

TOC required**215.000 Fluoride Varnish Treatment****7-1-14**

Arkansas Medicaid will expand coverage for fluoride varnish application, ADA code D1206, to physicians and nurse practitioners who have completed the online training program approved by the Arkansas Department of Health, Office of Oral Health. The online training course can be accessed at <http://ar.train.org>. The provider will need to maintain a copy of the certificate of completion in their files and submit a copy to the Arkansas Medicaid provider enrollment unit.

252.453 Fluoride Varnish Treatment**7-1-14**

The American Dental Association (ADA) procedure code D1206 is covered by the Arkansas Medicaid Program. This code is payable for beneficiaries under the age of 21. Topical fluoride varnish is covered every six (6) months for beneficiaries under age 21.

A new specialty code, FC-Fluoride Certification will be tied to provider types 01, 03, 58 and 69. These providers must send proof of their fluoride varnish certification to Provider Enrollment before the specialty code will be added to their file in the MMIS. After the specialty code, FC-Fluoride Certification, is added to the provider's file, the provider will be able to bill for procedure code D1206, Topical Application of Fluoride Varnish.

Providers must check the Supplemental Eligibility Screen to verify that topical fluoride varnish benefit of two (2) per State Fiscal Year (SFY) has not been exhausted. If further treatment is needed due to severe periodontal disease, then the beneficiary must be referred to a Medicaid dental provider.

NOTE: This service is billed on form CMS-1500 with ADA procedure code D1206 (Topical application of fluoride varnish (prophylaxis not included) – child (ages 0-20)). [View a form CMS-1500 sample form.](#)

TOC not required

217.100 Dental Prophylaxis and Fluoride Treatment

7-1-14

Dental prophylaxis and a fluoride treatment are preventive treatments covered by Medicaid. Prophylaxis, in addition to application of topical fluoride and/or fluoride varnish, is covered every six (6) months plus one (1) day for beneficiaries under age 21. Fluoride varnish may be applied by a dentist, physician or nurse practitioner. Physicians and nurse practitioners must complete training on dental caries risk and have an approved fluoride varnish certification from the Arkansas Department of Health. All physicians and nurse practitioners must have an approved fluoride varnish certification on file with the contracted provider enrollment unit. The course that meets the requirements outlined by the ACT can be accessed at <http://ar.train.org>. If further treatment is needed due to severe periodontal problems, then the provider must refer to a Medicaid dental provider.

Prophylaxis and application of topical fluoride treatments are each covered once per state fiscal year (July 1 through June 30) for beneficiaries age 21 and over. Topical fluoride treatment or fluoride varnish is covered every six (6) months plus one (1) day for beneficiaries under age 21.

A new specialty code, FC-Fluoride Certification will be tied to provider types 01, 03, 58 and 69. These providers must send proof of their fluoride varnish certification to Provider Enrollment before the specialty code will be added to their file in the MMIS. After the specialty code, FC-Fluoride Certification, is added to the provider's file, the provider will be able to bill for procedure code D1206, Topical Application of Fluoride Varnish.

NOTE: Providers must check their Medicaid Supplemental Eligibility Screen to verify that topical fluoride treatment or fluoride varnish was not applied by another Medicaid dental provider.

Medicaid does not reimburse for nitrous oxide for examinations, fluorides, oral prophylaxis and sealants unless other procedures are performed at the same time.

A provider may generally perform the following procedures without prior authorization:

- A. Periodic EPSDT screening exam (for beneficiaries under age 21).
- B. Prophylaxis, topical fluoride and/or fluoride varnish.
- C. Periapical X-rays, amalgam-composite restorations (except four or more surfaces).
- D. Pulpotomies for deciduous teeth. (Pulpotomies are not a covered service for beneficiaries age 21 and over.)
- E. Chrome crowns on deciduous teeth.

See Sections 262.100 and 262.200 for applicable codes.

262.100 ADA Procedure Codes Payable to Beneficiaries Under Age 21

7-1-14

The following ADA procedure codes are covered by the Arkansas Medicaid Program. These codes are payable for beneficiaries under the age of 21.

NOTE: Only physicians and nurse practitioners who have completed the training on dental caries and have an approved fluoride varnish certification on file with the contracted provider enrollment unit can bill for the fluoride varnish treatment. Providers must check their Supplemental Eligibility Screen to verify that topical fluoride treatment or fluoride varnish was not applied by another Medicaid dental provider.

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.

* Revenue code

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

** Prior authorization is required for panoramic X-rays performed on children under six years of age (See Section 216.100).

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 Dental Screening Exam)	No	No
D0140	**(CHS/EPSDT Interperiodic Dental Screening Exam)	No, but limited to two (2) per SFY	No
Radiographs (See Sections 216.000 – 216.300)			
D0210	Intraoral – complete series (including bitewings)	No	No
D0220	Intraoral – periapical – first film	No, but limited to five (5) per SFY	No
D0230	Intraoral – periapical – each additional film	No, but limited to five (5) per SFY	No
D0240	Intraoral – occlusal film	No, but limited to five (5) per SFY	No
D0250	Extraoral – first film	No	No
D0260	Extraoral – each additional film	No, but limited to five (5) per SFY	No
D0272	Bitewings – two films	No	No
D0330	Panoramic film	No**	No
D0340	Cephalometric film	Yes	No
Tests and Laboratory			
D0350	Oral/facial photographic images	Yes	No
D0470	Diagnostic casts	Yes	No

