by any means other than a full coverage restoration. Crowns are covered only for clients with "Full" Medicaid coverage.

- **Pre-fabricated Crowns.** Pre-fabricated stainless steel and pre-fabricated resin crowns D2930 - D2933 are available for all clients, regardless of age and regardless of tooth number. There is a limit for crowns of one per tooth, every five years.
- **All Other Crowns - Non-Prefab, Highmetal, Gold, Porcelain.** All crowns, other than pre-fabricated stainless steel and pre-fabricated resin, are only available to "Full" Medicaid clients age 20 and under. Tooth-colored crown restorations are only available for anterior teeth (6-11 and 22-27). Crowns on posterior teeth are limited to pre-fabricated resin and/or pre-fabricated stainless steel, except when necessary for partial denture abutments. Indicate in the "Remarks" section of the claim form which teeth are abutment teeth. Crowns are limited to one per tooth every five years.

Non Pre-Fabricated Crowns							
Adult Code	Child Code	Description	Fee Method	Fees	PA	Min Age	Max Age
D2710		CROWN RESIN LABORATORY • Anterior teeth (6-11 and 22-27) only except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$204.00	N	18	20
D2710	EP	CROWN RESIN LABORATORY • Anterior teeth (6-11 and 22-27) only except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$265.20	N	0	17

<b>Non Pre-Fabricated Crowns (continued)</b>							
<b>Adult Code</b>	<b>Child Code</b>	<b>Description</b>	<b>Fee Method</b>	<b>Fees</b>	<b>PA</b>	<b>Min Age</b>	<b>Max Age</b>
D2720		CROWN RESIN W/ HIGH NOBLE METAL • Anterior teeth (6-11 and 22-27) only except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$408.00	N	0	20
D2720	EP	CROWN RESIN W/ HIGH NOBLE METAL • Anterior teeth (6-11 and 22-27) only except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$530.40	N	0	17
D2721		CROWN RESIN W/ BASE METAL • Anterior teeth (6-11 and 22-27) only except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$306.00	N	18	20
D2721	EP	CROWN RESIN W/ BASE METAL • Anterior teeth (6-11 and 22-27) only except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$397.80	N	0	17
D2722		CROWN RESIN W/ NOBLE METAL • Anterior teeth (6-11 and 22-27) only except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$346.80	N	18	20
D2722	EP	CROWN RESIN W/ NOBLE METAL • Anterior teeth (6-11 and 22-27) only except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$450.84	N	0	17
D2740		CROWN PORCELAIN/CERAMIC SUBSTRATE • Anterior teeth (6-11 and 22-27) only except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$408.00	N	18	20
D2740	EP	CROWN PORCELAIN/CERAMIC SUBSTRATE • Anterior teeth (6-11 and 22-27) only except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$530.40	N	0	17
D2750		CROWN PORCELAIN W/ H NOBLE METAL • Anterior teeth (6-11 and 22-27) only except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$448.80	N	18	20
D2750	EP	CROWN PORCELAIN W/ H NOBLE METAL • Anterior teeth (6-11 and 22-27) only except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$583.44	N	0	17
D2751		CROWN PORCELAIN FUSED BASE METAL • Anterior teeth (6-11 and 22-27) only except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$326.40	N	18	20

<b>Non Pre-Fabricated Crowns (continued)</b>							
<b>Adult Code</b>	<b>Child Code</b>	<b>Description</b>	<b>Fee Method</b>	<b>Fees</b>	<b>PA</b>	<b>Min Age</b>	<b>Max Age</b>
D2751	EP	CROWN PORCELAIN FUSED BASE METAL • Anterior teeth (6-11 and 22-27) only except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$424.32	N	0	17
D2752		CROWN PORCELAIN W/ NOBLE METAL • Anterior teeth (6-11 and 22-27) only except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$367.20	N	18	20
D2752	EP	CROWN PORCELAIN W/ NOBLE METAL • Anterior teeth (6-11 and 22-27) only except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$477.36	N	0	17
D2780		CROWN 3/4 CAST HIGH NOBLE METAL • Anterior teeth (6-11 and 22-27) only except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$367.20	N	18	20
D2780	EP	CROWN 3/4 CAST HIGH NOBLE METAL • Anterior teeth (6-11 and 22-27) only except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$477.36	N	0	17
D2781		CROWN 3/4 CAST BASE METAL • Anterior teeth (6-11 and 22-27) only except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$265.20	N	18	20
D2781	EP	CROWN 3/4 CAST BASE METAL • Anterior teeth (6-11 and 22-27) only except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$344.76	N	0	17
D2782		CROWN 3/4 CAST NOBLE METAL • Anterior teeth (6-11 and 22-27) only except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$306.00	N	18	20
D2782	EP	CROWN 3/4 CAST NOBLE METAL • Anterior teeth (6-11 and 22-27) only except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$397.80	N	0	17
D2783		CROWN 3/4 PORCELAIN/CERAMIC • Anterior teeth (6-11 and 22-27) only except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$387.60	N	18	20
D2783	EP	CROWN 3/4 PORCELAIN/CERAMIC • Anterior teeth (6-11 and 22-27) only except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$503.88	N	0	17

<b>Non Pre-Fabricated Crowns (continued)</b>							
<b>Adult Code</b>	<b>Child Code</b>	<b>Description</b>	<b>Fee Method</b>	<b>Fees</b>	<b>PA</b>	<b>Min Age</b>	<b>Max Age</b>
D2790		CROWN FULL CAST HIGH NOBLE METAL • Anterior teeth (6-11 and 22-27) only except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$387.60	N	18	20
D2790	EP	CROWN FULL CAST HIGH NOBLE METAL • Anterior teeth (6-11 and 22-27) only except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$503.88	N	0	17
D2791		CROWN FULL CAST BASE METAL • Anterior teeth (6-11 and 22-27) only except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$285.60	N	18	20
D2791	EP	CROWN FULL CAST BASE METAL • Anterior teeth (6-11 and 22-27) only except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$371.28	N	0	17
D2792		CROWN FULL CAST NOBLE METAL • Anterior teeth (6-11 and 22-27) only except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$326.40	N	18	20
D2792	EP	CROWN FULL CAST NOBLE METAL • Anterior teeth (6-11 and 22-27) only except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$424.32	N	0	17
D2799		PROVISIONAL CROWN • Anterior teeth (6-11 and 22-27) only except when necessary for partial denture abutments. • 1 per tooth every 5 years.	By Report	\$204.00	N	18	20
D2799	EP	PROVISIONAL CROWN • Anterior teeth (6-11 and 22-27) only, except when necessary for partial denture abutments. • 1 per tooth every 5 years.	By Report	\$265.20	N	0	17

<b>Pre-fabricated Crowns and Other Restorative Services</b>							
<b>Adult Code</b>	<b>Child Code</b>	<b>Description</b>	<b>Fee Method</b>	<b>Fees</b>	<b>PA</b>	<b>Min Age</b>	<b>Max Age</b>
D2910		DENTAL RECEMENT INLAY	Fee Sched	\$30.60	N	18	999
D2910	EP	DENTAL RECEMENT INLAY	Fee Sched	\$39.78	N	0	17
D2920		DENTAL RECEMENT CROWN	Fee Sched	\$30.60	N	18	999
D2920	EP	DENTAL RECEMENT CROWN	Fee Sched	\$39.78	N	0	17
D2930		PREFAB STNLSS STEEL CRWN PRIMARY TOOTH Clients with "Full" Medicaid. • 1 per tooth every 5 years.	Fee Sched	\$81.60	N	18	999
D2930	EP	PREFAB STNLSS STEEL CRWN PRIMARY TOOTH • Clients with "Full" Medicaid. • 1 per tooth every 5 years.	Fee Sched	\$106.08	N	0	17

<b>Pre-fabricated Crowns and Other Restorative Services (continued)</b>							
<b>Adult Code</b>	<b>Child Code</b>	<b>Description</b>	<b>Fee Method</b>	<b>Fees</b>	<b>PA</b>	<b>Min Age</b>	<b>Max Age</b>
D2931		PREFAB STNLSS STEEL CROWN PERMANENT • Clients with "Full" Medicaid. • 1 per tooth every 5 years.	Fee Sched	\$122.40	N	18	999
D2931	EP	PREFAB STNLSS STEEL CROWN PERMANENT • Clients with "Full" Medicaid. • 1 per tooth every 5 years.	Fee Sched	\$159.12	N	0	17
D2932		PREFABRICATED RESIN CROWN • Clients with "Full" Medicaid. • 1 per tooth every 5 years.	Fee Sched	\$97.92	N	18	999
D2932	EP	PREFABRICATED RESIN CROWN • Clients with "Full" Medicaid. • 1 per tooth every 5 years.	Fee Sched	\$127.30	N	0	17
D2933		PREFAB STAINLESS STEEL CROWN • Clients with "Full" Medicaid. • 1 per tooth every 5 years.	Fee Sched	\$91.80	N	18	999
D2933	EP	PREFAB STAINLESS STEEL CROWN • Clients with "Full" Medicaid. • 1 per tooth every 5 years.	Fee Sched	\$119.34	N	0	17
D2940		DENTAL SEDATIVE FILLING	Fee Sched	\$30.60	N	18	999
D2940	EP	DENTAL SEDATIVE FILLING	Fee Sched	\$39.78	N	0	17
D2950		CORE BUILD-UP INCLUDING ANY PINS	Fee Sched	\$81.60	N	18	999
D2950	EP	CORE BUILD-UP INCLUDING ANY PINS	Fee Sched	\$106.08	N	0	17
D2951		TOOTH PIN RETENTION • Maximum 2 units per tooth.	Fee Sched	\$20.40	N	18	20
D2951	EP	TOOTH PIN RETENTION • Maximum 2 units per tooth.	Fee Sched	\$26.52	N	0	17
D2952		POST AND CORE CAST + CROWN	Fee Sched	\$163.20	N	18	999
D2952	EP	POST AND CORE CAST + CROWN	Fee Sched	\$212.16	N	0	17
D2953		EACH ADDITIONAL CAST POST	Fee Sched	\$132.60	N	18	999
D2953	EP	EACH ADDITIONAL CAST POST	Fee Sched	\$172.38	N	0	17
D2954		PREFAB POST/CORE + CROWN	Fee Sched	\$102.00	N	18	999
D2954	EP	PREFAB POST/CORE + CROWN	Fee Sched	\$132.60	N	0	17
D2957		EACH ADDITIONAL PREFAB POST	Fee Sched	\$71.40	N	18	999
D2957	EP	EACH ADDITIONAL PREFAB POST	Fee Sched	\$92.82	N	0	17
D2960		LAMINATE LABIAL VENEER	Fee Sched	\$122.40	N	18	999
D2960	EP	LAMINATE LABIAL VENEER	Fee Sched	\$159.12	N	0	17
D2961		LAB LABIAL VENEER RESIN	Fee Sched	\$204.00	N	18	999
D2961	EP	LAB LABIAL VENEER RESIN	Fee Sched	\$265.20	N	0	17
D2962		LAB LABIAL VENEER PORCELAIN	Fee Sched	\$293.76	N	18	999
D2962	EP	LAB LABIAL VENEER PORCELAIN	Fee Sched	\$381.89	N	0	17
D2970		TEMPORARY- FRACTURED TOOTH	Fee Sched	\$81.60	N	18	999

<b>Pre-fabricated Crowns and Other Restorative Services (continued)</b>							
<b>Adult Code</b>	<b>Child Code</b>	<b>Description</b>	<b>Fee Method</b>	<b>Fees</b>	<b>PA</b>	<b>Min Age</b>	<b>Max Age</b>
D2970	EP	TEMPORARY- FRACTURED TOOTH	Fee Sched	\$106.08	N	0	17
D2980		CROWN REPAIR	Fee Sched	\$83.64	N	18	999
D2980	EP	CROWN REPAIR	Fee Sched	\$108.73	N	0	17

#### **4. Endodontics**

Canal therapy includes primary teeth without succedaneous teeth and permanent teeth.

