

Medicaid:

Sealants D1351: Age Limit 0-20 - Covered on adult teeth#s: 1, 6-11, 16, 17, 22-27, 32 including supernumerary teeth#s: 51 - 82, C - H, M - R, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS as well as baby teeth#s: A, B, I, L, S, T

Once per 36 months per patient per tooth. Will be denied if submitted on same DOS as a D4000 series perio procedure code. Any provider. Narrative of medical necessity and photos for wisdom and supernumerary teeth.

Sealants D1351: Age Limit 0-5 - Covered on teeth#s: 2 - 5, 12 - 15, 18 - 21, 28 - 31.

One sealant per 36 Months Per patient per tooth. D1351 will be denied when submitted for the same date of service as any D4000 Series periodontal procedure code. Any Provider. For those members without a history of caries or restorations within the past year, such narrative should describe the tooth anatomy of the area to be sealed to support that the tooth is at risk for dental caries and the affectivity of placing a sealant outside of the 6-14 age band.

Sealants D1351: Age Limit 15-20 - Covered on teeth#s: 2 - 5, 12 - 15, 18 - 21, 28 - 31

One sealant per 36 Months Per patient per tooth. D1351 will be denied when submitted for the same date of service as any D4000 Series periodontal procedure code. Any Provider. For those members without a history of caries or restorations within the past year, such narrative should describe the tooth anatomy of the area to be sealed to support that the tooth is at risk for dental caries and the affectivity of placing a sealant outside of the 6-14 age band.

Sealants D1351: Age Limit 6-14 - Covered on teeth#s: Teeth 2 - 5, 12 - 15, 18 - 21, 28 - 31

One sealant per 36 Months Per patient per tooth. D1351 will be denied when submitted for the same date of service as any D4000 Series periodontal procedure code. Any Provider.

PANO: Age Limit 3-5 REQUIRES REVIEW: One of (D0210, D0277, D0330) per 36 Month(s) Per Provider OR Location. One of (D0210, D0277, D0330) per 1 Day(s) Per Provider. Narrative of medical necessity and x-ray.

PANO: Age Limit 6-20 Does not require review: One of (D0210, D0277, D0330) per 36 Month(s) Per Provider OR Location. One of (D0210, D0277, D0330) per 1 Day(s) Per Provider.

FMX: Age Limit 2-5 REQUIRES REVIEW: One of (D0210, D0277, D0330) per 36 Month(s) Per Provider OR Location. Narrative of medical necessity and x-ray.

FMX: Age Limit 6-20 Does not require review: One of (D0210, D0277, D0330) per 36 Month(s) Per Provider OR Location.

(MCNA) The Panorex (D0330) with four (4) bitewing radiographs (D0274) will be considered equivalent to full mouth series (D0210), and the submitted amount for either combination is equivalent to the maximum fee of \$70.64. (MCNA)

Fillings Frequency: Once per 12 months

Root Canals: Age Limit 6-20: One of (D3330) per 1 Lifetime Per patient per tooth.

Crowns D2740: Age Limit 13-20 - Teeth #s: 4-13, 20-29

One of (D2510, D2520, D2530, D2542, D2543, D2544, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 120 Month(s) Per patient per tooth. Pre authorization is required.

Extractions: REFER TO INDIVIDUAL PAGES

CHIP:

MAXIMUM ALLOWABLE: \$564

(DENTAQUEST) Sealants D1351: Age Limit 0-18 - Covered on wisdom and supernumerary teeth#’s: *1, 16, 17, 32, 51 - 82, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS*

One sealant per 36 Months Per patient per tooth. D1351 will be denied when submitted for the same date of service as any D4000 Series periodontal procedure code. Narrative of medical necessity and photos, the photos must be intraoral photos.

(DENTAQUEST) Sealants D1351: Age Limit 0-18 - Covered on teeth#’s: *2 - 5, 12 - 15, 18, 19, 30, 31*

One sealant per 36 Months Per patient per tooth. D1351 will be denied when submitted for the same date of service as any D4000 Series periodontal procedure code.

