

QUESTIONNAIRE FOR FILING PROPOSED RULES AND REGULATIONS
WITH THE ARKANSAS LEGISLATIVE COUNCIL AND JOINT INTERIM COMMITTEE

DEPARTMENT/AGENCY Department of Human Services
DIVISION Division of Medical Services
DIVISION DIRECTOR Andrew Allison, PhD
CONTACT PERSON Brett Hays
ADDRESS P.O Box 1437, Slot S295, Little Rock, AR 72203
PHONE NO. 682-8859 **FAX NO.** 682-2480 **E-MAIL** brett.hays@arkansas.gov
NAME OF PRESENTER AT COMMITTEE MEETING Jeff Wood
PRESENTER E-MAIL jeffrey.wood@arkansas.gov

INSTRUCTIONS

- A. Please make copies of this form for future use.
- B. Please answer each question completely using layman terms. You may use additional sheets, if necessary.
- C. If you have a method of indexing your rules, please give the proposed citation after "Short Title of this Rule" below.
- D. Submit two (2) copies of this questionnaire and financial impact statement attached to the front of two (2) copies of the proposed rule and required documents. Mail or deliver to:

Donna K. Davis
Administrative Rules Review Section
Arkansas Legislative Council
Bureau of Legislative Research
Room 315, State Capitol
Little Rock, AR 72201

- 1. What is the short title of this rule?

Dental 1-12
- 2. What is the subject of the proposed rule?

Professional Conduct and Tobacco Cessation Services within the Dental Program.
- 3. Is this rule required to comply with a federal statute, rule, or regulation? Yes ___ No X .
If yes, please provide the federal rule, regulation, and/or statute citation.
- 4. Was this rule filed under the emergency provisions of the Administrative Procedure Act?
Yes ___ No X .

If yes, what is the effective date of the emergency rule?

When does the emergency rule expire?

Will this emergency rule be promulgated under the permanent provisions of the Administrative Procedure Act? Yes ___ No ___

5. Is this a new rule? Yes ___ No X If yes, please provide a brief summary explaining the regulation.

Does this repeal an existing rule? Yes ___ No X If yes, a copy of the repealed rule is to be included with your completed questionnaire. If it is being replaced with a new rule, please provide a summary of the rule giving an explanation of what the rule does.

Is this an amendment to an existing rule? Yes X No ___ If yes, please attach a mark-up showing the changes in the existing rule and a summary of the substantive changes. Note: The summary should explain what the amendment does, and the mark-up copy should be clearly labeled "mark-up."

6. Cite the state law that grants the authority for this proposed rule? If codified, please give Arkansas Code citation.

Arkansas Statute 20-76-201

7. What is the purpose of this proposed rule? Why is it necessary?

The purpose of the proposed rule is to define standards for professional conduct, and Tobacco Cessation services within the Dental Program. This rule also updates information and requirements for the following Dental programs: Diagnostic Casts, Endodontia, Oral Surgery and Deep Sedation and General Anesthesia. It is necessary to inform providers of standards of service, record keeping, and reviews conducted by Arkansas Medicaid. Information was also updated for multiple Dental programs to further clarify program rules for the provider.

8. Please provide the address where this rule is publicly accessible in electronic form via the Internet as required by Arkansas Code § 25-19-108(b).

<https://www.medicaid.state.ar.us/InternetSolution/general/comment/comment.aspx>

9. Will a public hearing be held on this proposed rule? Yes ___ No X

If yes, please complete the following:

Date: _____

Time: _____

Place: _____

10. When does the public comment period expire for permanent promulgation? (Must provide a date.)

April 10, 2012

11. What is the proposed effective date of this proposed rule? (Must provide a date.)

July 1, 2012

12. Do you expect this rule to be controversial? Yes ___ No X If yes, please explain.

13. Please give the names of persons, groups, or organizations that you expect to comment on these rules? Please provide their position (for or against) if known.

Medical associations, interested providers, and advocacy organizations. Their positions for or against is not known at this time.

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT Department of Human Services

DIVISION Division of Medical Services

PERSON COMPLETING THIS STATEMENT Tom Show

TELEPHONE NO. 683-2483 FAX NO. 682-2480 EMAIL: tom.show@arkansas.gov

To comply with Act 1104 of 1995, please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules.

SHORT TITLE OF THIS RULE – Dental 1-12

- 1. Does this proposed, amended, or repealed rule have a financial impact?
Yes _____ No X .
- 2. Does this proposed, amended, or repealed rule affect small businesses?
Yes _____ No X .

If yes, please attach a copy of the economic impact statement required to be filed with the Arkansas Economic Development Commission under Arkansas Code § 25-15-301 et seq.

- 3. If you believe that the development of a financial impact statement is so speculative as to be cost prohibited, please explain.
- 4. If the purpose of this rule is to implement a federal rule or regulation, please give the incremental cost for implementing the rule. Please indicate if the cost provided is the cost of the program.

Current Fiscal Year

Next Fiscal Year

General Revenue _____
 Federal Funds _____
 Cash Funds _____
 Special Revenue _____
 Other (Identify) _____
 Total _____

General Revenue _____
 Federal Funds _____
 Cash Funds _____
 Special Revenue _____
 Other (Identify) _____
 Total _____

- 5. What is the total estimated cost by fiscal year to any party subject to the proposed, amended, or repealed rule? Identify the party subject to the proposed rule and explain how they are affected.

Current Fiscal Year

Next Fiscal Year

- 6. What is the total estimated cost by fiscal year to the agency to implement this rule? Is this the cost of the program or grant? Please explain.

Current Fiscal Year

Next Fiscal Year

None

None

Summary for
Dental 1-12

Dental 1-12 amends the following sections of the Dental Manual: 202.100, 218.100, 262.100 and 262.200. The update also includes the following new sections: 202.300, 202.400, 221.100, 225.00, 225.500 and 250.000.

§202.100 is being amended to require a higher degree of specificity for dental record keeping.