**Complete root canal therapy.** Pulpectomy is part of root canal therapy. It includes all appointments necessary to complete treatment and intra-operative radiographs. It does not include diagnostic evaluation and necessary radiographs/diagnostic images.

Pulpotomy (covered for ages 20 and under only) cannot be billed on the same day as endodontic therapy for the same tooth. Per guidance from the American Dental Association coding department, code D3220 should never be billed if a root canal is to be performed by the same provider.

<b>Endodontics</b>							
<b>Adult Code</b>	<b>Child Code</b>	<b>Description</b>	<b>Fee Method</b>	<b>Fees</b>	<b>PA</b>	<b>Min Age</b>	<b>Max Age</b>
D3110		PULP CAP DIRECT	Fee Sched	\$206.04	N	18	999
D3110	EP	PULP CAP DIRECT	Fee Sched	\$267.85	N	0	17
D3120		PULP CAP INDIRECT	Fee Sched	\$20.40	N	18	999
D3120	EP	PULP CAP INDIRECT	Fee Sched	\$26.52	N	0	17
D3220		THERAPEUTIC PULPOTOMY • No additional fee will be paid for pulp capping or bases.	Fee Sched	\$61.20	N	18	20
D3220	EP	THERAPEUTIC PULPOTOMY • No additional fee will be paid for pulp capping or bases.	Fee Sched	\$79.56	N	0	17
D3221		GROSS PULPAL DEBRIDEMENT	Fee Sched	\$81.60	N	18	999
D3221	EP	GROSS PULPAL DEBRIDEMENT	Fee Sched	\$106.08	N	0	17
D3230		PULPAL THERAPY ANTERIOR PRIMARY	Fee Sched	\$67.32	N	18	20
D3230	EP	PULPAL THERAPY ANTERIOR PRIMARY	Fee Sched	\$87.52	N	0	17
D3240		PULPAL THERAPY POSTERIOR PRIMARY • For primary second molars (A,J,K,T). • Only allowed if 6 year Molar is not erupted or permanent second pre-molar is congenitally absent.	Fee Sched	\$75.48	N	18	20

<b>Endodontics (continued)</b>							
<b>Adult Code</b>	<b>Child Code</b>	<b>Description</b>	<b>Fee Method</b>	<b>Fees</b>	<b>PA</b>	<b>Min Age</b>	<b>Max Age</b>
D3240	EP	PULPAL THERAPY POSTERIOR PRIMARY • For primary second molars (A,J,K,T). • Only allowed if 6 year Molar is not erupted or permanent second pre-molar is congenitally absent.	Fee Sched	\$98.12	N	0	17
D3310		ANTERIOR • Available for FULL, all ages. • Allowable for BASIC anterior emergencies only.	Fee Sched	\$208.08	N	18	999
D3310	EP	ANTERIOR • Available for FULL, all ages. • Allowable for anterior emergencies only.	Fee Sched	\$270.50	N	0	17
D3320		ROOT CANAL THERAPY 2 CANALS • Available for FULL, all ages. • Not allowable for BASIC. Not allowable for BASIC emergencies.	Fee Sched	\$204.00	N	18	999
D3320	EP	ROOT CANAL THERAPY 2 CANALS • Available for FULL, all ages. • Not allowable for BASIC. Not allowable for BASIC emergencies.	Fee Sched	\$265.20	N	0	17
D3330		ROOT CANAL THERAPY 3 CANALS • Available for FULL, all ages. • Not allowable for BASIC. Not allowable for BASIC emergencies.	Fee Sched	\$285.60	N	18	999
D3330	EP	ROOT CANAL THERAPY 3 CANALS • Available for FULL, all ages. • Not allowable for BASIC. Not allowable for BASIC emergencies.	Fee Sched	\$371.28	N	0	17
D3331		NON-SURGICAL TX ROOT CANAL OBSTRUCTN • Available for FULL, all ages. • Allowable for BASIC anterior emergencies only.	By Report	\$0.00	N	18	999
D3331	EP	NON-SURGICAL TX ROOT CANAL OBSTRUCTN • Available for FULL, all ages. • Allowable for BASIC anterior emergencies only.	By Report	\$0.00	N	0	17
D3346		RETREATMENT ROOT CANAL ANTERIOR • Available for FULL, all ages. • Allowable for BASIC anterior emergencies only.	Fee Sched	\$224.40	N	18	999
D3346	EP	RETREATMENT ROOT CANAL ANTERIOR • Available for FULL, all ages. • Allowable for BASIC anterior emergencies only.	Fee Sched	\$291.72	N	0	17
D3347		RETREATMENT ROOT CANAL BICUSPID • Available for FULL, all ages. • Not allowable for BASIC. Not allowable for BASIC emergencies.	Fee Sched	\$273.36	N	18	999
D3347	EP	RETREATMENT ROOT CANAL BICUSPID • Available for FULL, all ages. • Not allowable for BASIC. Not allowable for BASIC emergencies.	Fee Sched	\$355.37	N	0	17

Endodontics (continued)							
Adult Code	Child Code	Description	Fee Method	Fees	PA	Min Age	Max Age
D3348		RETREATMENT ROOT CANAL MOLAR • Available for FULL, all ages. • Not allowable for BASIC. Not allowable for BASIC emergencies.	Fee Sched	\$336.60	N	18	999
D3348	EP	RETREATMENT ROOT CANAL MOLAR • Available for FULL, all ages. • Not allowable for BASIC. Not allowable for BASIC emergencies.	Fee Sched	\$437.58	N	0	17
D3410		APICOECT/PERIRAD SURGERY ANTERIOR	Fee Sched	\$185.64	N	18	20
D3410	EP	APICOECT/PERIRAD SURGERY ANTERIOR	Fee Sched	\$241.33	N	0	17
D3421		ROOT SURGERY BICUSPID	Fee Sched	\$214.20	N	18	20
D3421	EP	ROOT SURGERY BICUSPID	Fee Sched	\$278.46	N	0	17
D3425		ROOT SURGERY MOLAR	Fee Sched	\$238.68	N	18	20
D3425	EP	ROOT SURGERY MOLAR	Fee Sched	\$310.28	N	0	17
D3426		ROOT SURGERY EACH ADDITIONAL ROOT	Fee Sched	\$197.88	N	18	20
D3426	EP	ROOT SURGERY EACH ADDITIONAL ROOT	Fee Sched	\$257.24	N	0	17
D3430		RETROGRADE FILLING	Fee Sched	\$61.20	N	18	999
D3430	EP	RETROGRADE FILLING	Fee Sched	\$79.56	N	0	17

- **Apicoectomy/periradicular services (Ages 20 and under only).** Periradicular surgery is a term used to describe surgery to the root surface such as apicoectomy, repair of a root perforation or resorptive defect, exploratory curettage to look for root fractures, removal of extruded filling materials or instruments, removal of broken root fragments, sealing of accessory canals, etc. This does not include retrograde filling material placement.

### 5. Periodontics

Periodontics							
Adult Code	Child Code	Description	Fee Method	Fees	PA	Min Age	Max Age
D4210		GINGIVECTOMY/PLASTY PER QUADRANT • Limited to cases involving gingival hyperplasia due to medication reaction or pregnancy. • 1 quad = 1 unit of service. • Per quadrant, should be listed in the "Tooth Number" column as follows: LL – Lower Left UL – Upper Left LR – Lower Right UP – Upper Right	Fee Sched	\$193.80	N	18	20

<b>Periodontics (continued)</b>							
<b>Adult Code</b>	<b>Child Code</b>	<b>Description</b>	<b>Fee Method</b>	<b>Fees</b>	<b>PA</b>	<b>Min Age</b>	<b>Max Age</b>
D4210	EP	GINGIVECTOMY/PLASTY PER QUADRANT <ul style="list-style-type: none"> <li>• Limited to cases involving gingival hyperplasia due to medication reaction or pregnancy.</li> <li>• 1 quad = 1 unit of service.</li> <li>• Per quadrant, should be listed in the “Tooth Number” column as follows:  LL – Lower Left  UL – Upper Left  LR – Lower Right  UP – Upper Right</li> </ul>	Fee Sched	\$251.94	N	0	17
D4211		GINGIVECTOMY/PLASTY PER TOOTH <ul style="list-style-type: none"> <li>• Limited to cases involving gingival hyperplasia due to medication reaction or pregnancy.</li> <li>• Per quadrant, should be listed in the “Tooth Number” column as follows:  LL – Lower Left  UL – Upper Left  LR – Lower Right  UP – Upper Right</li> </ul>	Fee Sched	\$167.28	N	18	20
D4211	EP	GINGIVECTOMY/PLASTY PER TOOTH <ul style="list-style-type: none"> <li>• Limited to cases involving gingival hyperplasia due to medication reaction or pregnancy.</li> <li>• Per quadrant, should be listed in the “Tooth Number” column as follows:  LL – Lower Left  UL – Upper Left  LR – Lower Right  UP – Upper Right</li> </ul>	Fee Sched	\$217.46	N	0	17
D4240		GINGIVAL FLAP PROCEDURE W/ PLANING	Fee Sched	\$222.36	N	18	20
D4240	EP	GINGIVAL FLAP PROCEDURE W/ PLANING	Fee Sched	\$289.07	N	0	17
D4241		GNGVL FLAP W ROOTPLAN 1-3 TH, PER QUAD	Fee Sched	\$63.24	N	18	20
D4241	EP	GNGVL FLAP W ROOTPLAN 1-3 TH, PER QUAD	Fee Sched	\$82.21	N	0	17
D4260		OSSEOUS SURGERY PER QUADRANT	Fee Sched	\$326.40	N	18	999
D4260	EP	OSSEOUS SURGERY PER QUADRANT	Fee Sched	\$424.32	N	0	17
D4261		OSSEOUS SURGERY INCL FLAP ONE TO THREE TEETH PER QUADRANT	Fee Sched	\$163.20	N	18	999
D4261	EP	OSSEOUS SURGERY INCL FLAP ONE TO THREE TEETH PER QUADRANT	Fee Sched	\$212.16	N	0	17
D4270		PEDICLE SOFT TISSUE GRAFT PROCEDURE	Fee Sched	\$248.88	N	18	999
D4270	EP	PEDICLE SOFT TISSUE GRAFT PROCEDURE	Fee Sched	\$323.54	N	0	17
D4271		FREE SOFT TISSUE GRAFT PROCEDURE	Fee Sched	\$257.04	N	18	999
D4271	EP	FREE SOFT TISSUE GRAFT PROCEDURE	Fee Sched	\$334.15	N	0	17
D4320		PROVISION SPLINTING INTRACORONAL	Fee Sched	\$138.72	N	18	999
D4320	EP	PROVISION SPLINTING INTRACORONAL	Fee Sched	\$180.34	N	0	17

<b>Periodontics (continued)</b>							
<b>Adult Code</b>	<b>Child Code</b>	<b>Description</b>	<b>Fee Method</b>	<b>Fees</b>	<b>PA</b>	<b>Min Age</b>	<b>Max Age</b>
D4321		PROVISION SPLINTING INTRACORONAL	Fee Sched	\$122.40	N	18	999
D4321	EP	PROVISION SPLINTING INTRACORONAL	Fee Sched	\$159.12	N	0	17
D4341		PERIODONTAL SCALING & ROOT PLANING • 1 quadrant = 1 unit of service. • Providers are allowed to bill up to 4 quadrants every year. • Must scale and root plane at least 4 teeth per quadrant. Pocket depths of at least 4 mm must be documented in the medical history. • Per quadrant, should be listed in the “Tooth Number” column as follows: LL – Lower Left UL – Upper Left LR – Lower Right UP – Upper Right	Fee Sched	\$102.00	N	18	999
D4341	EP	PERIODONTAL SCALING & ROOT PLANING • 1 quadrant = 1 unit of service. • Providers are allowed to bill up to 4 quadrants every year. • Must scale and root plane at least 4 teeth per quadrant. Pocket depths of at least 4 mm must be documented in the medical history. • Per quadrant, should be listed in the “Tooth Number” column as follows: LL – Lower Left UL – Upper Left LR – Lower Right UP – Upper Right	Fee Sched	\$132.60	N	0	17
D4342		PERIODONTAL SCALING 1-3 TEETH • 1 quadrant = 1 unit of service. • Providers are allowed to bill up to 4 quadrants every year. • Must scale and root plane at least 4 teeth per quadrant. Pocket depths of at least 4 mm must be documented in the medical history. • Per quadrant, should be listed in the “Tooth Number” column as follows: LL – Lower Left UL – Upper Left LR – Lower Right UP – Upper Right	Fee Sched	\$55.08	N	18	999

