Arkansas Department of Human Services
Division of Medical Services
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TO: **Arkansas Medicaid Health Care Providers - Dental**

DATE: **September 1, 2005**

SUBJECT: **PROPOSED - Provider Manual Update Transmittal No. 78**

REMOVE		**INSERT**	
Section	**Date**	**Section**	**Date**
226.000	4-1-05	226.000	9-1-05
262.100	4-1-05	262.100	9-1-05

Explanation of Updates

Section 226.000 has been included to advise of the procedure involved for reimbursement for placement of braces.

Section 262.100 has been included to add procedure code **D9310**. The tables have been amended to show pertinent information regarding procedure codes. Procedure code **D7947** has been included under "other repair procedures" because the code had been inadvertently omitted in a previous update.

Paper versions of this update transmittal have updated pages attached to file in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes will be automatically incorporated.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789 or 1-877-708-8191. Both telephone numbers are voice and TDD.

If you have questions regarding this transmittal, please contact the EDS Provider Assistance Center at 1-800-457-4454 (toll free) within Arkansas or locally and out of state at (501) 376-2211.

Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.

Thank you for your participation in the Arkansas Medicaid Program.

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Roy Jeffus, Director

226.000 Orthodontics 9-1-05

Orthodontic treatment is available for beneficiaries under age 21 with prior authorization. Orthodontic treatment is approved on a very selective basis when a handicapping malocclusion is affecting the patient's physical and/or psychological health. The dental provider is responsible for evaluating the attitude of the patient and the parent/guardian toward the treatment and their ability and/or willingness to follow instructions and meet appointments promptly. This evaluation should precede taking orthodontic records. **Please note: ARKids First-B does not cover orthodontic treatment.**

All orthodontic treatment is classified as either minor treatment for tooth guidance or as comprehensive treatment. Minor treatment for tooth guidance is covered with prior authorization when necessary to correct functional problems.

All orthodontic treatment, including functional appliances, must be requested on the ADA claim form. The ADA claim form must be accompanied by the Request for Orthodontic Treatment form (form DMS-32-0). **View or print form DMS-32-0**.

The maximum age of eligibility for full-banded 24-month orthodontic treatment is through age 20. Functional-banded orthopedic appliances require the same diagnostic records as full-banded orthodontics. The minimum total score on a Request for Orthodontic Treatment for consideration of comprehensive orthodontic treatment is 26. This value will be rescored by a Medicaid dental consultant based on the casts and radiographs provided with the request.

Diagnostic casts (dental molds), cephalometric film, photos, a complete series of X-rays and any information not evident on diagnostic materials must be submitted for review with the ADA claim form. Dental molds must be submitted along with the treatment plan. The dental molds must not be submitted separately, and the provider's and the beneficiary's full names must be clearly inscribed on the upper and lower casts.

If oral surgery is necessary in addition to orthodontic treatment, the oral surgeon must submit his or her treatment plan with the orthodontic treatment plan.

When orthodontic treatment is approved, a procedure code for appliance insertion will be issued. Medicaid coverage includes payment for the appliance, the diagnostic records, casts (dental molds and X-rays) and the post-treatment retainer. The applicable procedure code and the prior authorization control number will be sent to the provider on the ADA form. The date the treatment is to be completed will also be indicated. Treatment beyond the indicated completion date is not covered. The Authorization for Payment for Services Provided form (form MAP-8) and a copy of the treatment plan must be kept in the patient's file by the provider. **View or print MAP-8 form and instructions.**

In order to qualify for Medicaid coverage, treatment that includes the placement of braces must begin within ninety (90) calendar days of prior authorization unless the provider establishes good cause for delay to the satisfaction of the DMS director.

Upon placement of braces, a photograph of the patient must be submitted for payment for orthodontic treatment and is included in the fee. Failure to submit a photo showing placement of braces may result in non-payment of orthodontic treatment. In case of non-payment, the provider will be allowed to submit a claim for the orthodontic records as outlined below.

When treatment is denied or for any reason is not performed, the provider is allowed to submit a claim for the orthodontic records. This includes orthodontic consultation, cephalometric film, diagnostic casts (dental molds), photos and a complete series or panoramic X-ray if taken by the dentist. This claim must be approved by the Medicaid dental consultant.

All claims for orthodontic treatment are to be submitted on the ADA claim form according to directions detailed in section 262.300 of this manual. Claims must be submitted within 12 months from the date of service.