§202.300 is an addition to the Dental Program manual that alerts providers of their duty to act within all established Arkansas Medicaid and professional guidelines.

§214.100 is an addition to the Dental Program manual that addresses documentation and counseling procedures for tobacco cessation products and counseling services.

§218.100 is being amended to alert providers of new prior authorization requirements and requirements for providers to fabricate dentures for patients who they have rendered edentulous.

§221.000 is an addition to the Endodontic section that sets guidelines for root canal treatment.

§223.000 is being updated to include information regarding removable prosthetic services (full and partial dentures, including repairs).

§225.000 is an addition to the Oral Surgery section that covers guidelines for the extraction of symptomatic and asymptomatic teeth.

§225.500 is an addition to the Dental Program manual that addresses documentation, prior authorization, and reimbursement issues for Deep Sedation and General Anesthesia.

The description of tobacco cessation codes is being amended in §262.100 and §262.200 to clarify the proper use of procedure codes D1320 and D9920. Also, the aforementioned procedure codes in §262.200 are being updated to reflect a previously established benefit limit of 2 counseling sessions per SFY.



Division of Medical Services
Program Development & Quality Assurance

P.O. Box 1437, Slot S-295 · Little Rock, AR 72203-1437
 501-682-8368 · Fax: 501-682-2480



TO: Arkansas Medicaid Health Care Providers – Dental
DATE: July 1, 2012
SUBJECT: Provider Manual Update Transmittal DENTAL-1-12

PROPOSED

<u>REMOVE</u>		<u>INSERT</u>	
Section	Date	Section	Date
202.100	11-1-09	202.100	7-1-12
202.300	11-1-09	202.300	7-1-12
—	—	214.100	7-1-12
218.100	7-1-09	218.100	7-1-12
—	—	221.100	7-1-12
—	—	223.000	7-1-12
225.000	—	225.000	7-1-12
—	—	225.500	7-1-12
262.100	7-18-11	262.100	7-1-12
262.200	7-18-11	262.200	7-1-12

Explanation of Updates


Section 202.100 is updated with information regarding dental record requirements for dentists.
 Section 202.300 is updated from Reserved to include information regarding Dental Service Standards and Professional Requirements.
 Section 214.100 is added to include information regarding Tobacco Cessation Products and Counseling Services.
 Section 218.100 is updated to include billing and prior authorization information regarding Diagnostic Casts (Dental Molds).
 Section 221.100 is added to include information regarding Endodontia Guidelines and Reimbursement.
 Section 223.000 is added to include information regarding Removable Prosthetic Services (Full and Partial Dentures, including Repairs).
 Section 225.000 is updated to include information regarding Oral Surgery.
 Section 225.500 is added to include information regarding Deep Sedation and General Anesthesia.
 Section 262.100 is updated to include more detailed billing information regarding smoking cessation procedure codes D1320 and D9920 for beneficiaries under age 21.
 Section 262.200 is updated to include more detailed billing information regarding smoking cessation procedure codes D1320 and D9920 for beneficiaries 21 and older.
 The paper version of this update transmittal includes revised pages that may be filed in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes have already been incorporated.

If you have questions regarding this transmittal, please contact the HP Enterprise Services Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at 501-683-4120 (Local); 1-800-482-5850, extension 2-0593 (Toll-Free) or to obtain access to these numbers through voice relay, 1-800-877-8973 (TTY Hearing Impaired).

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.



Andrew Allison, PhD
Director

PROPOSED

TOC required**202.100 Dental Records Dentists are Required to Keep**

7-1-12

All dental providers are required to maintain patient records set forth in Section 142.300.

Documentation of provided services must be maintained in the patient record, and all entries must be signed and dated by the dental provider. Documentation must consist of, at a minimum, material that includes:

- A. History and dental examination on initial visit
- B. Chief complaint on each visit
- C. Tests, X-rays and results
- D. Diagnosis
- E. Treatment, including prescriptions
- F. Signature or initials of dentist after each visit
- G. Copies of hospital and/or emergency room records

PROPOSED

Specific information about the recommended maintenance of dental records can be obtained from the American Dental Association Council on Dental Practice.

202.300 Dental Service Standards and Professional Requirements

7-1-12

Dentists participating in the Arkansas Medicaid program must deliver professional services in accordance with the rules and regulations of the Arkansas Medicaid program and in accordance with the Arkansas Dental Practice Act and its applicable rules and regulations. Dental care must be consistent with the current guidelines and standards of care as determined by a dentist's or dental specialist's peer group.

All dental providers must be qualified by training and experience to complete appropriate treatment plans that are consistent with Medicaid and professional guidelines. Dental providers are expected to refer to the appropriate specialist if necessary.

All therapeutic agents and materials must meet the specifications of the American Dental Association (ADA); and all dental services, including record keeping, examinations, radiographs/images, and restorative, preventive and surgical treatment must be provided in accordance with the ADA guidelines. Further, all procedures performed and billed must be coded according to the Current Dental Terminology (CDT) as established by the ADA.

Please see the appropriate sections for specific treatment guidelines.

214.100 Tobacco Cessation Products and Counseling Services

7-1-12

In recognition of both the need and the ability to facilitate tobacco cessation, Arkansas Medicaid covers tobacco cessation counseling services and generic Zyban (bupropion for tobacco cessation) and nicotine replacement therapy (NRT), either nicotine gum or nicotine patches, through the Medicaid Prescription Drug Program. Counseling services and benefits are defined below:

- A. Prescribers must review the Public Health Service (PHS) guideline-based checklist with the patient.

- B. The prescriber must retain the counseling checklist in the patient records. A copy of the checklist is available on the Medicaid Web site at: <https://www.medicaid.state.ar.us/Download/provider/pharm/guideline.doc>.
- C. Counseling procedures are limited to no more than two 15-minute units and two 30-minute units for a maximum allowable of 4 units per SFY.
- D. For beneficiaries age 21 and over, counseling procedures will count against the \$500 adult dental benefit limit.
- E. Beneficiaries who are pregnant are allowed up to four (4) 93-day courses of treatment per calendar year.