<b>Periodontics (continued)</b>							
<b>Adult Code</b>	<b>Child Code</b>	<b>Description</b>	<b>Fee Method</b>	<b>Fees</b>	<b>PA</b>	<b>Min Age</b>	<b>Max Age</b>
D4342	EP	PERIODONTAL SCALING 1-3 TEETH <ul style="list-style-type: none"> <li>• 1 quadrant = 1 unit of service.</li> <li>• Providers are allowed to bill up to 4 quadrants every year.</li> <li>• Must scale and root plane at least 4 teeth per quadrant. Pocket depths of at least 4 mm must be documented in the medical history.</li> <li>• Per quadrant, should be listed in the "Tooth Number" column as follows:                LL – Lower Left                UL – Upper Left                LR – Lower Right                UP – Upper Right</li> </ul>	Fee Sched	\$74.26	N	0	17
D4355		FULL MOUTH DEBRIDEMENT <ul style="list-style-type: none"> <li>• To be used prior to periodontal scaling and root planning only if provider cannot determine extent of periodontal scaling and root planning without this procedure.</li> <li>• Limited to 1 time per year if medically indicated.</li> </ul>	Fee Sched	\$51.00	N	18	999
D4355	EP	FULL MOUTH DEBRIDEMENT <ul style="list-style-type: none"> <li>• To be used prior to periodontal scaling and root planning only if provider cannot determine extent of periodontal scaling and root planning without this procedure.</li> <li>• Limited to 1 time per year if medically indicated.</li> </ul>	Fee Sched	\$66.30	N	0	17
D4910		PERIODONTAL MAINTENANCE PROCEDURES <ul style="list-style-type: none"> <li>• To be used after initial periodontal scaling and root planning completed.</li> <li>• Limited to 1 time every 3 months if medically indicated.</li> </ul>	Fee Sched	\$40.80	N	18	999
D4910	EP	PERIODONTAL MAINTENANCE PROCEDURES <ul style="list-style-type: none"> <li>• To be used after initial periodontal scaling and root planning completed.</li> <li>• Limited to 1 time every 3 months if medically indicated.</li> </ul>	Fee Sched	\$53.04	N	0	17
D4920		UNSCHEDULED DRESSING CHANGE	Fee Sched	\$26.52	N	18	999
D4920	EP	UNSCHEDULED DRESSING CHANGE	Fee Sched	\$34.48	N	0	17

**6. Prosthodontics, removable**

This services is available to clients of all ages with “Full” Medicaid. A partial denture five years or older may be replaced by full and/or partial dentures. Full dentures, ten years old or older, may be replaced when the treating dentist documents the need for replacement. Payment for the denture includes payment for any tissue conditioners provided. Complete and partial dentures include routine post delivery care. **Call Provider Relations to verify if a client is eligible for a new denture or replacement for a lost one (see Key Contacts).**

Medicaid will replace lost dentures for eligible clients with a lifetime limit of **one** set. The claim form must include the age of the lost dentures and the term "Lost Dentures" written in the remarks section of the claim.

A dentist's prescription is required and must be kept in the client file in the following circumstances:

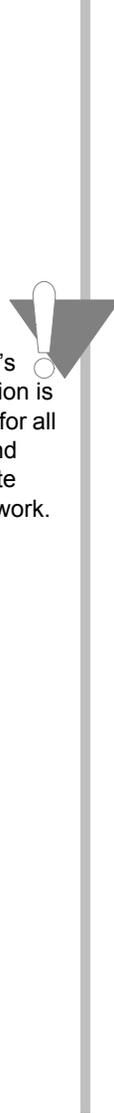
- All partial denture work
- All immediate denture work

Limitations or requirements for the dental codes are listed with the procedure codes.

The above limits may be exceeded when the dentist and the Department consultant agree the current dentures are causing the client serious physical health problems. In these situations, the provider should submit a prior authorization request. See the *Prior Authorization* chapter in this manual.

**Denture billing date**

Dentures must be billed using the date of service the client receives the dentures. The only exception is when the client is not eligible on the date of service, then the date of impression may be used.



A dentist's prescription is required for all partial and immediate denture work.

Prosthodontics - Removable							
Adult Code	Child Code	Description	Fee Method	Fees	PA	Min Age	Max Age
D5110		DENTURES COMPLETE MAXILLARY • 1 replacement per 10 years if medically necessary. 1 lost pair replacement per lifetime. • Call Provider Relations to verify if Medicaid has paid dentures within the past 10 years.	Fee Sched	\$510.00	N	18	999
D5110	EP	DENTURES COMPLETE MAXILLARY • 1 replacement per 10 years if medically necessary. 1 lost pair replacement per lifetime. • Call Provider Relations to verify if Medicaid has paid dentures within the past 10 years.	Fee Sched	\$663.00	N	0	17

<b>Prosthodontics - Removable (continued)</b>							
<b>Adult Code</b>	<b>Child Code</b>	<b>Description</b>	<b>Fee Method</b>	<b>Fees</b>	<b>PA</b>	<b>Min Age</b>	<b>Max Age</b>
D5120		DENTURES COMPLETE MANDIBLAR <ul style="list-style-type: none"> <li>• 1 replacement per 10 years if medically necessary. 1 lost pair replacement per lifetime.</li> <li>• Call Provider Relations to verify if Medicaid has paid dentures within the past 10 years.</li> </ul>	Fee Sched	\$510.00	N	18	999
D5120	EP	DENTURES COMPLETE MANDIBLAR <ul style="list-style-type: none"> <li>• 1 replacement per 10 years if medically necessary. 1 lost pair replacement per lifetime.</li> <li>• Call Provider Relations to verify if Medicaid has paid dentures within the past 10 years.</li> </ul>	Fee Sched	\$663.00	N	0	17
D5130		DENTURES IMMEDIATE MAXILLARY <ul style="list-style-type: none"> <li>• 1 replacement per 10 years if medically necessary. 1 lost pair replacement per lifetime.</li> <li>• Call Provider Relations to verify if Medicaid has paid dentures within the past 10 years.</li> </ul>	Fee Sched	\$561.00	N	18	999
D5130	EP	DENTURES IMMEDIATE MAXILLARY <ul style="list-style-type: none"> <li>• 1 replacement per 10 years if medically necessary. 1 lost pair replacement per lifetime.</li> <li>• Call Provider Relations to verify if Medicaid has paid dentures within the past 10 years.</li> </ul>	Fee Sched	\$729.30	N	0	17
D5140		DENTURES IMMEDIATE MANDIBLAR <ul style="list-style-type: none"> <li>• 1 replacement per 10 years if medically necessary. 1 lost pair replacement per lifetime.</li> <li>• Call Provider Relations to verify if Medicaid has paid dentures within the past 10 years.</li> </ul>	Fee Sched	\$561.00	N	18	999
D5140	EP	DENTURES IMMEDIATE MANDIBLAR <ul style="list-style-type: none"> <li>• 1 replacement per 10 years if medically necessary. 1 lost pair replacement per lifetime.</li> <li>• Call Provider Relations to verify if Medicaid has paid dentures within the past 10 years.</li> </ul>	Fee Sched	\$729.30	N	0	17
D5211		DENTURES MAXILLARY PARTIAL RESIN <ul style="list-style-type: none"> <li>• Including any conventional clasps, rests and teeth.</li> <li>• Includes acrylic resin base denture with resin or wrought iron clasps.</li> <li>• 1 replacement per 5 years if medically necessary. 1 lost pair replacement per lifetime.</li> </ul>	Fee Sched	\$346.80	N	18	999
D5211	EP	DENTURES MAXILLARY PARTIAL RESIN <ul style="list-style-type: none"> <li>• Including any conventional clasps, rests and teeth.</li> <li>• Includes acrylic resin base denture with resin or wrought iron clasps.</li> <li>• 1 replacement per 5 years if medically necessary. 1 lost pair replacement per lifetime.</li> </ul>	Fee Sched	\$450.84	N	0	17
D5212		DENTURES MANDIBLAR PARTIAL RESIN <ul style="list-style-type: none"> <li>• Including any conventional clasps, rests and teeth.</li> <li>• Includes acrylic resin base denture with resin or wrought iron clasps.</li> <li>• 1 replacement per 5 years if medically necessary. 1 lost pair replacement per lifetime.</li> </ul>	Fee Sched	\$361.08	N	18	999

<b>Prosthodontics - Removable (continued)</b>							
<b>Adult Code</b>	<b>Child Code</b>	<b>Description</b>	<b>Fee Method</b>	<b>Fees</b>	<b>PA</b>	<b>Min Age</b>	<b>Max Age</b>
D5212	EP	DENTURES MANDIBLAR PARTIAL RESIN <ul style="list-style-type: none"> <li>• Including any conventional clasps, rests and teeth.</li> <li>• Includes acrylic resin base denture with resin or wrought iron clasps.</li> <li>• 1 replacement per 5 years if medically necessary. 1 lost pair replacement per lifetime.</li> </ul>	Fee Sched	\$469.40	N	0	17
D5213		DENTURES MAXILLARY PARTIAL METAL <ul style="list-style-type: none"> <li>• Case metal framework with resin denture bases.</li> <li>• Including any conventional clasps, rests and teeth.</li> <li>• 1 replacement per 5 years if medically necessary. 1 lost pair replacement per lifetime.</li> </ul>	Fee Sched	\$612.00	N	18	999
D5213	EP	DENTURES MAXILLARY PARTIAL METAL <ul style="list-style-type: none"> <li>• Case metal framework with resin denture bases.</li> <li>• Including any conventional clasps, rests and teeth.</li> <li>• 1 replacement per 5 years if medically necessary. 1 lost pair replacement per lifetime.</li> </ul>	Fee Sched	\$795.60	N	0	17
D5214		DENTURES MANDIBLAR PARTIAL METAL <ul style="list-style-type: none"> <li>• Case metal framework with resin denture bases.</li> <li>• Including any conventional clasps, rests and teeth.</li> <li>• 1 replacement per 5 years if medically necessary. 1 lost pair replacement per lifetime.</li> </ul>	Fee Sched	\$612.00	N	18	999
D5214	EP	DENTURES MANDIBLAR PARTIAL METAL <ul style="list-style-type: none"> <li>• Case metal framework with resin denture bases.</li> <li>• Including any conventional clasps, rests and teeth.</li> <li>• 1 replacement per 5 years if medically necessary. 1 lost pair replacement per lifetime.</li> </ul>	Fee Sched	\$795.60	N	0	17
D5410		DENTURES ADJUST COMPLETE MAXILLARY <ul style="list-style-type: none"> <li>• The first 3 adjustments after dentures are placed are included in the denture price.</li> <li>• Any additional or yearly adjustments can be billed using this code.</li> </ul>	Fee Sched	\$24.48	N	18	999
D5410	EP	DENTURES ADJUST COMPLETE MAXILLARY <ul style="list-style-type: none"> <li>• The first 3 adjustments after dentures are placed are included in the denture price.</li> <li>• Any additional or yearly adjustments can be billed using this code.</li> </ul>	Fee Sched	\$31.82	N	0	17
D5411		DENTURES ADJUST COMPLETE MANDIBULAR <ul style="list-style-type: none"> <li>• The first 3 adjustments after dentures are placed are included in the denture price.</li> <li>• Any additional or yearly adjustments can be billed using this code.</li> </ul>	Fee Sched	\$24.48	N	18	999
D5411	EP	DENTURES ADJUST COMPLETE MANDIBULAR <ul style="list-style-type: none"> <li>• The first 3 adjustments after dentures are placed are included in the denture price.</li> <li>• Any additional or yearly adjustments can be billed using this code.</li> </ul>	Fee Sched	\$31.82	N	0	17

