

IHCP *banner page*

Transportation providers are reminded of IHCP guidance for billing ALS/BLS oxygen services

The Indiana Health Coverage Programs (IHCP) reminds transportation providers to follow IHCP guidance when billing for advanced life support (ALS) or basic life support (BLS) oxygen services.

- Providers must not bill Healthcare Common Procedure Coding System (HCPCS) code A0422 – *Ambulance (ALS or BLS) oxygen, and oxygen supplies, life sustaining situation* with ALS transport codes A0426, A0427, and A0433. These base codes for ALS transport already include the reimbursement for supplies and oxygen in an ALS situation.
- Providers can bill HCPCS code A0422 with BLS transport codes A0428 and A0429, if oxygen services were medically necessary. Transportation providers must document medical necessity for the use of oxygen in the member's medical record maintained by the provider.

For more detailed billing guidance regarding ALS and BLS transport services, see the [Transportation Services](#) provider reference module.

IHCP adds reimbursement restrictions to dental anesthesia codes

Effective July 20, 2017, the Indiana Health Coverage Programs (IHCP) will add reimbursement restrictions to the Current Dental Terminology (CDT) dental anesthesia codes listed in Table 1. IHCP will reimburse only one dental anesthesia code in Table 1 for a single date of service (DOS). This change applies to DOS on or after July 20, 2017.

Table 1: CDT dental anesthesia codes restricted to reimbursement of one code per DOS, effective for DOS on or after July 20, 2017

Code	Description
D9223	DEEP SEDATION/GENERAL ANESTHESIA – 15 MINUTE INCREMENTS
D9230	ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS OXIDE
D9243	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA – 15 MINUTE INCREMENTS
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION
D9920	BEHAVIOR MANAGEMENT

MORE IN THIS ISSUE

- [IHCP updates the dental codes that require tooth numbers when billing](#)

If one of the dental anesthesia codes listed in Table 1 is billed and paid, any claim for another of the dental anesthesia codes on the table, for the same DOS, will deny for explanation of benefit (EOB) 6275 – *Multiple dental sedation codes not payable on same DOS.*

IHCP updates the dental codes that require tooth numbers when billing

The Indiana Health Coverage Programs (IHCP) currently requires fee-for-service (FFS) dental claims to indicate tooth numbers when billing certain dental codes. Effective July 20, 2017, the dental codes shown in Table 2 have been added as codes requiring a tooth number on claims when billing.

A comprehensive list of dental codes that require a tooth number on the claim, including those added for DOS on or after July 1, 2017, are listed in Table 3. When billing the dental codes in Table 3, a tooth number must be indicated on the dental claim to receive reimbursement. If a tooth number is not indicated on the claim, the claim will deny with explanation of benefits (EOB) 261 – *Tooth Number Missing*. Table 3 will be added to the Dental Services Codes on the [Code Sets](#) page at indianamedicaid.com for reference.



This billing information applies to services delivered under the FFS delivery system. Individual managed care entities (MCEs) establish and publish billing information within the managed care delivery system. Questions about managed care billing should be directed to the MCE with which the member is enrolled.

Table 2 – Dental codes for which the requirement to indicate a tooth number on the claim will be added, effective for DOS on or after July 20, 2017

Dental Code	Description
D1510	SPACE MAINTAINER, FIXED, UNILATERAL
D1515	SPACE MAINTAINER, FIXED, BILATERAL
D1550	RE-CEMENT OR RE-BOND SPACE MAINTAINER
D1555	REMOVAL OF FIXED SPACE MAINTAINER
D2980	CROWN REPAIR
D3351	APEXIFICATION/RECALC INITIAL
D3352	APEXIFICATION/RECALC INTERIM
D3353	APEXIFICATION-RECALCIFICATION-FINAL VISIT
D7251	CORONECTOMY INTENTIONAL PART TOOTH REMOV
D7285	BIOPSY OF ORAL TISSUE HARD
D7286	BIOPSY OF ORAL TISSUE SOFT
D7510	INCISION AND DRAINAGE OF ABSCE

continued

Table 3 – All dental codes for which a tooth number is required on the claim, effective for DOS on or after July 20, 2017