NOTE: The course of treatment is defined as three consecutive months.

- F. If the beneficiary is in need of intensive tobacco cessation services, the provider may refer the beneficiary to an intensive tobacco cessation program, such as Stamp Out Smoking (SOS) Works. **The referral form is available at** <http://www.stampoutsmoking.com/pdf/hipaaEnglish.pdf>.
- G. Additional prescription benefits will be allowed per month for tobacco cessation products during the approved PA period and will not be counted against the monthly prescription benefit limit. One benefit will be allowed for generic Zyban if the physician believes that generic Zyban therapy is appropriate and one benefit for NRT, either nicotine gum or patches.
- H. D1320 – Tobacco counseling for the control and prevention of oral disease must be billed when the provider counsels and refers the beneficiary to an intensive tobacco cessation program.
- I. D9920 – Behavior management by report must be billed when tobacco counseling for the control and prevention of oral disease has been provided to the beneficiary.
- J. Refer to Section 262.100 and 262.200 for procedure codes and billing instructions.

PROPOSED

218.100 Diagnostic Casts (Dental Molds)

7-1-12

Diagnostic casts (dental molds) are covered for beneficiaries of all ages; however, there are benefit limits for beneficiaries age 21 and over. **For more information regarding diagnostic casts, see Sections 226.000, 262.100 and 262.200.**

For more information regarding diagnostic casts for dentures for beneficiaries age 21 and over, see Section 223.000.

221.100 Endodontia

7-1-12

A. Guidelines

Applicable endodontic treatment does not include second or third molars. Root canal treatment should attempt to achieve the following:

1. Achieve and maintain access to apical anatomy during chemo-mechanical debridement.
2. Obturate the canal with densely compacted material within 2 mm of the apical terminus.
3. Prevent re-infection with a coronal restoration. If unable to conform in the above guidelines, the dentist must provide a narrative as to why it does not conform and the plan for monitoring the patient. Radiographic evidence (pre-operative and post-

operative) must demonstrate completion of treatment and be maintained in the patient file. The following procedures may not be billed when performed on the same tooth and same day as root canal therapy: pulpotomy, pulpectomy, temporary restorations, palliative treatment or sedative fillings.

B. Reimbursement

Pulpotomy for deciduous teeth may be performed without prior authorization for beneficiaries under age 21. **Pulpotomies are not covered for beneficiaries age 21 and over.**

Current indications require carious exposure of the pulp. Payment for pulp caps is included in the fee for restorations and is not payable separately.

Endodontic therapy is not covered for beneficiaries age 21 and over.

The fee for endodontic therapy does not include restoration to close a root canal access, but does include films for measurement control and post-op.

Medicaid does not cover endodontic retreatment, apexification, retrograde fillings or root amputation. See Section 262.100 for applicable procedure codes.

PROPOSED

223.000 Removable Prosthetic Services (Full and Partial Dentures, Including Repairs) 7-1-12

A. Benefits

Full and acrylic partial dentures are covered for beneficiaries of all ages. Full dentures or acrylic partial dentures may be approved for use instead of fixed bridges.

Beneficiaries age 21 and over are allowed only one complete maxillary denture and one complete mandibular denture per lifetime.

Beneficiaries age 21 and over are allowed only one upper and one lower partial per lifetime.

Repairs of dentures and partials are covered but are benefit-limited for beneficiaries age 21 and over. See Sections 262.100 and 262.200 for applicable procedure codes.

B. Prior Authorization Requirements

Prior authorization is required for dentures (full or partial) for beneficiaries under the age of 21.

Prior authorization is required for partial dentures for beneficiaries age 21 and over.

Prior authorization is not required for full dentures for beneficiaries age 21 and over.

For dentures that require prior authorization, a complete series of X-rays and a complete treatment plan, including tooth numbers to be replaced by partial dentures, must be submitted with prior authorization requests. See Sections 262.100 and 262.200 for further information regarding prior authorization for dentures.

Prior authorization is required for repairs of dentures and partials for eligible beneficiaries of all ages. A history and date of original insertion must be submitted with the prior authorization request. See Sections 262.100 and 262.200 for applicable procedure codes.

C. Required Process for Submitting Adult Dentures and Partials to Dental Lab

For eligible Medicaid beneficiaries age 21 and over, all dentures, whether full or partial, must be manufactured by the Medicaid-contracted dental lab. **View or print contact information for Medicaid Dental Contractor.**

When Medicaid issues a prior authorization for partial dentures for a beneficiary age 21 and over, the Dental Lab Request Form with the prior authorization number is returned to the dental

provider's office. When the dental provider receives the prior authorization, the authorization will be for a maximum of six (6) (three upper and three lower) limited oral evaluations/problem-focused visits (D0140) along with authorization for the diagnostic casts (D0470). The dental provider must then send the Medicaid-contracted dental lab the completed Dental Lab Request Form with the prior authorization number and models to make the adult partial dentures. **If the dental lab does not receive the Dental Lab Request Form, the lab will make the partial dentures and bill directly to the dental provider's account, and there will be no payment by Medicaid. View or print contact information for Medicaid Dental Contractor.**

Though prior authorization is not required for full dentures for beneficiaries age 21 and over, the dental provider must send the Dental Lab Request Form and models directly to the Medicaid-contracted dental lab. The Dental Lab Request Form must clearly indicate that the beneficiary is a Medicaid beneficiary and the dentures are being requested pursuant to the Medicaid benefit plan. **If the dental lab does not receive the request form, the lab will make the full dentures and bill directly to the dental provider's account, and there will be no payment by Medicaid.** The dental provider will be reimbursed for a maximum of six (6) (three upper and three lower) limited oral evaluations/problem-focused (D0140) visits and two (2) (one upper and one lower) diagnostic casts (D0470). **View or print contact information for Medicaid Dental Contractor.**

PROPOSED

D. Patient Consent

Dental offices that render a patient edentulous must also fabricate dentures for the patient. If the patient has indicated that he or she is willing to pay out of pocket to have the dentures fabricated by the dental office and not through the contracted Medicaid Dental Lab, then the dental office must secure the patient's written consent on a form to be designed by the dental office and maintained in the patient's record. Beneficiaries who purchase dentures outside of the Medicaid dental program remain eligible for the Medicaid once-in-a-lifetime denture benefit.