When a patient is uncooperative for any reason, except for the situation noted in the following paragraph, termination of the treatment will be left to the discretion of the provider. A report must be sent to the Division of Medical Services, Dental Care Unit, with a pro-rated refund to Arkansas Medicaid for the balance of the uncompleted treatment plan. **View or print DMS Dental Care Unit contact information.**

When an orthodontic patient moves within the state after initial treatment has begun, the original provider should reimburse the second provider directly for the pro-rated fees remaining. When the second provider submits his or her treatment plan to continue the orthodontic patient's treatment, the provider must submit the orthodontic records of treatment performed by the original provider.

262.100 ADA Procedure Codes 9-1-05

The following ADA procedure codes are covered by the Arkansas Medicaid Program. These codes are payable for individuals under the age of 21. The codes are non-payable for individuals age 21 and older unless a life-threatening medical necessity exists.

Beside each code is a reference chart that indicates whether X-rays are required and when prior authorization (PA) is required for the covered procedure code. If a concise report is required, this information is included in the PA column.

ADA Code	Description	PA Yes/No	Submit X-Ray with Treatment Plan Yes/No
Child Health Services (EPSDT) Dental Screening (See section 215.000)			
D0120	CHS/EPSDT initial dental Exam	No	No
D0140	CHS/EPSDT interperiodic dental Exam	Yes	No
Radiographs (See sections 216.000 – 216.300)			
D0210	Intraoral – complete series (including bitewings)	No	No
D0220	Intraoral – periapical – first film	No	No
D0230	Intraoral – periapical – each additional film	No	No
D0240	Intraoral – occusal film	No	No
D0250	Extraoral – first film	No	No
D0260	Extraoral – each additional film	No	No
D0272	Bitewings – two films	No	No
D0330	Panoramic film	No	No
D0340	Cephalometric film	Yes	No
Tests and Laboratory			
D0470	Diagnostic casts	Yes	No
D0350	Diagnostic photographs	Yes	No
Preventive			
Dental Prophylaxis (See section 217.100)			
D1120	Prophylaxis – child (ages 0-9)	No	No
D1110	Prophylaxis – adult (ages 10-20)	No	No
Topical Fluoride Treatment (Office Procedure) (See Section 217.100)			
D1201	Topical application of fluoride (including prophylaxis) – child (ages 0-9)	No	No
D1205	Topical application of fluoride (including prophylaxis) – adult (ages 10-20)	No	No
Dental Sealants (See section 217.200)			
D1351	Sealant per tooth (1st and 2nd permanent molars only)	No	No

ADA Code	Description	PA Yes/No	Submit X-Ray with Treatment Plan Yes/No
Space Maintainers (See section 218.000)			
D1510	Space maintainer – fixed – unilateral	Yes	Yes
D1515	Space maintainer – fixed – bilateral	Yes	Yes
D1525	Space maintainer – removable-bilateral	Yes	Yes
Restorations (See sections 219.000 – 219.200)			
Amalgam Restorations (including polishing) (See section 219.100)			
D2140	Amalgam – one surface	No	No
D2150	Amalgam – two surfaces	No	No
D2160	Amalgam – three surfaces	No	No
D2161	Amalgam – four or more surfaces	No	No
Composite Resin Restorations (See section 219.200)			
D2330	Resin – one surface, anterior, permanent	No	No
D2331	Resin – two surfaces, anterior, permanent	No	No
D2332	Resin – three surfaces, anterior, permanent	No	No
D2335	Resin – four or more surfaces or involving incisal angle, permanent	Yes	Yes
Crowns – Single Restoration Only (See section 220.000)			
D2710	Crown – resin (laboratory)	Yes	Yes
D2752	Crown – porcelain-ceramic substrate	Yes	Yes
D2920	Re-cement crown	No	Yes
D2930	Prefabricated stainless steel crown – primary	No	No
D2931	Prefabricated stainless steel crown – permanent	Yes	Yes
Endodontia (See section 221.000)			
Pulpotomy			
D3220	Therapeutic pulpotomy (excluding final restoration)	No	No
D3221	Gross pulpal debridement, primary and permanent teeth	Yes	No
Root canal therapy (including treatment plan, clinical procedures and follow-up care)			
D3310	One canal (excluding final restoration)	Yes	Yes
D3320	Two canals (excluding final restoration)	Yes	Yes
D3330	Three canals (excluding final restoration)	Yes	Yes
Periapical Services			
D3410	Apicoectomy (per tooth) – first root	Yes	Yes