Dental Code	Description
D0220	INTRAORAL PERIAPICAL FIRST RADIOGRAPHIC IMAGE
D0230	INTRAORAL PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE
D1351	SEALANT PER TOOTH
D1352	PREV RESIN REST, PERM TOOTH
D1354	INTERIM CARIES ARREST MEDICAMENT APP
D1510	SPACE MAINTAINER, FIXED, UNILATERAL
D1515	SPACE MAINTAINER, FIXED, BILATERAL
D1550	RE-CEMENT OR RE-BOND SPACE MAINTAINER
D1555	REMOVAL OF FIXED SPACE MAINTAINER
D2140	AMALGAM ONE SURFACE, PRIMARY OR PERMANENT
D2150	AMALGAM TWO SURFACES, PRIMARY OR PERMANENT
D2160	AMALGAM THREE SURFACES, PRIMARY OR PERMANENT
D2161	AMALGAM FOUR OR MORE SURFACES, PRIMARY OR PERMANENT
D2330	RESIN ONE SURFACE-ANTERIOR
D2331	RESIN TWO SURFACES-ANTERIOR
D2332	RESIN THREE SURFACES-ANTERIOR
D2335	RESIN 4/> SURF OR W INCIS AN
D2390	ANT RESIN-BASED CMPST CROWN
D2391	RESIN BASED CMP 1 SRF PO
D2392	RESIN BASED CMP 2 SRF PO
D2393	RESIN BASED CMP 3 SRF PO
D2394	RESIN BASED CMP>=4 SRF PO
D2910	RECEMENT INLAY ONLAY OR PART
D2920	RE-CEMENT OR RE-BOND CROWN
D2921	REATTACH TOOTH FRAGMENT
D2930	PREFAB STNLSS STEEL CRWN PRI
D2931	PREFAB STNLSS STEEL CROWN PE
D2932	PREFABRICATED RESIN CROWN

continued

Table 3 – All dental codes for which a tooth number is required on the claim, effective for DOS on or after July 20, 2017 (continued)

Dental Code	Description
D2933	PREFAB STAINLESS STEEL CROWN
D2934	PREFAB STEEL CROWN PRIMARY
D2980	CROWN REPAIR
D3220	THERAPEUTIC PULPOTOMY
D3222	PART PULP FOR APEXOGENESIS
D3230	PULPAL THERAPY ANTERIOR PRIM
D3240	PULPAL THERAPY POSTERIOR PRI
D3310	END THXPY, ANTERIOR TOOTH
D3320	END THXPY, BICUSPID TOOTH
D3330	END THXPY, MOLAR
D3346	RETREAT ROOT CANAL ANTERIOR
D3347	RETREAT ROOT CANAL BICUSPID
D3348	RETREAT ROOT CANAL MOLAR
D3351	APEXIFICATION/RECALC INITIAL
D3352	APEXIFICATION/RECALC INTERIM
D3353	APEXIFICATION-RECALCIFICATION-FINAL VISIT
D3410	APICOECTOMY - ANTERIOR
D3421	APICOECTOMY - BICUSPID (FIRST ROOT)
D3425	APICOECTOMY -MOLAR (FIRST ROOT)
D3426	APICOECTOMY (EACH ADDITIONAL ROOT)
D3427	PERIRADICULAR SURGERY WIHOUT APICOECTOMY
D3430	RETROGRADE FILLING PER ROOT
D4212	GINGIVECTOMY/PLASTY REST
D5520	REPLACE DENTURE TEETH COMPLT
D5640	REPLACE PART DENTURE TEETH
D5650	ADD TOOTH TO PARTIAL DENTURE
D5660	ADD CLASP TO PARTIAL DENTURE
D6081	SCALING AND DEBRIDEMENT

continued

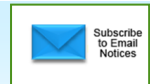
Table 3 – All dental codes for which a tooth number is required on the claim, effective for DOS on or after July 20, 2017 (continued)

Dental Code	Description
D7111	EXTRACTION CORONAL REMNANTS
D7140	EXTRACTION ERUPTED TOOTH/EXR
D7210	REM IMP TOOTH W MUCOPER FLP
D7220	IMPACT TOOTH REMOV SOFT TISS
D7230	IMPACT TOOTH REMOV PART BONY
D7240	IMPACT TOOTH REMOV COMP BONY
D7241	IMPACT TOOTH REM BONY W/COMP
D7250	TOOTH ROOT REMOVAL
D7251	CORONECTOMY INTENTIONAL PART TOOTH REMOV
D7270	TOOTH REIMPLANTATION
D7280	EXPOSURE IMPACT TOOTH ORTHOD
D7282	MOBILIZE ERUPTED/MALPOS TOOTH
D7285	BIOPSY OF ORAL TISSUE HARD
D7286	BIOPSY OF ORAL TISSUE SOFT
D7510	INCISION AND DRAINAGE OF ABSCE

QUESTIONS?

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