225.000 Oral Surgery

7-1-12

Arkansas Medicaid patients under 21 are eligible for extractions of symptomatic teeth that are involved with acute pain, infection, cyst, tumor or other neoplasm, a radiographically demonstrable pathology that may fail to elicit symptoms, and extractions that are necessary to complete an approved orthodontic treatment plan. Extractions of asymptomatic teeth are covered when associated with a diagnosed pathology, part of an approved orthodontic treatment plan or in the best judgment of the dentist will prevent future periodontal or orthodontic problems later in the patient's life.

Dental records must include documentation, including radiographs, to justify medical or dental necessity for all extractions. Modifications to codes for surgical extractions may occur based on diagnostic radiographs, particularly if the radiographs do not depict the degree of difficulty. In such cases, dental providers should include photographs or written narratives in the patient's dental record to justify the extraction.

225.500 Deep Sedation and General Anesthesia

7-1-12

Providers administering general anesthesia services must possess the appropriate permit as required by Arkansas law. Services performed in the dental office must be documented in the patient's record to include specific information on intubation, pharmacologic agents and amounts used, monitoring of vital signs, and total anesthesia time. Prior authorization is required for deep sedation and general anesthesia procedures, except if billed with D7210, D7220, D7230 or D7240 for pediatric patients. General anesthesia and intravenous sedation will not be reimbursed for periods of time in excess of two (2) hours. D9220 and D9248 are not allowed on the same day. These codes are subject to post payment review; therefore, providers should be prepared to justify utilization of these procedures and the amount of time patients were kept under deep sedation and general anesthesia.

262.100 ADA Procedure Codes Payable to Beneficiaries Under Age 21

7-1-12

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

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
PROPOSED			
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	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 – occlusal 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			
D0350	Oral/facial photographic images	Yes	No
D0470	Diagnostic casts	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

ADA Code	Description	PA Yes/No	Submit X-Ray with Treatment Plan Yes/No
PROPOSED			
Topical Fluoride Treatment (Office Procedure) (See Section 217.100)			
D1203	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
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

ADA Code	Description	PA Yes/No	Submit X-Ray with Treatment Plan Yes/No
PROPOSED			
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
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

ADA Code	Description	PA Yes/No	Submit X-Ray with Treatment Plan Yes/No
PROPOSED			
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	No	No
D7220	Removal of impacted tooth – soft tissue	No	No
D7230	Removal of impacted tooth – partially bony	No	No
D7240	Removal of impacted tooth – completely bony	No	No
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
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

ADA Code	Description	PA Yes/No	Submit X-Ray with Treatment Plan Yes/No
Anesthesia			
D9220	General Anesthesia – first 30 minutes	Yes, but no PA required when billed with D7210, D7220, D7230, D7240.	Yes
D9221	General Anesthesia – each 15 minutes	Yes, but no PA required when billed with D7210, D7220, D7230, D7240.	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
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
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

PROPOSED

ADA Code	Description	PA Yes/No	Submit X-Ray with Treatment Plan Yes/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

262.200 ADA Procedure Codes Payable to Medically Eligible Beneficiaries Age 21 and Older

7-1-12

The following list shows the procedure code, procedure code description, whether or not prior authorization is required, whether an X-ray should be submitted with a treatment plan, and if there is a benefit limit on a procedure.

The column titled **Benefit Limit** indicates the benefit limit, if any, and how the limit is to be applied. When the column indicates **"Yes, \$500.00"**, then that item, when used in combination with other items listed, cannot exceed the \$500.00 Medicaid maximum allowable reimbursement limit for the state fiscal year (July 1 through June 30). **Other limitations** are also shown in the column (i.e.: **1 per lifetime**). If **"No"** is shown, the item is not benefit limited.

NOTE: The use of the symbol, **, along with text in parentheses, indicates the Arkansas Medicaid description of the product.

ADA Code	Description	PA Yes/No	Submit X-Ray with Treatment Plan Yes/No	Benefit Limit Yes/No
Dental Screening (See Section 215.000)				
D0120	Periodic oral evaluation	No	No	Yes-\$500 Yes-1 per year
D0140	Limited oral evaluation-problem focused	No	No	Yes-\$500 Yes-12 per year
Radiographs (See Sections 216.000 – 216.300)				
D0210	Intraoral – complete series (including bitewings)	No	No	Yes-\$500 Yes-1 per 5 years
D0220	Intraoral – periapical – first film	No	No	Yes-\$500
D0230	Intraoral – periapical – each additional film	No	No	Yes-\$500
D0272	Bitewings – two films	No	No	Yes-\$500 Yes-1 per year