ADA Code	Description	PA Yes/No	Submit X-Ray with Treatment Plan 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)			
D1206	Topical application of fluoride varnish (prophylaxis not included) – child ** (ages 0-20)	No	No
D1208	Topical application of fluoride (prophylaxis not included) – child ** (ages 0-20)	No	No
Dental Sealants (See Section 217.200)			
D1351	Sealant per tooth ** (1st and 2nd permanent molars only)	No	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

ADA Code	Description	PA Yes/No	Submit X-Ray with Treatment Plan Yes/No
D2931	Prefabricated stainless steel crown – permanent	Yes, but no PA required when billed for tooth numbers 3, 14, 19 and 30.	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
Endodontic (Root Canal) therapy (including treatment plan, clinical procedures and follow-up care)			
D3310	Anterior tooth (excluding final restoration)	No	No
D3320	Bicuspid tooth (excluding final restoration)	No	No
D3330	Molar (excluding final restoration)	No	No
Periapical Services			
D3410	Apicoectomy (per tooth) – first root	Yes	Yes
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

ADA Code	Description	PA Yes/No	Submit X-Ray with Treatment Plan 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)			
D7111	Extraction, coronal remnants-deciduous tooth	No	No
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	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
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 un-erupted 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
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

ADA Code	Description	PA Yes/No	Submit X-Ray with Treatment Plan Yes/No
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
Anesthesia			
D9220	General Anesthesia – first 30 minutes	Yes	Yes
D9221	General Anesthesia – each 15 minutes	Yes	No
D9230	Analgesia N ₂ O	No, but requires report for request for more than 1 unit per day	No
D9248	Non-I.V. 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
Smoking Cessation			
D1320	Tobacco counseling for the control and prevention of oral disease – Counseling and referral by a provider to a tobacco cessation program	No	No
D9920	Behavior Management by Report – Tobacco counseling received from the provider for the control and prevention of oral disease	No	No
Unclassified Treatment			
D9110	Palliative treatment with dental pain	Yes	No

TOC required**241.000 Fluoride Varnish Treatment****7-1-14**

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292.470 Fluoride Varnish Treatment**7-1-14**

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A new specialty code, FC-Fluoride Certification will be tied to provider types 01, 03, 58 and 69. These providers must send proof of their fluoride varnish certification to Provider Enrollment before the specialty code will be added to their file in the MMIS. After the specialty code, FC-Fluoride Certification, is added to the provider's file, the provider will be able to bill for procedure code D1206, Topical Application of Fluoride Varnish.

Providers must check the Supplemental Eligibility Screen to verify that topical fluoride varnish benefit of two (2) per State Fiscal Year (SFY) has not been exhausted. If further treatment is needed due to severe periodontal disease, then the beneficiary must be referred to a Medicaid dental provider.

NOTE: This service is billed on form CMS-1500 with ADA procedure code D1206 (Topical application of fluoride varnish (prophylaxis not included) – child (ages 0-20)). [View a form CMS-150 sample form.](#)

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised:

July 1, 2014

CATEGORICALLY NEEDY

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

(16) Dental Services

- (1) Services are limited to eligible Medicaid recipients in the Child Health Services (EPSDT) Program.
- (2) Procedures which may be provided to recipients in the Child Health Services (EPSDT) Program without prior authorization are:
 - a. Initial radiographs taken in conjunction with preparation of a treatment plan.
 - b. Periodic oral exam, prophylaxis, topical fluoride **and/or fluoride varnish** for children in the Child Health Services (EPSDT) Program.
 - c. Emergency treatment. One visit without prior authorization is payable for any emergency. Procedures payable without prior authorization when provided as emergency care include:
 1. All necessary radiographs.
 2. Extraction of up to three teeth for relief of pain or acute infections.
 3. Control of bleeding.
 4. Treatment for relief of pain resulting from injuries to the oral cavity or related services.
 5. Emergency services provided to patients in hospitals or long term care facilities.

All other procedures require prior authorization from the Medical Assistance Section. A full mouth radiograph is limited to once every five years. Periodic oral exam, prophylaxis, fluoride treatment, **fluoride varnish** and bite-wing X-rays are limited to once per 6 (six) months plus 1 (one) day. Scaling is limited to one per state fiscal year (July 1 through June 30). Periapical X-rays are limited to four (4) per recall visit. Any limits will be exceeded based on medical necessity.

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised:

July 1, 2014

MEDICALLY NEEDY

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

(16) Dental Services

- (1) Services are limited to eligible Medicaid recipients in the Child Health Services (EPSDT) Program.
- (2) Procedures which may be provided to recipients in the Child Health Services (EPSDT) Program without prior authorization are:
 - a. Initial radiographs taken in conjunction with preparation of a treatment plan.
 - c. Periodic oral exam, prophylaxis, topical fluoride **and/or fluoride varnish** for children in the Child Health Services (EPSDT) Program.
 - c. Emergency treatment. One visit without prior authorization is payable for any emergency. Procedures payable without prior authorization when provided as emergency care include:
 6. All necessary radiographs.
 7. Extraction of up to three teeth for relief of pain or acute infections.
 8. Control of bleeding.
 9. Treatment for relief of pain resulting from injuries to the oral cavity or related services.
 10. Emergency services provided to patients in hospitals or long term care facilities.

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