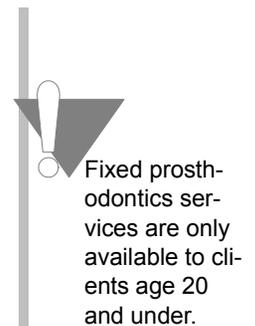
<b>Prosthodontics - Removable (continued)</b>							
<b>Adult Code</b>	<b>Child Code</b>	<b>Description</b>	<b>Fee Method</b>	<b>Fees</b>	<b>PA</b>	<b>Min Age</b>	<b>Max Age</b>
D5421		DENTURES ADJUSTMENT PARTIAL MAXILLARY • The first 3 adjustments after dentures are placed are included in the denture price. • Any additional or yearly adjustments can be billed using this code.	Fee Sched	\$24.48	N	18	999
D5421	EP	DENTURES ADJUSTMENT PARTIAL MAXILLARY • The first 3 adjustments after dentures are placed are included in the denture price. • Any additional or yearly adjustments can be billed using this code.	Fee Sched	\$31.82	N	0	17
D5422		DENTURES ADJUSTMNT PARTIAL MANDIBULAR • The first 3 adjustments after dentures are placed are included in the denture price. • Any additional or yearly adjustments can be billed using this code.	Fee Sched	\$24.48	N	18	999
D5422	EP	DENTURES ADJUSTMNT PARTIAL MANDIBULAR • The first 3 adjustments after dentures are placed are included in the denture price. • Any additional or yearly adjustments can be billed using this code.	Fee Sched	\$31.82	N	0	17
D5510		DENTURE REPAIR BROKEN COMPLETE BASE	Fee Sched	\$61.20	N	18	999
D5510	EP	DENTURE REPAIR BROKEN COMPLETE BASE	Fee Sched	\$79.56	N	0	17
D5520		REPLACE DENTURE TEETH COMPLETE • Replace missing or broken teeth-complete denture (each tooth). • Each additional tooth needs to be billed on separate lines with the tooth number indicated in the tooth number column.	Fee Sched	\$40.80	N	18	999
D5520	EP	REPLACE DENTURE TEETH COMPLETE • Replace missing or broken teeth-complete denture (each tooth). • Each additional tooth needs to be billed on separate lines with the tooth number indicated in the tooth number column.	Fee Sched	\$53.04	N	0	17
D5610		DENTURES REPAIR RESIN BASE • Repair resin saddle or base. • No teeth or metal involved.	Fee Sched	\$61.20	N	18	999
D5610	EP	DENTURES REPAIR RESIN BASE • Repair resin saddle or base.	Fee Sched	\$79.56	N	0	17
D5620		REPAIR PARTIAL DENTURE CAST FRAME	Fee Sched	\$83.64	N	18	999
D5620	EP	REPAIR PARTIAL DENTURE CAST FRAME	Fee Sched	\$108.73	N	0	17
D5630		REPAIR PARTIAL DENTURE CLASP	Fee Sched	\$75.48	N	18	999
D5630	EP	REPAIR PARTIAL DENTURE CLASP	Fee Sched	\$98.12	N	0	17
D5640		REPLACE PARTIAL DENTURE TEETH	Fee Sched	\$61.20	N	18	999
D5640	EP	REPLACE PARTIAL DENTURE TEETH	Fee Sched	\$79.56	N	0	17
D5650		ADD TOOTH TO PARTIAL DENTURE	Fee Sched	\$61.20	N	18	999

<b>Prosthodontics - Removable (continued)</b>							
<b>Adult Code</b>	<b>Child Code</b>	<b>Description</b>	<b>Fee Method</b>	<b>Fees</b>	<b>PA</b>	<b>Min Age</b>	<b>Max Age</b>
D5650	EP	ADD TOOTH TO PARTIAL DENTURE	Fee Sched	\$79.56	N	0	17
D5660		ADD CLASP TO PARTIAL DENTURE	Fee Sched	\$102.00	N	18	999
D5660	EP	ADD CLASP TO PARTIAL DENTURE	Fee Sched	\$132.60	N	0	17
D5710		DENTURES REBASE COMPLETE MAXILLARY • Rebase complete upper denture (jump or duplicate). • Dentures must be 5 years old or older.	Fee Sched	\$204.00	N	18	999
D5710	EP	DENTURES REBASE COMPLETE MAXILLARY • Rebase complete upper denture (jump or duplicate). • Dentures must be 5 years old or older.	Fee Sched	\$265.20	N	0	17
D5711		DENTURES REBASE COMPLETE MANDIBULAR • Rebase complete lower denture (jump or duplicate). • Dentures must be 5 years old or older.	Fee Sched	\$204.00	N	18	999
D5711	EP	DENTURES REBASE COMPLETE MANDIBULAR • Rebase complete lower denture (jump or duplicate). • Dentures must be 5 years old or older.	Fee Sched	\$265.20	N	0	17
D5720		DENTURES REBASE PARTIAL MAXILLARY • Rebase upper partial denture (jump or duplicate). • Dentures must be 5 years old or older.	Fee Sched	\$163.20	N	18	999
D5720	EP	DENTURES REBASE PARTIAL MAXILLARY • Rebase upper partial denture (jump or duplicate). • Dentures must be 5 years old or older.	Fee Sched	\$212.16	N	0	17
D5721		DENTURES REBASE PARTIAL MANDIBULAR • Rebase lower partial denture (jump or duplicate). • Dentures must be 5 years old or older.	Fee Sched	\$163.20	N	18	999
D5721	EP	DENTURES REBASE PARTIAL MANDIBULAR • Rebase lower partial denture (jump or duplicate). • Dentures must be 5 years old or older.	Fee Sched	\$212.16	N	0	17
D5730		DENTURE RELINE COMPLETE MAXILLARY CHAIRSIDE	Fee Sched	\$122.40	N	18	999
D5730	EP	DENTURE RELINE COMPLETE MAXILLARY CHAIRSIDE	Fee Sched	\$159.12	N	0	17
D5731		DENTURE RELINE COMPLETE MANDIBULAR CHAIRSIDE	Fee Sched	\$122.40	N	18	999
D5731	EP	DENTURE RELINE COMPLT MANDIB CHAIRSIDE	Fee Sched	\$159.12	N	0	17
D5740		DENTURE RELN PART MAXILLARY CHAIRSIDE	Fee Sched	\$102.00	N	18	999
D5740	EP	DENTURE RELN PART MAXILLARY CHAIRSIDE	Fee Sched	\$132.60	N	0	17
D5741		DENTURE RELN PART MANDIBULAR CHAIRSIDE	Fee Sched	\$102.00	N	18	999
D5741	EP	DENTURE RELN PART MANDIBULAR CHAIRSIDE	Fee Sched	\$132.60	N	0	17
D5750		DENTURE RELINE COMPLETE MAXILLARY LAB	Fee Sched	\$163.20	N	18	999
D5750	EP	DENTURE RELINE COMPLETE MAXILLARY LAB	Fee Sched	\$212.16	N	0	17
D5751		DENTURE RELINE COMPLET MANDIBULAR LAB	Fee Sched	\$163.20	N	18	999
D5751	EP	DENTURE RELINE COMPLETE MANDIBULAR LAB	Fee Sched	\$212.16	N	0	17

Prosthodontics - Removable (continued)							
Adult Code	Child Code	Description	Fee Method	Fees	PA	Min Age	Max Age
D5760		DENTURE RELINE PARTIAL MAXILLARY LAB	Fee Sched	\$163.20	N	18	999
D5760	EP	DENTURE RELINE PARTIAL MAXILLARY LAB	Fee Sched	\$212.16	N	0	17
D5761		DENTURE RELINE PARTIAL MANDIBULAR LAB	Fee Sched	\$163.20	N	18	999
D5761	EP	DENTURE RELINE PARTIAL MANDIBULAR LAB	Fee Sched	\$212.16	N	0	17
D5820		DENTURE INTERM PARTIAL MAXILLARY • Use of a flipper is considered a partial denture. • Partial dentures will only be replaced 1 time every 5 years.	Fee Sched	\$204.00	N	18	20
D5820	EP	DENTURE INTERM PARTIAL MAXILLARY • Use of a flipper is considered a partial denture. • Partial dentures will only be replaced 1 time every 5 years.	Fee Sched	\$265.20	N	0	17
D5821		DENTURE INTERM PARTIAL MANDIBULAR • Use of a flipper is considered a partial denture. • Partial dentures will only be replaced 1 time every 5 years.	Fee Sched	\$204.00	N	18	20
D5821	EP	DENTURE INTERM PARTIAL MANDIBULAR Use of a flipper is considered a partial denture. Partial dentures will only be replaced 1 time every 5 years.	Fee Sched	\$265.20	N	0	17
D5850		TISSUE RECONDITIONING MAXILLARY	Fee Sched	\$53.04	N	18	999
D5850	EP	TISSUE RECONDITIONING MAXILLARY	Fee Sched	\$68.95	N	0	17
D5851		TISSUE RECONDITIONING MANDIBULAR	Fee Sched	\$53.04	N	18	999
D5851	EP	TISSUE RECONDITIONING MANDIBULAR	Fee Sched	\$68.95	N	0	17
D5899		REMOVABLE PROSTHODONTIC PROCEDURE	By Report	\$0.00	N	18	999
D5899	EP	REMOVABLE PROSTHODONTIC PROCEDURE	By Report	\$0.00	N	0	17

### 7. Prosthodontics, fixed

These services are only available to clients age 20 and under. Tooth colored, fixed partial denture pontics are only available for anterior teeth (6-11 and 22-27). Fixed partial denture pontics are not allowed for posterior teeth unless used to replace an anterior tooth. As an example, if tooth number 6 is missing, the fixed denture pontic will cover teeth numbers 5 – 7. In this example, tooth number 5 can be tooth colored. In cases where a posterior tooth is to be replaced, a partial denture must be used. Please review item number 6, *Prosthodontics, removable* for information regarding partial dentures. Fixed partial denture pontics are limited to one every tooth, every five years.