ADA Code	Description	PA Yes/No	Submit X-Ray with Treatment Plan Yes/No	Benefit Limit Yes/No
D0330	Panoramic film	No	No	Yes-\$500 Yes-1 per 5 years
Tests and Laboratory				
D0470	Diagnostic Casts (full denture)	No	No	Yes-\$500
	Diagnostic Casts (partial denture)	Yes	Yes	Yes- 4 per lifetime
Dental Prophylaxis (See Section 217.100)				
D1110	Prophylaxis – adult	No	No	Yes-\$500 Yes-1 per year
Topical Fluoride Treatment (Office Procedure) (See Section 217.100)				
D1203	Topical application of fluoride (prophylaxis not included) – adult	No	No	Yes-\$500 Yes-1 per year
Restorations (See Sections 219.000 – 219.200)				
Amalgam Restorations (including polishing) (See Section 219.100)				
D2140	Amalgam – one surface, primary or permanent	No	No	Yes-\$500
D2150	Amalgam – two surfaces, primary or permanent	No	No	Yes-\$500
D2160	Amalgam – three surfaces, primary or permanent	No	No	Yes-\$500
D2161	Amalgam – four or more surfaces, primary or permanent	No	No	Yes-\$500
Composite Resin Restorations (See Section 219.200)				
D2330	Resin – one surface, anterior, permanent	No	No	Yes-\$500
D2331	Resin – two surfaces, anterior, permanent	No	No	Yes-\$500
D2332	Resin – three surfaces, anterior, permanent	No	No	Yes-\$500
D2335	Resin – four or more surfaces or involving incisal angle, permanent	Yes	Yes	Yes-\$500
Crowns – Single Restoration Only (See Section 220.000)				
D2920	Re-cement crown	No	Yes	Yes-\$500
D2931	Prefabricated stainless steel crown – permanent	Yes	Yes	Yes-\$500

ADA Code	Description	PROPOSED		Submit X-Ray with Treatment Plan Yes/No	Benefit Limit Yes/No
		PA Yes/No			
Surgical Services (including usual postoperative services)					
D4341	Periodontal scaling and root planing-four or more contiguous	Yes		Yes	Yes-\$500
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	Yes		Yes	Yes-\$500
D4910	Periodontal maintenance procedures (following active therapy)	Yes		Yes	Yes-\$500
Repairs to Complete and Partial Dentures (See Section 223.000)					
D5410	Adjust complete denture-maxillary	No		No	Yes-\$500 Yes-3 per lifetime
D5411	Adjust complete denture-mandibular	No		No	Yes-\$500 Yes-3 per lifetime
D5610	Repair acrylic saddle or base	Yes		No	Yes-\$500
D5640	Replace broken teeth – per tooth	Yes		No	Yes-\$500
D5650	Add tooth to existing partial denture	Yes		No	Yes-\$500
D5730	Reline complete maxillary denture (chairside)	No		No	Yes-\$500 Yes-1 every 3 years
D5731	Reline lower complete mandibular denture (chairside)	No		No	Yes-\$500 Yes-1 every 3 years
Fixed Prosthodontic Services (See Section 224.000)					
D6930	Re-cement bridge	Yes		No	Yes-\$500
Oral Surgery (See Section 225.000)					
Simple Extractions (includes local anesthesia and routine postoperative care) (See Section 225.100)					
D7140	Single tooth	No		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	No
D7220	Removal of impacted tooth – soft tissue	Yes		Yes	No
D7230	Removal of impacted tooth – partially bony	Yes		Yes	No

ADA Code	Description	PA Yes/No	Submit X-Ray with Treatment Plan Yes/No	Benefit Limit Yes/No
	PROPOSED			
D7240	Removal of impacted tooth – completely bony	Yes	Yes	No
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	Yes	Yes	No
D7250	Surgical removal of residual tooth roots (cutting procedure)	Yes	Yes	Yes-\$500
Other Surgical Procedures				
D7285	Biopsy of oral tissue – hard	Yes	Yes	Yes-\$500
D7286	Biopsy of oral tissue – soft	Yes	Yes	Yes-\$500
D7310	Alveoplasty in conjunction with extractions-four or more teeth	Yes	No	Yes-\$500
D7472	Removal of torus palatinus	Yes	No	Yes-\$500 1 per lifetime
D7473	Removal of torus mandibularis	Yes	No	Yes-\$500 1 per lifetime
Osteoplasty for Prognathism, Micrognathism or Apertognathism				
D7510	Incision and drainage of abscess, intraoral soft tissue	Yes	No	Yes-\$500
Unclassified Treatment				
D9110	Palliative treatment with dental pain	Yes	No	Yes-\$500
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	Yes-\$500 2 counseling sessions per SFY
D9920	Behavior Management by Report – Tobacco counseling received from the provider for the control and prevention of oral disease	No	No	Yes-\$500 2 counseling sessions per SFY

TOC required

202.100 Dental Records Dentists are Required to Keep41-1-097-1-
12

Dentists must develop and maintain sufficient written documentation to support each service for which billing is made. All entries in a beneficiary's case file must be signed and dated by the dental provider. The documentation must be kept on the beneficiary's case file.

All dental providers are required to maintain patient records set forth in Section 142.300.

Documentation of provided services must be maintained in the patient record, and all entries must be signed and dated by the dental provider. Documentation must consist of, at a minimum, material that includes:

- A. History and dental examination on initial visit
- B. Chief complaint on each visit
- C. Tests, X-rays and results
- D. Diagnosis
- E. Treatment, including prescriptions
- F. Signature or initials of dentist after each visit
- G. Copies of hospital and/or emergency room records

Specific information about the recommended maintenance of dental records can be obtained from the American Dental Association Council on Dental Practice.

202.300 ~~Reserved~~ Dental Service Standards and Professional Requirements41-1-097-1-
12

Dentists participating in the Arkansas Medicaid program must deliver professional services in accordance with the rules and regulations of the Arkansas Medicaid program and in accordance with the Arkansas Dental Practice Act and its applicable rules and regulations. Dental care must be consistent with the current guidelines and standards of care as determined by a dentist's or dental specialist's peer group.

All dental providers must be qualified by training and experience to complete appropriate treatment plans that are consistent with Medicaid and professional guidelines. Dental providers are expected to refer to the appropriate specialist if necessary.

All therapeutic agents and materials must meet the specifications of the American Dental Association (ADA); and all dental services, including record keeping, examinations, radiographs/images, and restorative, preventive and surgical treatment must be provided in accordance with the ADA guidelines. Further, all procedures performed and billed must be coded according to the Current Dental Terminology (CDT) as established by the ADA.