(MCNA) Sealants D1351: Dental Sealants are limited to once per tooth per lifetime. Sealants are a benefit for permanent first and second molars and maxillary premolars; tooth numbers *2, 3, 4, 5, 12, 13, 14, 15, 18, 19, 30, and 31.*

PANO: Age 5 and below REQUIRES REVIEW. Ages 6-18 does not require review.

One of (D0210, D0330) per 60 Month(s) Per Provider OR Location. One of (D0210, D0330) per 1 Day(s) Per patient. Narrative of medical necessity and x-ray.

FMX: Age Limit 6-18 - One of (D0210, D0330) per 36 Month(s) Per Provider OR Location. An alternate benefit of a full mouth series x-ray (D0210) will be applied when an office submits any combination of periapical, panoramic, and bitewing x-rays exceeding the reimbursable value of the full mouth series x-ray.

Root Canals: Age Limit 6-18 - Limited once per tooth per lifetime. No review required.

Crowns D2740: Age Limit 13-18 - One of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2790, D2791) per 60 Month(s) Per patient per tooth. Pre authorization is required.

Copayments

For medicaid there are no copayments or cost sharing requirements for the Medicaid Program.

CHIP Members may have responsibility for a copayment for dental visits based on the CHIP Cost Sharing Requirements that are effective on their date of treatment. Federal law prohibits charging premiums, deductibles, coinsurance, copayments or any other cost sharing to CHIP members that are Native Americans or Alaskan Natives.

**Exhibit A Benefits Covered for
TX Medicaid Child (Under 21)**

Oral and Maxillofacial Surgery						
Code	Brief Description	Age Limitation	Teeth Covered	Review Required	Benefit Limitations	Documentation Required
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	10 - 20	Teeth A - C, H - M, R - T, AS, BS, CS, HS, IS, JS, KS, LS, MS, RS, SS, TS	Yes		narr. of med. necessity, pre-op x-ray(s)
D7210	surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	1 - 20	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	Yes		narr. of med. necessity, pre-op x-ray(s)
D7220	removal of impacted tooth-soft tissue	1 - 20	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	Yes		narr. of med. necessity, pre-op x-ray(s)
D7230	removal of impacted tooth-partially bony	1 - 20	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	Yes		narr. of med. necessity, pre-op x-ray(s)
D7240	removal of impacted tooth-completely bony	1 - 20	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	Yes		narr. of med. necessity, pre-op x-ray(s)
D7241	removal of impacted tooth-completely bony, with unusual surgical complications	1 - 20	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	Yes		narr. of med. necessity, pre-op x-ray(s)
D7250	surgical removal of residual tooth roots (cutting procedure)	1 - 20	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No		

TX Medicaid Child (Under 21)

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CHIP has a maximum of \$564.00 always.

Oral and Maxillofacial Surgery Services

All oral surgery procedures include local anesthesia, suturing (if needed) and visits for routine post-operative care.

MCNA requires a pre-authorization for the following dental procedures when reported on tooth letters A through T, AS through TS, and all permanent teeth: D7210, D7220, D7230, D7240, and D7241. Additionally, MCNA requires a pre-authorization on the extractions of tooth numbers 1, 16, 17, and 32.

There is no benefit for the extraction of asymptomatic teeth. Extractions are not payable for deciduous teeth when normal loss is imminent.

Oral and Maxillofacial Surgery Services			
Code	Description	Benefit Limits	Fee
D7111	Extraction, coronal remnants - primary tooth	TIDs #A-T and AS-TS. A Birth-20.	\$29.25
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Replaces procedure codes D7110, D7120, and D7130. A Birth-20. All primary teeth within the normal exfoliation period will require submission of an x-ray (or intraoral photograph if the tooth cannot be seen radiographically) and rationale. All permanent teeth require submission of an x-ray.	\$64.06

Surgical Extractions			
Code	Description	Benefit Limits	Fee
The following codes require pre-authorization, x-rays, and rationale.			
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap	Includes removal of the roots of a previously erupted tooth missing its clinical crown. A 1-20.	\$98.23
D7220	Removal of impacted tooth - soft tissue	A 1-20.	\$150.49
D7230	Removal of impacted tooth - partially bony	A 1-20.	\$171.99
D7240	Removal of impacted tooth - completely bony	A 1-20.	\$286.65
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	Document unusual circumstance. A 1-20.	\$149.30