<b>Denture Pontics</b>							
<b>Adult Code</b>	<b>Child Code</b>	<b>Description</b>	<b>Fee Method</b>	<b>Fees</b>	<b>PA</b>	<b>Min Age</b>	<b>Max Age</b>
D6210		PROSTHODONTICS HIGH NOBLE METAL • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27). See 7. Prosthodontics – Fixed for additional limits.	Fee Sched	\$408.00	N	18	20
D6210	EP	PROSTHODONTICS HIGH NOBLE METAL • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27). See 7. Prosthodontics – Fixed for additional limits.	Fee Sched	\$530.40	N	0	17
D6211		BRIDGE BASE METAL CAST • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27). See 7. Prosthodontics – Fixed for additional limits.	Fee Sched	\$285.60	N	18	20
D6211	EP	BRIDGE BASE METAL CAST • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27). See 7. Prosthodontics – Fixed for additional limits.	Fee Sched	\$371.28	N	0	17
D6212		BRIDGE NOBLE METAL CAST • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27). See 7. Prosthodontics – Fixed for additional limits.	Fee Sched	\$326.40	N	18	20
D6212	EP	BRIDGE NOBLE METAL CAST • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27). See 7. Prosthodontics – Fixed for additional limits.	Fee Sched	\$424.32	N	0	17
D6240		BRIDGE PORCELAIN HIGH NOBLE • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27). See 7. Prosthodontics – Fixed for additional limits.	Fee Sched	\$448.80	N	18	20
D6240	EP	BRIDGE PORCELAIN HIGH NOBLE • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27). See 7. Prosthodontics – Fixed for additional limits.	Fee Sched	\$583.44	N	0	17
D6241		BRIDGE PORCELAIN BASE METAL • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27). See 7. Prosthodontics – Fixed for additional limits.	Fee Sched	\$367.20	N	18	20
D6241	EP	BRIDGE PORCELAIN BASE METAL • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27). See 7. Prosthodontics – Fixed for additional limits.	Fee Sched	\$477.36	N	0	17
D6242		BRIDGE PORCELAIN BASE METAL • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27). See 7. Prosthodontics – Fixed for additional limits.	Fee Sched	\$408.00	N	18	20

<b>Denture Pontics (continued)</b>							
<b>Adult Code</b>	<b>Child Code</b>	<b>Description</b>	<b>Fee Method</b>	<b>Fees</b>	<b>PA</b>	<b>Min Age</b>	<b>Max Age</b>
D6242	EP	BRIDGE PORCELAIN BASE METAL <ul style="list-style-type: none"> <li>• Only available to clients aged 20 and under.</li> <li>• Limited to anterior teeth (6-11 and 22-27). See 7. Prosthodontics – Fixed for additional limits.</li> </ul>	Fee Sched	\$530.40	N	0	17
D6245		BRIDGE PORCELAIN/CERAMIC <ul style="list-style-type: none"> <li>• Only available to clients aged 20 and under.</li> <li>• Limited to anterior teeth (6-11 and 22-27). See 7. Prosthodontics – Fixed for additional limits.</li> </ul>	Fee Sched	\$308.04	N	18	20
D6245	EP	BRIDGE PORCELAIN/CERAMIC <ul style="list-style-type: none"> <li>• Only available to clients aged 20 and under.</li> <li>• Limited to anterior teeth (6-11 and 22-27). See 7. Prosthodontics – Fixed for additional limits.</li> </ul>	Fee Sched	\$400.45	N	0	17
D6250		BRIDGE RESIN W/HIGH NOBLE METAL <ul style="list-style-type: none"> <li>• Only available to clients aged 20 and under.</li> <li>• Limited to anterior teeth (6-11 and 22-27). See 7. Prosthodontics – Fixed for additional limits.</li> </ul>	Fee Sched	\$408.00	N	18	20
D6250	EP	BRIDGE RESIN W/HIGH NOBLE METAL <ul style="list-style-type: none"> <li>• Only available to clients aged 20 and under.</li> <li>• Limited to anterior teeth (6-11 and 22-27). See 7. Prosthodontics – Fixed for additional limits.</li> </ul>	Fee Sched	\$530.40	N	0	17
D6251		BRIDGE RESIN BASE METAL <ul style="list-style-type: none"> <li>• Only available to clients aged 20 and under.</li> <li>• Limited to anterior teeth (6-11 and 22-27). See 7. Prosthodontics – Fixed for additional limits.</li> </ul>	Fee Sched	\$285.60	N	18	20
D6251	EP	BRIDGE RESIN BASE METAL <ul style="list-style-type: none"> <li>• Only available to clients aged 20 and under.</li> <li>• Limited to anterior teeth (6-11 and 22-27). See 7. Prosthodontics – Fixed for additional limits.</li> </ul>	Fee Sched	\$371.28	N	0	17
D6252		BRIDGE RESIN W/NOBLE METAL <ul style="list-style-type: none"> <li>• Only available to clients aged 20 and under.</li> <li>• Limited to anterior teeth (6-11 and 22-27). See 7. Prosthodontics – Fixed for additional limits.</li> </ul>	Fee Sched	\$367.20	N	18	20
D6252	EP	BRIDGE RESIN W/NOBLE METAL <ul style="list-style-type: none"> <li>• Only available to clients aged 20 and under.</li> <li>• Limited to anterior teeth (6-11 and 22-27). See 7. Prosthodontics – Fixed for additional limits.</li> </ul>	Fee Sched	\$477.36	N	0	17

<b>Crowns</b>							
<b>Adult Code</b>	<b>Child Code</b>	<b>Description</b>	<b>Fee Method</b>	<b>Fees</b>	<b>PA</b>	<b>Min Age</b>	<b>Max Age</b>
D6720		RETAIN CROWN RESIN W HIGH NOBLE METAL <ul style="list-style-type: none"> <li>• Only available to clients aged 20 and under.</li> <li>• Limited to anterior teeth (6-11 and 22-27) except when necessary for partial denture abutments.</li> <li>• 1 per tooth every 5 years.</li> </ul>	Fee Sched	\$408.00	N	18	20
D6720	EP	RETAIN CROWN RESIN W HIGH NOBLE METAL <ul style="list-style-type: none"> <li>• Only available to clients aged 20 and under.</li> <li>• Limited to anterior teeth (6-11 and 22-27) except when necessary for partial denture abutments.</li> <li>• 1 per tooth every 5 years.</li> </ul>	Fee Sched	\$530.40	N	0	17
D6721		CROWN RESIN W/BASE METAL <ul style="list-style-type: none"> <li>• Only available to clients aged 20 and under.</li> <li>• Limited to anterior teeth (6-11 and 22-27) except when necessary for partial denture abutments.</li> <li>• 1 per tooth every 5 years.</li> </ul>	Fee Sched	\$306.00	N	18	20
D6721	EP	CROWN RESIN W/BASE METAL <ul style="list-style-type: none"> <li>• Only available to clients aged 20 and under.</li> <li>• Limited to anterior teeth (6-11 and 22-27) except when necessary for partial denture abutments.</li> <li>• 1 per tooth every 5 years.</li> </ul>	Fee Sched	\$397.80	N	0	17
D6722		CROWN RESIN W/NOBLE METAL <ul style="list-style-type: none"> <li>• Only available to clients aged 20 and under.</li> <li>• Limited to anterior teeth (6-11 and 22-27) except when necessary for partial denture abutments.</li> <li>• 1 per tooth every 5 years.</li> </ul>	Fee Sched	\$346.80	N	18	20
D6722	EP	CROWN RESIN W/NOBLE METAL <ul style="list-style-type: none"> <li>• Only available to clients aged 20 and under.</li> <li>• Limited to anterior teeth (6-11 and 22-27) except when necessary for partial denture abutments.</li> <li>• 1 per tooth every 5 years.</li> </ul>	Fee Sched	\$450.84	N	0	17
D6740		CROWN PORCELAIN/CERAMIC <ul style="list-style-type: none"> <li>• Only available to clients aged 20 and under.</li> <li>• Limited to anterior teeth (6-11 and 22-27) except when necessary for partial denture abutments.</li> <li>• 1 per tooth every 5 years.</li> </ul>	Fee Sched	\$326.40	N	18	20
D6740	EP	CROWN PORCELAIN/CERAMIC <ul style="list-style-type: none"> <li>• Only available to clients aged 20 and under.</li> <li>• Limited to anterior teeth (6-11 and 22-27) except when necessary for partial denture abutments.</li> <li>• 1 per tooth every 5 years.</li> </ul>	Fee Sched	\$424.32	N	0	17
D6750		CROWN PORCELAIN HIGH NOBLE METAL <ul style="list-style-type: none"> <li>• Only available to clients aged 20 and under.</li> <li>• Limited to anterior teeth (6-11 and 22-27) except when necessary for partial denture abutments.</li> <li>• 1 per tooth every 5 years.</li> </ul>	Fee Sched	\$489.60	N	18	20

<b>Crowns (continued)</b>							
<b>Adult Code</b>	<b>Child Code</b>	<b>Description</b>	<b>Fee Method</b>	<b>Fees</b>	<b>PA</b>	<b>Min Age</b>	<b>Max Age</b>
D6750	EP	CROWN PORCELAIN HIGH NOBLE METAL <ul style="list-style-type: none"> <li>• Only available to clients aged 20 and under.</li> <li>• Limited to anterior teeth (6-11 and 22-27) except when necessary for partial denture abutments.</li> <li>• 1 per tooth every 5 years.</li> </ul>	Fee Sched	\$636.48	N	0	17
D6751		CROWN PORCELAIN BASE METAL <ul style="list-style-type: none"> <li>• Only available to clients aged 20 and under.</li> <li>• Limited to anterior teeth (6-11 and 22-27) except when necessary for partial denture abutments.</li> <li>• 1 per tooth every 5 years.</li> </ul>	Fee Sched	\$326.40	N	18	20
D6751	EP	CROWN PORCELAIN BASE METAL <ul style="list-style-type: none"> <li>• Only available to clients aged 20 and under.</li> <li>• Limited to anterior teeth (6-11 and 22-27) except when necessary for partial denture abutments.</li> <li>• 1 per tooth every 5 years.</li> </ul>	Fee Sched	\$424.32	N	0	17
D6752		CROWN PORCELAIN NOBLE METAL <ul style="list-style-type: none"> <li>• Only available to clients aged 20 and under.</li> <li>• Limited to anterior teeth (6-11 and 22-27) except when necessary for partial denture abutments.</li> <li>• 1 per tooth every 5 years.</li> </ul>	Fee Sched	\$408.00	N	18	20
D6752	EP	CROWN PORCELAIN NOBLE METAL <ul style="list-style-type: none"> <li>• Only available to clients aged 20 and under.</li> <li>• Limited to anterior teeth (6-11 and 22-27) except when necessary for partial denture abutments.</li> <li>• 1 per tooth every 5 years.</li> </ul>	Fee Sched	\$530.40	N	0	17
D6780		CROWN 3/4 HIGH NOBLE METAL <ul style="list-style-type: none"> <li>• Only available to clients aged 20 and under.</li> <li>• Limited to anterior teeth (6-11 and 22-27) except when necessary for partial denture abutments.</li> <li>• 1 per tooth every 5 years.</li> </ul>	Fee Sched	\$387.60	N	18	20
D6780	EP	CROWN 3/4 HIGH NOBLE METAL <ul style="list-style-type: none"> <li>• Only available to clients aged 20 and under.</li> <li>• Limited to anterior teeth (6-11 and 22-27) except when necessary for partial denture abutments.</li> <li>• 1 per tooth every 5 years.</li> </ul>	Fee Sched	\$503.88	N	0	17
D6781		CROWN 3/4 CAST BASED METAL <ul style="list-style-type: none"> <li>• Only available to clients aged 20 and under.</li> <li>• Limited to anterior teeth (6-11 and 22-27) except when necessary for partial denture abutments.</li> <li>• 1 per tooth every 5 years.</li> </ul>	Fee Sched	\$318.24	N	18	20
D6781	EP	CROWN 3/4 CAST BASED METAL <ul style="list-style-type: none"> <li>• Only available to clients aged 20 and under.</li> <li>• Limited to anterior teeth (6-11 and 22-27) except when necessary for partial denture abutments.</li> <li>• 1 per tooth every 5 years.</li> </ul>	Fee Sched	\$413.71	N	0	17