Please see the appropriate sections for specific treatment guidelines.

214.100 Tobacco Cessation Products and Counseling Services

7-1-12

In recognition of both the need and the ability to facilitate tobacco cessation, Arkansas Medicaid covers tobacco cessation counseling services and generic Zyban (bupropion for tobacco cessation) and nicotine replacement therapy (NRT), either nicotine gum or nicotine patches,

through the Medicaid Prescription Drug Program. Counseling services and benefits are defined below:

- A. Prescribers must review the Public Health Service (PHS) guideline-based checklist with the patient.
- B. The prescriber must retain the counseling checklist in the patient records. A copy of the checklist is available on the Medicaid Web site at: <https://www.medicaid.state.ar.us/Download/provider/pharm/guideline.doc>.
- C. Counseling procedures are limited to no more than two 15-minute units and two 30-minute units for a maximum allowable of 4 units per SFY.
- D. For beneficiaries age 21 and over, counseling procedures will count against the \$500 adult dental benefit limit.
- E. Beneficiaries who are pregnant are allowed up to four (4) 93-day courses of treatment per calendar year.

NOTE: The course of treatment is defined as three consecutive months.

- F. If the beneficiary is in need of intensive tobacco cessation services, the provider may refer the beneficiary to an intensive tobacco cessation program, such as Stamp Out Smoking (SOS) Works. The referral form is available at <http://www.stampoutsmoking.com/pdf/hipaaEnglish.pdf>.
- G. Additional prescription benefits will be allowed per month for tobacco cessation products during the approved PA period and will not be counted against the monthly prescription benefit limit. One benefit will be allowed for generic Zyban if the physician believes that generic Zyban therapy is appropriate and one benefit for NRT, either nicotine gum or patches.
- H. D1320 – Tobacco counseling for the control and prevention of oral disease must be billed when the provider counsels and refers the beneficiary to an intensive tobacco cessation program.
- I. D9920 – Behavior management by report must be billed when tobacco counseling for the control and prevention of oral disease has been provided to the beneficiary.
- J. Refer to Section 262.100 and 262.200 for procedure codes and billing instructions.

218.100 Diagnostic Casts (Dental Molds)

**7-4-097-1-
12**

Diagnostic casts (dental molds) are covered for beneficiaries of all ages; however, there are benefit limits for beneficiaries age 21 and over. **For more information regarding diagnostic casts, see Sections 226.000, 262.100 and 262.200.**

For more information regarding diagnostic casts for dentures for beneficiaries age 21 and over, see Section 223.000.

221.100 Endodontia

7-1-12

A. Guidelines

Applicable endodontic treatment does not include second or third molars. Root canal treatment should attempt to achieve the following:

1. Achieve and maintain access to apical anatomy during chemo-mechanical debridement.

2. Obturate the canal with densely compacted material within 2 mm of the apical terminus.
3. Prevent re-infection with a coronal restoration. If unable to conform in the above guidelines, the dentist must provide a narrative as to why it does not conform and the plan for monitoring the patient. Radiographic evidence (pre-operative and post-operative) must demonstrate completion of treatment and be maintained in the patient file. The following procedures may not be billed when performed on the same tooth and same day as root canal therapy: pulpotomy, pulpectomy, temporary restorations, palliative treatment or sedative fillings.

B. Reimbursement

Pulpotomy for deciduous teeth may be performed without prior authorization for beneficiaries under age 21. Pulpotomies are not covered for beneficiaries age 21 and over.

Current indications require carious exposure of the pulp. Payment for pulp caps is included in the fee for restorations and is not payable separately.

Endodontic therapy is not covered for beneficiaries age 21 and over.

The fee for endodontic therapy does not include restoration to close a root canal access, but does include films for measurement control and post-op.

Medicaid does not cover endodontic retreatment, apexification, retrograde fillings or root amputation. See Section 262.100 for applicable procedure codes.

223.000 Removable Prosthetic Services (Full and Partial Dentures, Including Repairs)

7-1-12

A. Benefits

Full and acrylic partial dentures are covered for beneficiaries of all ages. Full dentures or acrylic partial dentures may be approved for use instead of fixed bridges.

Beneficiaries age 21 and over are allowed only one complete maxillary denture and one complete mandibular denture per lifetime.

Beneficiaries age 21 and over are allowed only one upper and one lower partial per lifetime.

Repairs of dentures and partials are covered but are benefit-limited for beneficiaries age 21 and over. See Sections 262.100 and 262.200 for applicable procedure codes.

B. Prior Authorization Requirements

Prior authorization is required for dentures (full or partial) for beneficiaries under the age of 21.

Prior authorization is required for partial dentures for beneficiaries age 21 and over.

Prior authorization is not required for full dentures for beneficiaries age 21 and over.

For dentures that require prior authorization, a complete series of X-rays and a complete treatment plan, including tooth numbers to be replaced by partial dentures, must be submitted with prior authorization requests. See Sections 262.100 and 262.200 for further information regarding prior authorization for dentures.

Prior authorization is required for repairs of dentures and partials for eligible beneficiaries of all ages. A history and date of original insertion must be submitted with the prior authorization request. See Sections 262.100 and 262.200 for applicable procedure codes.

