



Adult Medicaid Dental Benefit Updates

Effective **November 1, 2020**, The Health Plan (THP) is updating our existing guidelines related to dental benefits for **adult Medicaid** members.

Dental services are limited to emergent procedures to evaluate and treat fractures, reduce pain or eliminate infection. Specifically, fractures of the mandible and maxilla, biopsy, removal of tumors, and emergency extractions are covered services for THP Medicaid enrolled adults 21 years of age and older.

View BMS' Provider Manual Chapter 505 (Oral Health Services) section located at dhhr.wv.gov, "Providers," "Manual."

Prior authorization may be required for specific services and when service limits are exceeded.

Documentation Requirements Update:

- Documentation is required for services marked in yellow on the reference grid below and may be requested for procedures not marked in yellow.
- Dental procedure codes D7780 and D7999 require prior authorization.
- When submitting imaging, please send copies of current, diagnostic images. **Images will not be returned.**

Please contact THP's Medicaid Customer Service at 1.888.613.8385 with any questions.

| COVERED DENTAL, ORAL HEALTH SERVICES, ADULTS OVER 21 YEARS OF AGE | | | The Health Plan |
|--|---|--|--|
| CDT Code | Description | Special Instructions (BMS Provider Manual) | Documentation Requirements DOS = Date of Service |
| D0140 | Limited oral evaluation - problem focused | Emergent | <i>Upon request: DOS provider progress notes</i> |
| D0220 | Intraoral- Periapical, first radiographic image | | <i>Upon request: Copy of image taken; dated</i> |
| D0230 | Intraoral - Periapical, each additional radiographic image | | <i>Upon request: Copy of image taken; dated</i> |
| D0330 | Panoramic Radiograph Image | | <i>Upon request: Copy of image taken; dated</i> |
| D0474 | Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report | | <i>Upon request: DOS Provider Progress Notes; images if applicable</i> |
| D0486 | Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report | Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report | <i>Upon request: DOS Provider Progress Notes; lab report</i> |



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| CDT Code | Description | Special Instructions (BMS Provider Manual) | Documentation Requirements DOS = Date of Service |
| D7140 | Extraction, erupted tooth or exposed root (elevation and/or forceps removal) | Specific tooth numbers 1-32 must be included on claim form for payment consideration. Documentation must be maintained in the member's individual file. | Send with claim: DOS Provider Progress Notes and imaging for extraction of 3 or more teeth on same date of service |
| D7210 | Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated | See D7140 Special Instructions | Send with claim: DOS Provider Progress Notes and imaging |
| D7220 | Removal of impacted tooth - soft tissue | See D7140 Special Instructions | Send with claim: DOS Provider Progress Notes and imaging |
| D7230 | Removal of impacted tooth - partially bony | See D7140 Special Instructions | Send with claim: DOS Provider Progress Notes and imaging |
| D7240 | Removal of impacted tooth – completely bony | See D7140 Special Instructions | Send with claim: DOS Provider Progress Notes and imaging |
| D7260 | Oroantral fistula closure | | <i>Upon request: DOS Provider Progress Notes</i> |
| D7285 | Biopsy of oral tissue - hard (bone, tooth) | | <i>Upon request: DOS Provider Progress Notes</i> |
| D7286 | Biopsy of oral tissue - soft | | <i>Upon request: DOS Provider Progress Notes</i> |
| D7410 | Excision of benign lesion up to 1.25 cm | | <i>Upon request: DOS Provider Progress Notes</i> |



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| CDT Code | Description | Special Instructions (BMS Provider Manual) | Documentation Requirements DOS = Date of Service |
| D7411 | Excision of benign lesion greater than 1.25 cm | | <i>Upon request: DOS Provider Progress Notes</i> |
| D7440 | Excision of malignant tumor - diameter up to 1.25 cm | | <i>Upon request: DOS Provider Progress Notes</i> |
| D7441 | Excision of malignant tumor - lesion | | <i>Upon request: DOS Provider Progress Notes</i> |
| D7450 | Removal of benign odontogenic cyst or tumor- lesion diameter up to 1.25 cm | | <i>Upon request: DOS Provider Progress Notes; imaging</i> |
| D7451 | Removal of benign odontogenic cyst or tumor-lesion diameter greater than 1.25 cm | | <i>Upon request: DOS Provider Progress Notes; imaging</i> |
| D7460 | Removal of benign nonodontogenic cyst or tumor lesion diameter up to 1.25 cm | | <i>Upon request: DOS Provider Progress Notes; imaging</i> |
| D7461 | Removal of benign nonodontogenic cyst or tumor lesion diameter greater than 1.25 cm | | <i>Upon request: DOS Provider Progress Notes; imaging</i> |