<b>Crowns (continued)</b>							
<b>Adult Code</b>	<b>Child Code</b>	<b>Description</b>	<b>Fee Method</b>	<b>Fees</b>	<b>PA</b>	<b>Min Age</b>	<b>Max Age</b>
D6782		CROWN 3/4 CAST NOBLE METAL <ul style="list-style-type: none"> <li>• Only available to clients aged 20 and under.</li> <li>• Limited to anterior teeth (6-11 and 22-27) except when necessary for partial denture abutments.</li> <li>• 1 per tooth every 5 years.</li> </ul>	Fee Sched	\$320.28	N	18	20
D6782	EP	CROWN 3/4 CAST NOBLE METAL <ul style="list-style-type: none"> <li>• Only available to clients aged 20 and under.</li> <li>• Limited to anterior teeth (6-11 and 22-27) except when necessary for partial denture abutments.</li> <li>• 1 per tooth every 5 years.</li> </ul>	Fee Sched	\$416.36	N	0	17
D6783		CROWN 3/4 PORCELAIN/CERAMIC <ul style="list-style-type: none"> <li>• Only available to clients aged 20 and under.</li> <li>• Limited to anterior teeth (6-11 and 22-27) except when necessary for partial denture abutments.</li> <li>• 1 per tooth every 5 years.</li> </ul>	Fee Sched	\$322.32	N	18	20
D6783	EP	CROWN 3/4 PORCELAIN/CERAMIC <ul style="list-style-type: none"> <li>• Only available to clients aged 20 and under.</li> <li>• Limited to anterior teeth (6-11 and 22-27) except when necessary for partial denture abutments.</li> <li>• 1 per tooth every 5 years.</li> </ul>	Fee Sched	\$419.02	N	0	17
D6790		CROWN FULL HIGH NOBLE METAL <ul style="list-style-type: none"> <li>• Only available to clients aged 20 and under.</li> <li>• Limited to anterior teeth (6-11 and 22-27) except when necessary for partial denture abutments.</li> <li>• 1 per tooth every 5 years.</li> </ul>	Fee Sched	\$387.60	N	18	20
D6790	EP	CROWN FULL HIGH NOBLE METAL <ul style="list-style-type: none"> <li>• Only available to clients aged 20 and under.</li> <li>• Limited to anterior teeth (6-11 and 22-27) except when necessary for partial denture abutments.</li> <li>• 1 per tooth every 5 years.</li> </ul>	Fee Sched	\$503.88	N	0	17
D6791		CROWN FULL BASE METAL CAST <ul style="list-style-type: none"> <li>• Only available to clients aged 20 and under.</li> <li>• Limited to anterior teeth (6-11 and 22-27) except when necessary for partial denture abutments.</li> <li>• 1 per tooth every 5 years.</li> </ul>	Fee Sched	\$285.60	N	18	20
D6791	EP	CROWN FULL BASE METAL CAST <ul style="list-style-type: none"> <li>• Only available to clients aged 20 and under.</li> <li>• Limited to anterior teeth (6-11 and 22-27) except when necessary for partial denture abutments.</li> <li>• 1 per tooth every 5 years.</li> </ul>	Fee Sched	\$371.28	N	0	17
D6792		CROWN FULL NOBLE METAL CAST <ul style="list-style-type: none"> <li>• Only available to clients aged 20 and under.</li> <li>• Limited to anterior teeth (6-11 and 22-27) except when necessary for partial denture abutments.</li> <li>• 1 per tooth every 5 years.</li> </ul>	Fee Sched	\$346.80	N	18	20
D6792	EP	CROWN FULL NOBLE METAL CAST <ul style="list-style-type: none"> <li>• Only available to clients aged 20 and under.</li> <li>• Limited to anterior teeth (6-11 and 22-27) except when necessary for partial denture abutments.</li> <li>• 1 per tooth every 5 years.</li> </ul>	Fee Sched	\$450.84	N	0	17

Other Fixed Partial Denture Services							
Adult Code	Child Code	Description	Fee Method	Fees	PA	Min Age	Max Age
D6930		DENTAL RECEMENT BRIDGE	Fee Sched	\$40.80	N	18	20
D6930	EP	DENTAL RECEMENT BRIDGE	Fee Sched	\$53.04	N	0	17
D6950		PRECISION ATTACHMENT	Fee Sched	\$163.20	N	18	999
D6950	EP	PRECISION ATTACHMENT	Fee Sched	\$212.16	N	0	17
D6980		BRIDGE REPAIR	Fee Sched	\$106.08	N	18	20
D6980	EP	BRIDGE REPAIR	Fee Sched	\$137.90	N	0	17

### 8. Oral surgery

Impacted third molars or supernumerary teeth are covered only when they are symptomatic; that is, causing pain, infected, preventing proper alignment of permanent teeth or proper development of the arch.

Providers may use CPT-4 procedure codes for **medical** services provided in accordance of practice permitted under state licensure laws and other mandatory standards applicable to the provider. Medical services are those that involve the structure of the mouth (i.e. jaw bone). Any services involving the tooth, are considered **dental** services. Medical services can be billed on an ADA form as long as the services were provided in an office. If the procedures were done in a hospital or nursing facility setting, they must be billed on the CMS-1500 (formerly HCFA-1500) claim form with valid CPT-4 procedure codes and valid ICD-9-CM diagnosis codes. Providers who frequently bill for medical services should obtain a copy of the *Physician Related Services* manual. This manual is available on the Provider Information web site (see *Key Contacts*).

These procedures will be reimbursed through the resource based relative value scale (RBRVS) fee schedule. All CPT-4 codes billed will comply with rules as set forth in the Administrative Rules of Montana (ARM) for physicians. General anesthesia is listed in the CPT-4 procedures codes and must be billed using a CMS-1500 (formerly HCFA-1500) claim form.



Surgical extractions include local anesthesia and routine postoperative care.

<b>Extractions and Surgery</b>							
<b>Adult Code</b>	<b>Child Code</b>	<b>Description</b>	<b>Fee Method</b>	<b>Fees</b>	<b>PA</b>	<b>Min Age</b>	<b>Max Age</b>
D7111		CORONAL REMNANTS DECIDUOUS TOOTH	Fee Sched	\$40.80	N	18	999
D7111	EP	CORONAL REMNANTS DECIDUOUS TOOTH	Fee Sched	\$53.04	N	0	17
D7140		EXTRACTION ERUPTED TOOTH/EXTRACTION <ul style="list-style-type: none"> <li>• Extraction, erupted tooth or exposed root.</li> <li>• Includes local anesthesia, suturing, if needed, and routine postoperative care.</li> </ul>	Fee Sched	\$44.88	N	18	999
D7140	EP	EXTRACTION ERUPTED TOOTH/EXTRACTION <ul style="list-style-type: none"> <li>• Extraction, erupted tooth or exposed root.</li> <li>• Includes local anesthesia, suturing, if needed, and routine postoperative care.</li> </ul>	Fee Sched	\$58.34	N	0	17
D7210		SURGICAL REMOVAL ERUPTED TOOTH <ul style="list-style-type: none"> <li>• Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth.</li> <li>• Includes cutting of gingival and bone, removal of tooth structure, and closure.</li> </ul>	Fee Sched	\$81.60	N	18	999
D7210	EP	SURGICAL REMOVAL ERUPTED TOOTH <ul style="list-style-type: none"> <li>• Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth.</li> <li>• Includes cutting of gingival and bone, removal of tooth structure, and closure.</li> </ul>	Fee Sched	\$106.08	N	0	17
D7220		IMPACT TOOTH REMOVAL SOFT TISSUE <ul style="list-style-type: none"> <li>• Removal of impacted tooth-soft tissue.</li> <li>• Occlusal surface of tooth covered by soft tissue; requires mucoperiosteal flap elevation.</li> </ul>	Fee Sched	\$93.84	N	18	999
D7220	EP	IMPACT TOOTH REMOVAL SOFT TISSUE <ul style="list-style-type: none"> <li>• Removal of impacted tooth-soft tissue.</li> <li>• Occlusal surface of tooth covered by soft tissue; requires mucoperiosteal flap elevation.</li> </ul>	Fee Sched	\$121.99	N	0	17
D7230		IMPACT TOOTH REMOVE PARTIALLY BONY <ul style="list-style-type: none"> <li>• Removal of impacted tooth-partially bony (crown of tooth is partially covered by bone).</li> <li>• Part of crown covered by bone; requires mucoperiosteal flap elevation and bone removal.</li> </ul>	Fee Sched	\$122.40	N	18	999
D7230	EP	IMPACT TOOTH REMOVE PARTIALLY BONY <ul style="list-style-type: none"> <li>• Removal of impacted tooth-partially bony (crown of tooth is partially covered by bone).</li> <li>• Part of crown covered by bone; requires mucoperiosteal flap elevation and bone removal.</li> </ul>	Fee Sched	\$159.12	N	0	17
D7240		IMPACT TOOTH REMOVE COMPLETELY BONY <ul style="list-style-type: none"> <li>• Removal of impacted tooth-completely bony (crown of tooth is completely covered by bone).</li> <li>• Most or all of crown covered by bone; requires mucoperiosteal flap elevation and bone removal.</li> </ul>	Fee Sched	\$146.88	N	18	999

<b>Extractions and Surgery (continued)</b>							
<b>Adult Code</b>	<b>Child Code</b>	<b>Description</b>	<b>Fee Method</b>	<b>Fees</b>	<b>PA</b>	<b>Min Age</b>	<b>Max Age</b>
D7240	EP	IMPACT TOOTH REMOVE COMPLETELY BONY <ul style="list-style-type: none"> <li>• Removal of impacted tooth-completely bony (crown of tooth is completely covered by bone).</li> <li>• Most or all of crown covered by bone; requires muco-periosteal flap elevation and bone removal.</li> </ul>	Fee Sched	\$190.94	N	0	17
D7241		IMPACT TOOTH REM W/COMPLICATIONS	Fee Sched	\$204.00	N	18	999
D7241	EP	IMPACT TOOTH REM W/COMPLICATIONS	Fee Sched	\$265.20	N	0	17
D7250		TOOTH ROOT REMOVAL <ul style="list-style-type: none"> <li>• Surgical removal of residual tooth roots (cutting procedure).</li> <li>• Includes cutting of soft tissue and bone, removal of tooth structure and closure.</li> </ul>	Fee Sched	\$81.60	N	18	999
D7250	EP	TOOTH ROOT REMOVAL <ul style="list-style-type: none"> <li>• Surgical removal of residual tooth roots (cutting procedure).</li> <li>• Includes cutting of soft tissue and bone, removal of tooth structure and closure.</li> </ul>	Fee Sched	\$106.08	N	0	17
D7270		TOOTH REIMPLANTATION	Fee Sched	\$146.88	N	18	999
D7270	EP	TOOTH REIMPLANTATION	Fee Sched	\$190.94	N	0	17
D7280		SURGICAL UNERUPTED TOOTH	Fee Sched	\$122.40	N	18	999
D7280	EP	SURGICAL UNERUPTED TOOTH	Fee Sched	\$159.12	N	0	17
D7281		EXPOSURE TOOTH AID ERUPTION	Fee Sched	\$81.60	N	18	999
D7281	EP	EXPOSURE TOOTH AID ERUPTION	Fee Sched	\$106.08	N	0	17
D7282		MOBILIZE ERUPTED/MALPOSITIONED TOOTH	Fee Sched	\$40.80	N	18	999
D7282	EP	MOBILIZE ERUPTED/MALPOSITIONED TOOTH	Fee Sched	\$53.04	N	0	17
D7310		ALVEOPLASTY W/ EXTRACTION <ul style="list-style-type: none"> <li>• Alveoplasty in conjunction with extractions – per quadrant.</li> <li>• Per quadrant, should be listed in the “Tooth Number” column as follows:  LL – Lower Left  UL – Upper Left  LR – Lower Right  UP – Upper Right</li> </ul>	Fee Sched	\$85.68	N	18	999
D7310	EP	ALVEOPLASTY W/ EXTRACTION <ul style="list-style-type: none"> <li>• Alveoplasty in conjunction with extractions – per quadrant.</li> <li>• Per quadrant, should be listed in the “Tooth Number” column as follows:  LL – Lower Left  UL – Upper Left  LR – Lower Right  UP – Upper Right</li> </ul>	Fee Sched	\$111.38	N	0	17