C. Required Process for Submitting Adult Dentures and Partial to Dental Lab

For eligible Medicaid beneficiaries age 21 and over, all dentures, whether full or partial, must be manufactured by the Medicaid-contracted dental lab. **View or print contact information for Medicaid Dental Contractor.**

When Medicaid issues a prior authorization for partial dentures for a beneficiary age 21 and over, the Dental Lab Request Form with the prior authorization number is returned to the dental provider's office. When the dental provider receives the prior authorization, the authorization will be for a maximum of six (6) (three upper and three lower) limited oral evaluations/problem-focused visits (D0140) along with authorization for the diagnostic casts (D0470). The dental provider must then send the Medicaid-contracted dental lab the completed Dental Lab Request Form with the prior authorization number and models to make the adult partial dentures. **If the dental lab does not receive the Dental Lab Request Form, the lab will make the partial dentures and bill directly to the dental provider's account, and there will be no payment by Medicaid. View or print contact information for Medicaid Dental Contractor.**

Though prior authorization is not required for full dentures for beneficiaries age 21 and over, the dental provider must send the Dental Lab Request Form and models directly to the Medicaid-contracted dental lab. The Dental Lab Request Form must clearly indicate that the beneficiary is a Medicaid beneficiary and the dentures are being requested pursuant to the Medicaid benefit plan. **If the dental lab does not receive the request form, the lab will make the full dentures and bill directly to the dental provider's account, and there will be no payment by Medicaid.** The dental provider will be reimbursed for a maximum of six (6) (three upper and three lower) limited oral evaluations/problem-focused (D0140) visits and two (2) (one upper and one lower) diagnostic casts (D0470). **View or print contact information for Medicaid Dental Contractor.**

D. Patient Consent

Dental offices that render a patient edentulous must also fabricate dentures for the patient. If the patient has indicated that he or she is willing to pay out of pocket to have the dentures fabricated by the dental office and not through the contracted Medicaid Dental Lab, then the dental office must secure the patient's written consent on a form to be designed by the dental office and maintained in the patient's record. Beneficiaries who purchase dentures outside of the Medicaid dental program remain eligible for the Medicaid once-in-a-lifetime denture benefit.

225.000 Oral Surgery

7-1-12

Arkansas Medicaid patients under 21 are eligible for extractions of symptomatic teeth that are involved with acute pain, infection, cyst, tumor or other neoplasm, a radiographically demonstrable pathology that may fail to elicit symptoms, and extractions that are necessary to complete an approved orthodontic treatment plan. Extractions of asymptomatic teeth are covered when associated with a diagnosed pathology, part of an approved orthodontic treatment plan or in the best judgment of the dentist will prevent future periodontal or orthodontic problems later in the patient's life.

Dental records must include documentation, including radiographs, to justify medical or dental necessity for all extractions. Modifications to codes for surgical extractions may occur based on diagnostic radiographs, particularly if the radiographs do not depict the degree of difficulty. In such cases, dental providers should include photographs or written narratives in the patient's dental record to justify the extraction.

225.500 Deep Sedation and General Anesthesia

7-1-12

Providers administering general anesthesia services must possess the appropriate permit as required by Arkansas law. Services performed in the dental office must be documented in the patient's record to include specific information on intubation, pharmacologic agents and amounts used, monitoring of vital signs, and total anesthesia time. Prior authorization is required for deep sedation and general anesthesia procedures, except if billed with D7210, D7220, D7230 or

D7240 for pediatric patients. General anesthesia and intravenous sedation will not be reimbursed for periods of time in excess of two (2) hours. D9220 and D9248 are not allowed on the same day. These codes are subject to post payment review; therefore, providers should be prepared to justify utilization of these procedures and the amount of time patients were kept under deep sedation and general anesthesia.

262.100 ADA Procedure Codes Payable to Beneficiaries Under Age 21

7-18-117-1-12

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

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	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 – occlusal 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			
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)			
D1203	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
D2931	Prefabricated stainless steel crown – permanent	Yes	Yes

ADA Code	Description	PA Yes/No	Submit X-Ray with Treatment Plan Yes/No
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
D5650	Add tooth to existing partial denture	Yes	No
Fixed Prosthodontic Services (See Section 224.000)			
D6930	Re-cement bridge	Yes	No

ADA Code	Description	PA Yes/No	Submit X-Ray with Treatment Plan 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	No	No
D7220	Removal of impacted tooth – soft tissue	No	No
D7230	Removal of impacted tooth – partially bony	No	No
D7240	Removal of impacted tooth – completely bony	No	No
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
D8220	Fixed appliance therapy	Yes	Yes

ADA Code	Description	PA Yes/No	Submit X-Ray with Treatment Plan Yes/No
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, but no PA required when billed with D7210, D7220, D7230, D7240.	Yes
D9221	General Anesthesia – each 15 minutes	Yes, but no PA required when billed with D7210, D7220, D7230, D7240.	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
Outpatient Hospital Services (See Section 228.200)			
0361*	Outpatient hospitalization – for hospital only	Yes	No
0360*	Outpatient hospitalization – for hospital only	Yes	No

ADA Code	Description	PA Yes/No	Submit X-Ray with Treatment Plan Yes/No
0369*	Outpatient hospitalization – for hospital only	Yes	No
0509*	Outpatient hospitalization – for hospital only	Yes	No
Smoking Cessation			
D1320	Tobacco counseling for the control and prevention of oral disease – <u>Counseling and referral by a provider to a tobacco cessation program</u>	No	No
D9920	Behavior Management by Report * (tobacco counseling) – <u>Tobacco counseling received from the provider for the control and prevention of oral disease</u>	No	No
Unclassified Treatment			
D9110	Palliative treatment with dental pain	Yes	No

262.200 ADA Procedure Codes Payable to Medically Eligible Beneficiaries 7-18-11-1-12
Age 21 and Older

The following list shows the procedure code, procedure code description, whether or not prior authorization is required, whether an X-ray should be submitted with a treatment plan, and if there is a benefit limit on a procedure.

The column titled **Benefit Limit** indicates the benefit limit, if any, and how the limit is to be applied. When the column indicates “**Yes, \$500.00**”, then that item, when used in combination with other items listed, cannot exceed the \$500.00 Medicaid maximum allowable reimbursement limit for the state fiscal year (July 1 through June 30). **Other limitations** are also shown in the column (i.e.: **1 per lifetime**). If “**No**” is shown, the item is not benefit limited.

NOTE: The use of the symbol, ~~*~~, along with text in parentheses, indicates the Arkansas Medicaid description of the product.