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| CDT Code | Description | Special Instructions (BMS Provider Manual) | Documentation Requirements DOS = Date of Service |
| D7510 | Incision and drainage of abscess – intraoral soft tissue | | <i>Upon request: DOS Provider Progress Notes; imaging</i> |
| D7520 | Incision and drainage of abscess – extraoral soft tissue | | <i>Upon request: DOS Provider Progress Notes; imaging</i> |
| D7530 | Removal of foreign body from mucosa, skin or subcutaneous alveolar tissue | | <i>Upon request: DOS Provider Progress Notes; imaging</i> |
| D7610 | Maxilla - open reduction (teeth immobilized, if present) | | <i>Upon request: DOS Provider Progress Notes; imaging</i> |
| D7620 | Maxilla - closed reduction (teeth immobilized, if present) | | <i>Upon request: DOS Provider Progress Notes; imaging</i> |
| D7630 | Mandible - open reduction (teeth immobilized, if present) | | <i>Upon request: DOS Provider Progress Notes; imaging</i> |
| D7640 | Mandible - closed reduction (teeth immobilized, if present) | | <i>Upon request: DOS Provider Progress Notes; imaging</i> |
| D7671 | Alveolus - open reduction, may include stabilization of teeth | | <i>Upon request: DOS Provider Progress Notes; imaging</i> |



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| CDT Code | Description | Special Instructions (BMS Provider Manual) | Documentation Requirements DOS = Date of Service |
| D7680 | Facial bones— complicated reduction with fixation and multiple surgical approaches | | <i>Upon request: DOS Provider Progress Notes; imaging</i> |
| D7710 | Maxilla - open reduction | | <i>Upon request: DOS Provider Progress Notes; imaging</i> |
| D7720 | Maxilla - closed reduction | | <i>Upon request: DOS Provider Progress Notes; imaging</i> |
| D7730 | Mandible, open reduction | | <i>Upon request: DOS Provider Progress Notes; imaging</i> |
| D7740 | Mandible, closed reduction | | <i>Upon request: DOS Provider Progress Notes; imaging</i> |
| D7750 | Malar and/or zygomatic arch – open reduction | | <i>Upon request: DOS Provider Progress Notes; imaging</i> |
| D7770 | Alveolus - open reduction stabilization of teeth | | <i>Upon request: DOS Provider Progress Notes; imaging</i> |
| D7780 | Facial bones - complicated reduction with fixation and multiple surgical approaches | Requires Prior Authorization with documentation and radiographs as appropriate. | Submit with Prior Authorization: DOS Provider Progress Notes; imaging |
| D7910 | Suture of recent small wounds up to 5 cm | Excludes closure of surgical incisions | <i>Upon request: DOS Provider Progress Notes</i> |
| D7911 | Complicated suture - up to 5cm | Excludes closure of surgical incisions | <i>Upon request: DOS Provider Progress Notes</i> |
| D7912 | Complicated suture – greater than 5 cm | Excludes closure of surgical incisions | <i>Upon request: DOS Provider Progress Notes</i> |



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| CDT Code | Description | Special Instructions (BMS Provider Manual) | Documentation Requirements DOS = Date of Service |
| D7999 | Unspecified oral surgery procedure, by report | This code should be used only if a more specific code is not available. Requires Prior Authorization with radiographs, documentation, and description of procedure to be performed. | Submit with Prior Authorization: DOS Provider Progress Notes; imaging |
| D9222 | Deep sedation/general anesthesia – first 15-minutes | Maximum 1 unit/day Class 4 anesthesia permit required | Upon request: DOS Provider Progress Notes |
| D9223 | Deep sedation/general anesthesia – each 15-minute increment | Maximum 3 unit/day Class 4 anesthesia permit required | Upon request: DOS Provider Progress Notes |
| D9230 | Inhalation of nitrous oxide/analgesia, anxiolysis oxide | Maximum 1 unit/day Not reimbursable with D9220, D9221, D9241 and D9242 | Upon request: DOS Provider Progress Notes |
| D9239 | Intravenous moderate (conscious) sedation/analgesia – first 15 minutes | Maximum 1 unit/day Class 3 or 4 anesthesia permit required | Upon request: DOS Provider Progress Notes |
| D9243 | Intravenous conscious sedation/analgesia – each 15-minute increment | Maximum 3 unit/day Class 3 or 4 permit required | Upon request: DOS Provider Progress Notes |