<b>Extractions and Surgery (continued)</b>							
<b>Adult Code</b>	<b>Child Code</b>	<b>Description</b>	<b>Fee Method</b>	<b>Fees</b>	<b>PA</b>	<b>Min Age</b>	<b>Max Age</b>
D7320		ALVEOPLASTY W/O EXTRACTION <ul style="list-style-type: none"> <li>• Alveoloplasty not in conjunction with extractions – per quadrant.</li> <li>• Per quadrant, should be listed in the “Tooth Number” column as follows:            LL – Lower Left            UL – Upper Left            LR – Lower Right            UP – Upper Right</li> </ul>	Fee Sched	\$108.12	N	18	999
D7320	EP	ALVEOPLASTY W/O EXTRACTION <ul style="list-style-type: none"> <li>• Alveoloplasty not in conjunction with extractions – per quadrant.</li> <li>• Per quadrant, should be listed in the “Tooth Number” column as follows:            LL – Lower Left            UL – Upper Left            LR – Lower Right            UP – Upper Right</li> </ul>	Fee Sched	\$140.56	N	0	17
D7510		I&D ABSC INTRAORAL SOFT TISSUE	Fee Sched	\$55.08	N	18	999
D7510	EP	I&D ABSC INTRAORAL SOFT TISSUE	Fee Sched	\$71.60	N	0	17
D7520		I&D ABSCESS EXTRAORAL	Fee Sched	\$122.40	N	18	999
D7520	EP	I&D ABSCESS EXTRAORAL	Fee Sched	\$159.12	N	0	17
D7540		REMOVAL OF FOREIGN BODIES REACTION <ul style="list-style-type: none"> <li>• Removal of reaction-producing foreign bodies – musculoskeletal system.</li> <li>• May include, but not limited to, removal of splinters, pieces of wire etc., from muscle and/or bone.</li> </ul>	Fee Sched	\$122.40	N	18	999
D7540	EP	REMOVAL OF FOREIGN BODIES REACTION <ul style="list-style-type: none"> <li>• Removal of reaction-producing foreign bodies – musculoskeletal system.</li> <li>• May include, but not limited to, removal of splinters, pieces of wire etc., from muscle and/or bone.</li> </ul>	Fee Sched	\$159.12	N	0	17
D7550		REMOVAL OF SLOUGHED OFF BONE <ul style="list-style-type: none"> <li>• Sequestrectomy for Osteomyelitis</li> <li>• Removal of loose or sloughed-off dead bone caused by infection or reduced blood supply.</li> </ul>	Fee Sched	\$142.80	N	18	999
D7550	EP	REMOVAL OF SLOUGHED OFF BONE <ul style="list-style-type: none"> <li>• Sequestrectomy for Osteomyelitis.</li> <li>• Removal of loose or sloughed-off dead bone caused by infection or reduced blood supply.</li> </ul>	Fee Sched	\$185.64	N	0	17
D7560		MAXILLARY SINUSOTOMY	Fee Sched	\$265.20	N	18	999
D7560	EP	MAXILLARY SINUSOTOMY	Fee Sched	\$344.76	N	0	17

<b>Repair of Traumatic Wounds</b>							
<b>Adult Code</b>	<b>Child Code</b>	<b>Description</b>	<b>Fee Method</b>	<b>Fees</b>	<b>PA</b>	<b>Min Age</b>	<b>Max Age</b>
D7910		DENTAL SUTURE RECENT WOUNDS TO 5CM	Fee Sched	\$281.52	N	18	999
D7910	EP	DENTAL SUTURE RECENT WOUNDS TO 5CM	Fee Sched	\$365.98	N	0	17
D7970		EXCISION HYPERPLASTIC TISSUE • Excision of hyperplastic tissue, per arch. • For edentulous client.	Fee Sched	\$979.20	N	18	20
D7970	EP	EXCISION HYPERPLASTIC TISSUE	Fee Sched	\$1,272.96	N	0	17

<b>Complicated Suturing</b>							
<b>Adult Code</b>	<b>Child Code</b>	<b>Description</b>	<b>Fee Method</b>	<b>Fees</b>	<b>PA</b>	<b>Min Age</b>	<b>Max Age</b>
D7911		DENTAL SUTURE WOUND TO 5 CM • Complicated suture – up to 5 cm. • Reconstruction requiring delicate handling of tissues and wide under-mining for meticulous closure. • Excludes closure of surgical incision.	Fee Sched	\$110.16	N	18	999
D7911	EP	DENTAL SUTURE WOUND TO 5 CM • Complicated suture – up to 5 cm. • Reconstruction requiring delicate handling of tissues and wide under-mining for meticulous closure. • Excludes closure of surgical incision.	Fee Sched	\$143.21	N	0	17
D7912		SUTURE COMPLICATE > 5 CM Complicated suture – greater than 5 cm. Reconstruction requiring delicate handling of tissues and wide under-mining for meticulous closure. Complicated suture – up to 5 cm.	Fee Sched	\$163.20	N	18	999
D7912	EP	SUTURE COMPLICATE > 5 CM • Complicated suture – greater than 5 cm. • Reconstruction requiring delicate handling of tissues and wide under-mining for meticulous closure. • Complicated suture – up to 5 cm.	Fee Sched	\$212.16	N	0	17

### 9. Orthodontics

See the *Orthodontia Services and Requirements* chapter in this manual for more information on covered orthodontia services and limitations.

Orthodontics							
Adult Code	Child Code	Description	Fee Method	Fees	PA	Min Age	Max Age
D8050		INTERCEPTIVE DENTAL TREATMENT PRIMARY	By Report	\$0.00	Y	18	20
D8050	EP	INTERCEPTIVE DENTAL TREATMENT PRIMARY	By Report	\$0.00	Y	0	17
D8060		INTERCEPTIVE DENTAL TREATMENT TRANSITIONAL	By Report	\$0.00	Y	18	20
D8060	EP	INTERCEPTIVE DENTAL TREATMENT TRANSITIONAL	By Report	\$0.00	Y	0	17
D8070		COMPREHENSIVE DENTAL TX TRANSITIONAL	By Report	\$0.00	Y	18	20
D8070	EP	COMPREHENSIVE DENTAL TX TRANSITIONAL	By Report	\$0.00	Y	0	17
D8080		COMPREHENSIVE DENTAL TX ADOLESCENT	By Report	\$0.00	Y	18	20
D8080	EP	COMPREHENSIVE DENTAL TX ADOLESCENT	By Report	\$0.00	Y	0	17
D8090		COMPREHENSIVE DENTAL TX ADULT	By Report	\$0.00	Y	18	20
D8090	EP	COMPREHENSIVE DENTAL TX ADULT	By Report	\$0.00	Y	0	17
D8220		FIXED APPLIANCE THERAPY HABIT	By Report	\$291.72	N	18	999
D8220	EP	FIXED APPLIANCE THERAPY HABIT	By Report	\$379.24	N	0	17
D8670		PERIODIC ORTHODONTIC TREATMENT VISIT • Not more than each 27 days.	By Report	\$0.00	Y	18	20
D8670	EP	PERIODIC ORTHODONTIC TREATMENT VISIT • Not more than each 27 days.	By Report	\$0.00	Y	0	17

General Services							
Adult Code	Child Code	Description	Fee Method	Fees	PA	Min Age	Max Age
D9110		TREATMENT DENTAL PAIN MINOR PROCEDURE • Palliative (emergency) treatment of dental pain – minor procedures. • Writing prescriptions, occlusal adjustments, emergency examinations, and instructions for home care are not included.	By Report	\$40.80	N	18	999
D9110	EP	TREATMENT DENTAL PAIN MINOR PROCEDURE • Palliative (emergency) treatment of dental pain – minor procedures. • Writing prescriptions, occlusal adjustments, emergency examinations, and instructions for home care are not included.	Fee Sched	\$53.04	N	0	17
D9230	EP	ANALGESIA, NITROUS OXIDE	Fee Sched	\$23.87	N	0	12

<b>General Services (continued)</b>							
<b>Adult Code</b>	<b>Child Code</b>	<b>Description</b>	<b>Fee Method</b>	<b>Fees</b>	<b>PA</b>	<b>Min Age</b>	<b>Max Age</b>
D9241		INTRAVENOUS SEDATION • IV Sedation (first 30 minutes). • May only be used if the client is physically or emotionally unable to undergo the proposed treatment or procedures using local anesthesia alone or in conjunction with oral sedation and/or nitrous oxide.	Fee Sched	\$119.22	N	0	999
D9241	EP	INTRAVENOUS SEDATION • IV Sedation (first 30 minutes). • May only be used if the client is physically or emotionally unable to undergo the proposed treatment or procedures using local anesthesia alone or in conjunction with oral sedation and/or nitrous oxide.	Fee Sched	\$154.99	N	0	17
D9242		IV SEDATION EACH ADDITIONAL 15 MINUTES • IV Sedation (first additional 15 minutes). • May only be used if the client is physically or emotionally unable to undergo the proposed treatment or procedures using local anesthesia alone or in conjunction with oral sedation and/or nitrous oxide.	Fee Sched	\$44.71	N	0	999
D9242	EP	IV SEDATION EACH ADDITIONAL 15 MINUTES • IV Sedation (first additional 15 minutes). • May only be used if the client is physically or emotionally unable to undergo the proposed treatment or procedures using local anesthesia alone or in conjunction with oral sedation and/or nitrous oxide.	Fee Sched	\$58.12	N	0	17
D9248		SEDATION (NON-INTRAVENOUS)	By Report	\$0.00	N	18	999
D9248	EP	SEDATION (NON-INTRAVENOUS)	Fee Sched	\$114.95	N	0	17
D9310		DENTAL CONSULTATION • Consultation – diagnostic service provided by dentist or physician other than practitioner providing treatment. • Includes specialist consultation; should not be reported to describe discussion of treatment plan.	Fee Sched	\$32.64	N	18	999
D9310	EP	DENTAL CONSULTATION • Consultation – diagnostic service provided by dentist or physician other than practitioner providing treatment. • Includes specialist consultation; should not be reported to describe discussion of treatment plan.	Fee Sched	\$42.43	N	0	17
D9410		DENTAL HOUSE CALL • House call – also used for nursing home visits. • 1 nursing home call per day even when multiple clients are seen.	Fee Sched	\$61.20	N	18	999
D9410	EP	DENTAL HOUSE CALL • House call – also used for nursing home visits. • 1 nursing home call per day even when multiple clients are seen.	Fee Sched	\$79.56	N	0	17

<b>General Services (continued)</b>							
<b>Adult Code</b>	<b>Child Code</b>	<b>Description</b>	<b>Fee Method</b>	<b>Fees</b>	<b>PA</b>	<b>Min Age</b>	<b>Max Age</b>
D9420		HOSPITAL CALL <ul style="list-style-type: none"> <li>• Code is to be used when providing treatment in hospital or ambulatory surgical center, in addition to reporting appropriate code numbers for actual services performed.</li> <li>• Code can only be billed 3 times per day even when multiple clients are seen, and one of the following conditions must be met: <ul style="list-style-type: none"> <li>• The client is unable to be managed in the office or is medically unstable.</li> <li>• Medical necessity must be documented in the client file.</li> </ul> </li> </ul>	Fee Sched	\$61.20	N	18	999
D9420	EP	HOSPITAL CALL <ul style="list-style-type: none"> <li>• Code is to be used when providing treatment in hospital or ambulatory surgical center, in addition to reporting appropriate code numbers for actual services performed.</li> <li>• Code can only be billed 3 times per day even when multiple clients are seen, and one of the following conditions must be met: <ul style="list-style-type: none"> <li>• The client is unable to be managed in the office or is medically unstable.</li> <li>• Medical necessity must be documented in the client file.</li> </ul> </li> </ul>	Fee Sched	\$79.56	N	0	17
D9440		OFFICE VISIT AFTER HOURS	Fee Sched	\$40.80	N	18	999
D9440	EP	OFFICE VISIT AFTER HOURS	Fee Sched	\$53.04	N	0	17
D9630		OTHER DRUGS/MEDICAMENTS <ul style="list-style-type: none"> <li>• Includes but not limited to oral antibiotics, oral analgesics, and topical fluoride dispensed in the office for home use; does not include writing prescriptions.</li> </ul>	Fee Sched	\$10.20	N	18	999
D9630	EP	OTHER DRUGS/MEDICAMENTS <ul style="list-style-type: none"> <li>• Includes but not limited to oral antibiotics, oral analgesics, and topical fluoride dispensed in the office for home use; does not include writing prescriptions.</li> </ul>	Fee Sched	\$13.26	N	0	17
D9920		BEHAVIOR MANAGEMENT <ul style="list-style-type: none"> <li>• 15 minutes = 1 unit of service.</li> <li>• Billed in 15 minute units.</li> <li>• Limit of 12 units per year.</li> <li>• Max = 4 units per visit.</li> <li>• Code can only be billed where an office treatment requires extraordinary effort and is the only alternative to general anesthesia.</li> <li>• Includes any and all pharmacological, psychological, physical management adjuncts required or utilized.</li> </ul>	Fee Sched	\$32.64	N	18	999