ADA Code	Description	PA Yes/No	Submit X-Ray with Treatment Plan Yes/No
Periodontal Procedures (See section 222.000)			
Surgical Services (including usual postoperative services)			
D4341	Periodontal scaling and root planing	Yes	Yes
D4910	Periodontal maintenance procedures (following active therapy)	Yes	Yes
Complete dentures (Removable Prosthetics Services) (See section 223.000)			
D5110	Complete denture – maxillary	Yes	Yes
D5120	Complete denture – mandibular	Yes	Yes
Partial Dentures (Removable Prosthetic Services) (See section 223.000)			
D5211	Upper partial – acrylic base (including any conventional clasps and rests)	Yes	Yes
D5212	Lower partial – acrylic base (including any conventional clasps and rests)	Yes	Yes
Repairs to Partial Denture (See section 223.000)			
D5610	Repair acrylic saddle or base	Yes	No
D5620	Repair cast framework	Yes	No
D5640	Replace broken teeth – per tooth	Yes	No
D5650	Add tooth to existing partial denture	Yes	No
Fixed Prosthodontic Services (See section 224.000)			
D6930	Re-cement bridge	Yes	No
Oral Surgery (See section 225.000)			
Simple Extractions (includes local anesthesia and routine postoperative care) (See section 225.100)			
D7140	Single tooth	No	No
D7111	Each additional tooth	No	No
Surgical Extractions (includes local anesthesia and routine postoperative care) (See section 225.200)			
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	Yes	Yes
D7220	Removal of impacted tooth – soft tissue	Yes	Yes
D7230	Removal of impacted tooth – partially bony	Yes	Yes
D7240	Removal of impacted tooth – completely bony	Yes	Yes
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	Yes	Yes
D7250	Surgical removal of residual tooth roots (cutting procedure)	Yes	Yes

ADA Code	Description	PA Yes/No	Submit X-Ray with Treatment Plan Yes/No
Other Surgical Procedures			
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth and/or alveolus	Yes	Yes
D7280	Surgical exposure of impacted or unerupted tooth for orthodontic reasons (including orthodontic attachments)	Yes	Yes
D7285	Biopsy of oral tissue – hard	Yes	Yes
D7286	Biopsy of oral tissue – soft	Yes	Yes
Osteoplasty for Prognathism, Micrognathism or Apertognathism			
D7510	Incision and drainage of abscess, intraoral soft tissue	Yes	No
Other Repair Procedures			
D7947 Bill on paper	LeFort I (maxilla-segmented)	No, but requires report	Yes
Frenulectomy			
D7960	Frenulectomy (Frenectomy or Frenotomy) Separate procedure	Yes	Yes
Orthodontics (See section 226.000)			
Minor Treatment of Control Harmful Habits			
D8210	Removable appliance therapy	Yes	Yes
D8220	Fixed appliance therapy	Yes	Yes
Comprehensive Orthodontic Treatment – Permanent Dentition			
D8070	Class I Malocclusion	Yes	Yes
D8080	Class II Malocclusion	Yes	Yes
D8090	Class III Malocclusion	Yes	Yes
Other Orthodontic Devices			
D8999	Unspecified orthodontic procedure, by report	Yes	Yes
D9110	Palliative treatment with dental pain	Yes	No
D9220	General Anesthesia – first 30 minutes	Yes	Yes
D9221	General Anesthesia – each 15 minutes	Yes	No
D9230	Analgesia N_20	No, but requires report for request for more than 1 unit per day	No

ADA Code	Description	PA Yes/No	Submit X-Ray with Treatment Plan Yes/No
D9630	Conscious Sedation	Yes and requires report	No
Consultations (See section 214.000)			
D9310	⁂(Second opinion examination) Consultation, diagnostic service provided by dentist or physician other than practitioner providing treatment	Yes	No
Professional Visits (See section 227.000)			
D9430	Office visit for observation (during regularly scheduled hours) – no other services performed	Yes	No
D9440	Office visit – after regularly scheduled hours	Yes	No
Inpatient Hospital Services (See section 228.100)			
D9220	Inpatient hospitalization – for hospital only	Yes	No
Outpatient Hospital Services (See section 228.200)			
0361*	Outpatient hospitalization – for hospital only	Yes	No
0360*	Outpatient hospitalization – for hospital only	Yes	No
0369*	Outpatient hospitalization – for hospital only	Yes	No
0509*	Outpatient hospitalization – for hospital only	Yes	No

* Revenue code

⁂(…) This symbol, along with text in parentheses, indicates the Arkansas Medicaid description of the covered service.

Procedure codes **D9220** and **D9221** are payable for individuals over age 21 when provided as medically necessary dental treatment. See section 229.000 for a description of medically necessary dental treatment for adults.