ADA Code	Description	PA Yes/No	Submit X-Ray with Treatment Plan Yes/No	Benefit Limit Yes/No
Dental Screening (See Section 215.000)				
D0120	Periodic oral evaluation	No	No	Yes-\$500 Yes-1 per year
D0140	Limited oral evaluation-problem focused	No	No	Yes-\$500 Yes-12 per year

ADA Code	Description	PA Yes/No	Submit X-Ray with Treatment Plan Yes/No	Benefit Limit Yes/No
Radiographs (See Sections 216.000 – 216.300)				
D0210	Intraoral – complete series (including bitewings)	No	No	Yes-\$500 Yes-1 per 5 years
D0220	Intraoral – periapical – first film	No	No	Yes-\$500
D0230	Intraoral – periapical – each additional film	No	No	Yes-\$500
D0272	Bitewings – two films	No	No	Yes-\$500 Yes-1 per year
D0330	Panoramic film	No	No	Yes-\$500 Yes-1 per 5 years
Tests and Laboratory				
D0470	Diagnostic Casts (full denture)	No	No	Yes-\$500
	Diagnostic Casts (partial denture)	Yes	Yes	Yes- 4 per lifetime
Dental Prophylaxis (See Section 217.100)				
D1110	Prophylaxis – adult	No	No	Yes-\$500 Yes-1 per year
Topical Fluoride Treatment (Office Procedure) (See Section 217.100)				
D1203	Topical application of fluoride (prophylaxis not included) – adult	No	No	Yes-\$500 Yes-1 per year
Restorations (See Sections 219.000 – 219.200)				
Amalgam Restorations (including polishing) (See Section 219.100)				
D2140	Amalgam – one surface, primary or permanent	No	No	Yes-\$500
D2150	Amalgam – two surfaces, primary or permanent	No	No	Yes-\$500
D2160	Amalgam – three surfaces, primary or permanent	No	No	Yes-\$500
D2161	Amalgam – four or more surfaces, primary or permanent	No	No	Yes-\$500
Composite Resin Restorations (See Section 219.200)				
D2330	Resin – one surface, anterior, permanent	No	No	Yes-\$500
D2331	Resin – two surfaces, anterior, permanent	No	No	Yes-\$500

ADA Code	Description	PA Yes/No	Submit X-Ray with Treatment Plan Yes/No	Benefit Limit Yes/No
D2332	Resin – three surfaces, anterior, permanent	No	No	Yes-\$500
D2335	Resin – four or more surfaces or involving incisal angle, permanent	Yes	Yes	Yes-\$500
Crowns – Single Restoration Only (See Section 220.000)				
D2920	Re-cement crown	No	Yes	Yes-\$500
D2931	Prefabricated stainless steel crown – permanent	Yes	Yes	Yes-\$500
Surgical Services (including usual postoperative services)				
D4341	Periodontal scaling and root planing-four or more contiguous	Yes	Yes	Yes-\$500
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	Yes	Yes	Yes-\$500
D4910	Periodontal maintenance procedures (following active therapy)	Yes	Yes	Yes-\$500
Repairs to Complete and Partial Dentures (See Section 223.000)				
D5410	Adjust complete denture-maxillary	No	No	Yes-\$500 Yes-3 per lifetime
D5411	Adjust complete denture-mandibular	No	No	Yes-\$500 Yes-3 per lifetime
D5610	Repair acrylic saddle or base	Yes	No	Yes-\$500
D5640	Replace broken teeth – per tooth	Yes	No	Yes-\$500
D5650	Add tooth to existing partial denture	Yes	No	Yes-\$500
D5730	Reline complete maxillary denture (chairside)	No	No	Yes-\$500 Yes-1 every 3 years
D5731	Reline lower complete mandibular denture (chairside)	No	No	Yes-\$500 Yes-1 every 3 years
Fixed Prosthodontic Services (See Section 224.000)				
D6930	Re-cement bridge	Yes	No	Yes-\$500
Oral Surgery (See Section 225.000)				
Simple Extractions (includes local anesthesia and routine postoperative care) (See Section 225.100)				
D7140	Single tooth	No	No	No

ADA Code	Description	PA Yes/No	Submit X-Ray with Treatment Plan Yes/No	Benefit Limit Yes/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	No
D7220	Removal of impacted tooth – soft tissue	Yes	Yes	No
D7230	Removal of impacted tooth – partially bony	Yes	Yes	No
D7240	Removal of impacted tooth – completely bony	Yes	Yes	No
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	Yes	Yes	No
D7250	Surgical removal of residual tooth roots (cutting procedure)	Yes	Yes	Yes-\$500
Other Surgical Procedures				
D7285	Biopsy of oral tissue – hard	Yes	Yes	Yes-\$500
D7286	Biopsy of oral tissue – soft	Yes	Yes	Yes-\$500
D7310	Alveoplasty in conjunction with extractions-four or more teeth	Yes	No	Yes-\$500
D7472	Removal of torus palatinus	Yes	No	Yes-\$500 1 per lifetime
D7473	Removal of torus mandibularis	Yes	No	Yes-\$500 1 per lifetime
Osteoplasty for Prognathism, Micrognathism or Apertognathism				
D7510	Incision and drainage of abscess, intraoral soft tissue	Yes	No	Yes-\$500
Unclassified Treatment				
D9110	Palliative treatment with dental pain	Yes	No	Yes-\$500
Smoking Cessation				

ADA Code	Description	PA Yes/No	Submit X-Ray with Treatment Plan Yes/No	Benefit Limit Yes/No
D1320	Tobacco counseling for the control and prevention of oral disease – <u>Counseling and referral by a provider to a tobacco cessation program</u>	No	No	Yes-\$500 <u>2 counseling sessions per SFY</u>
D9920	Behavior Management by Report- * (tobacco counseling) – <u>Tobacco counseling received from the provider for the control and prevention of oral disease</u>	Yes No	No	Yes-\$500 <u>2 counseling sessions per SFY</u>