<b>General Services (continued)</b>							
<b>Adult Code</b>	<b>Child Code</b>	<b>Description</b>	<b>Fee Method</b>	<b>Fees</b>	<b>PA</b>	<b>Min Age</b>	<b>Max Age</b>
D9920	EP	BEHAVIOR MANAGEMENT <ul style="list-style-type: none"> <li>• 15 minutes = 1 unit of service.</li> <li>• Billed in 15 minute units.</li> <li>• Limit of 12 units per year.</li> <li>• Max = 4 units per visit.</li> <li>• Code can only be billed where an office treatment requires extraordinary effort and is the only alternative to general anesthesia.</li> <li>• Includes any and all pharmacological, psychological, physical management adjuncts required or utilized.</li> </ul>	Fee Sched	\$42.43	N	0	17

## Date of Service

Date of service is the date a procedure is completed. However, there are instances where Medicaid will allow a date other than the completion date.

Dentures must be billed using the date of service the client receives the dentures. The only exception is when the client is not eligible on the date of service, then the date of impression may be used.

If a crown or bridge has been sent to the laboratory for final processing, and the client never shows for the appointment to have the final placement, providers may bill the date of service as the date the crown or bridge was sent to the laboratory for final processing. However, the client must have Medicaid eligibility at the time the crown or bridge is sent to the lab. Bridges are limited to clients age 20 and under. All crowns other than pre-fabricated stainless steel and pre-fabricated resin are only available to clients with "Full" Medicaid coverage age 20 and under.

If a provider has opened the area for a root canal but anticipates the client will not return for completion or is referring client to another provider for root canal completion, procedure D3220 (covered for ages 20 and under only) may be billed. However, root canal codes must be billed to Medicaid at the time of completion.

## Fee Schedule

All procedures listed in the Montana Medicaid Fee Schedule are covered by the Medicaid program and must be used in conjunction with the limits listed in this manual. If CDT-4 codes exist and are not listed in the Montana Medicaid Fee Schedule, the items are not a covered service of the Medicaid program. Services that are not covered or exceed the specified limits can be billed to the client as long as the provider informs the client, prior to providing the services, that the client

will be billed and the client agrees to be private pay. Fee schedules are available on the Provider Information web site or on disk or hardcopy from Provider Relations (see *Key Contacts*).



Service limits do not apply to individuals up to and including age 20.

## Calculating Service Limits

Any service which is covered only at specified intervals for adults will have a notation next to the procedure code with information about the limit in the *Coverage of Specific Services* section of this chapter. When scheduling appointments, please be aware limits are controlled by our computerized claims payment system in this manner. Limits on these services are controlled by matching the date on the last service against the current service date to assure the appropriate amount of time (six months, one year, or three years) has elapsed.

For example, if an adult received an examination on February 27, and the same service was provided again on February 26 of the following year, the claim would be denied as a complete year would not have passed between services. If the service were provided on February 27 of the following year, or after, it would be paid.

Providers should call Provider Relations (see *Key Contacts*) to get the last date of service for those procedure codes with time limits or other limitations of dental services. This information will allow the provider to calculate service limitations, but it does not guarantee payment of service for service-limited procedures. In certain circumstances, prior authorization may be granted for services when limits have been exceeded. See the *Prior Authorization* chapter in this manual.

## EPSDT Services for Individuals Age 20 and Under

Limits on medically necessary services (e.g., exams, prophylaxis, x-rays, etc.) do not apply to clients age 20 and younger as part of the Early Periodic Screening Diagnosis and Treatment (EPSDT) program. Medicaid has a systematic way of exempting children from the service limits. Therefore, providers no longer need to indicate "EPSDT" on the claim form for the limits to be overridden.

If you are providing a procedure not listed in the Montana Medicaid fee schedule to a child and it is medically necessary, please contact the Dental Program Officer (see *Key Contacts*) for claims processing instructions.

Providers may choose to collect client copayment at the time of service or bill the client later. According to federal regulation, a provider cannot deny services to a Medicaid client due to the client's inability to pay the co-payment at the time services are rendered. However, the client's inability to pay the copayment at the time services are rendered does not lessen the client's obligation to pay the copayment.

## Submitting a claim

### ***Billing for dental and medical services***

- Dental services are any services involving a tooth. Dental services are billed using the current CDT-4 procedure codes.
- Medical services are those that involve the structure of the mouth (i.e. jaw bone).
- Providers may use CPT-4 procedure codes for all medical services they are allowed to provide under their practice act. CPT-4 procedures that are performed in the dental office may be billed on the ADA claim form. Those services provided outside the dental office must be billed on the CMS-1500 (formerly HCFA-1500) claim form with valid CPT-4 procedure codes and valid ICD-9-CM diagnosis codes. Providers who frequently bill for medical services should obtain a copy of the *Physician Related Services* manual for billing instructions. These manuals are available through Provider Relations (see *Key Contacts*).

### ***Paper Claims***

All claims must be submitted on the 1990, 1994 or 2000 version of the American Dental Association (ADA) claim form using the current CDT-4 procedure codes. Send all completed PA request forms and completed claim forms to the following address:

Claims Processing Unit  
P.O. Box 8000  
Helena, MT 59604

### ***Electronic Claims***

Dental claims submitted electronically are referred to as ANSI ASC X12N 837 transactions. Providers who submit claims electronically experience fewer errors and quicker payment. Claims may be submitted electronically by the following methods:

- ***ACS field software WINASAP 2003.*** ACS makes available this free software, which providers can use to create and submit claims to Montana Medicaid, MHSP, and CHIP (dental and eyeglasses only). It does not support submissions to Medicare or other payers. This software creates an 837 transaction, but does not accept an 835 (electronic RA) transaction back from the Department. The software can be downloaded directly from

the ACS EDI Gateway website. For more information on WINASAP 2003, visit the ACS EDI Gateway website, or call the number listed in the *Key Contacts* section of this manual.

- **ACS clearinghouse.** Providers can send claims to the ACS clearinghouse (ACS EDI Gateway) in X12 837 format using a dial-up connection. Electronic submitters are required to certify their 837 transactions as HIPAA-compliant before sending their transactions through the ACS clearinghouse. EDIFECS certifies the 837 HIPAA transactions at no cost to the provider. EDIFECS certification is completed through ACS EDI Gateway. For more information on using the ACS clearinghouse, contact ACS EDI Gateway (see *Key Contacts*).
- **Clearinghouse.** Providers can contract with a clearinghouse so that the provider can send the claim to the clearinghouse in whatever format the clearinghouse accepts. The provider's clearinghouse then sends the claim to the ACS clearinghouse in the X12 837 format. The provider's clearinghouse also needs to have their 837 transactions certified through EDIFECS before submitting claims to the ACS clearinghouse. EDIFECS certification is completed through ACS EDI Gateway.

Providers should be familiar with the *Implementation Guides* that describe federal rules and regulations and provide instructions on preparing electronic transactions. These guides are available from the Washington Publishing Company (see *Key Contacts*). *Companion Guides* are used in conjunction with *Implementation Guides* and provide Montana-specific information for sending and receiving electronic transactions. They are available on the ACS EDI Gateway website (see *Key Contacts*).

### ***Billing Electronically with Paper Attachments***

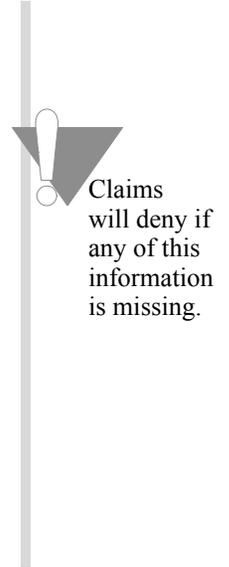
When submitting claims that require additional supporting documentation, the *Attachment Control Number* field must be populated with an identifier. Identifier formats can be designed by software vendors or clearinghouses, but the preferred method is the provider's Medicaid ID number followed by the client's ID number and the date of service, each separated by a dash:

9999999	-	888888888	-	11182003
Medicaid Provider ID		Client ID Number		Date of Service (mmdyyy)

The supporting documentation must be submitted with a paperwork attachment cover sheet (located on the Provider Information website and in *Appendix A: Forms*). The number in the paper *Attachment Control Number* field must match the number on the cover sheet. For more information on attachment control numbers and submitting electronic claims, see the *Companion Guides* located on the ACS EDI website (see *Key Contacts*).

***Billing Tips***

- ADA procedure codes must be used for dental services. The complete code descriptions, and definitions of appropriate circumstances for billing each code, are published in the ADA CDT-4 book. Additional limitations and requirements specific to Montana Medicaid are published in Chapter 1, *Covered Services and Limitations*.
- There are certain mandatory items on each dental claim, these include:
  - Provider ID
  - Patient Name
  - Patient ID
  - Provider's Signature
  - Billed Date





# Appendix A: Forms

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- *Emergency Dental Services Form*

**EMERGENCY DENTAL SERVICES FORM  
FOR BASIC MEDICAID ADULTS AGE 21 AND OVER**

Client Name \_\_\_\_\_ Medicaid ID# \_\_\_\_\_

Date of Injury/Infection \_\_\_\_\_

The above named person has received emergency dental services. Describe (in detail) the reason for the emergency dental services and the treatment that was required:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provider Signature \_\_\_\_\_ Provider # \_\_\_\_\_ Date \_\_\_\_\_

Emergency Dental Services means covered inpatient and outpatient services that are needed to evaluate and stabilize an emergency medical condition. An emergency medical condition is defined as a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain). Such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in placing the health of the individual in serious jeopardy, serious impairment to body functions, or serious dysfunction of any bodily organ or part. If the Medicaid professional rendering the medical screening deems an emergency dental condition does exist, stabilization treatment is rendered.

Emergency Dental Codes for Adults on Basic Medicaid					
D0140	D0272	D2161	D3331	D7241	D9241
D0220	D0274	D2330	D3346	D7250	D9242
D0230	D0277	D2331	D7140	D7270	D9248
D0240	D0330	D2332	D7210	D7510	D9420
D0250	D2140	D2335	D7220	D7520	D9920
D0260	D2150	D2940	D7230	D7910	
D0270	D2160	D3310	D7240	D9110	

All other program limits still apply. RHCs and FQHCs will continue to bill revenue code 512 for these services. Routine restorative or preventive treatments are specifically excluded from any emergency dental services.

**Document any delay between date of diagnosis and date of treatment. This timeframe must be within 30 days of initial date of exam. A copy of this form must be attached to the dental claim. Providers should retain the original copy in their files. Send a copy of the form and your claims to:**

ACS  
Claims Processing Unit  
P.O. Box 8000  
Helena, Montana 59604