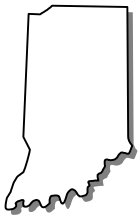
Indiana Health Coverage Programs



P R O V I D E R B U L L E T I N

B T 2 0 0 3 2 4 M A Y 5 , 2 0 0 3

To: All Dental, FQHC and RHC providers

Subject: Changes to the $600 Dental Cap

Overview

This bulletin announces a change in the $600 dental cap for adult services. To separate surgical and periodontal services from the $600 cap for adult dental services, the Office of Medicaid Policy and Planning (OMPP), working with the Dental Advisory Panel (DAP) and the Indiana Dental Association (IDA), agreed to the changes published in this bulletin. These changes require an update to the Indiana Administrative Code (IAC) rule. A copy of the revised dental rule *405 IAC 5-14* is attached to this bulletin. The following codes will be limited or end-dated, effective June 1, 2003.

Limited Codes

Table 1 – Limited Dental Codes

Code	Description
D0230	Intraoral, periapical, each additional film, limited to seven films per visit.
D1110	Adult prophylaxis, ages 13 through 999, changed from two times in six months to one time in six months for institutionalized members.
D0150	Comprehensive oral evaluation or D0160 detailed and extensive oral evaluation is limited to two visits per member per year.
D9220	General anesthesia – For the first 30 minutes. Reimbursement is available only for an outpatient (OP), an inpatient (IP) or an ambulatory surgical center (ASC) patient.
D9221	General anesthesia – For each additional 15 minutes. Reimbursement is available only for OP, IP or ASC locations.
D9230	Analgesia, anxiolysis, or inhalation of nitrous oxide is non-covered only for adults 21 years old and older.
D9241	Intravenous sedation or analgesia – The first 30 minutes is only covered for oral surgery for adults and children.
D9242	Intravenous sedation or analgesia – Each additional 15 minutes is only covered for oral surgery for adults and children.
D9248	Non-intravenous conscious sedation is eliminated for adults only

End-Dated Codes

Table 2 – End-dated Dental Codes

Code	Description
D0320	Temporomandibular joint arthrogram, including injection
D0321	Other temporomandibular joint films, by report
D0322	Tomographic survey
D0340	Cephalometric film
D2951	Pin retention – per tooth, in addition to restoration
D3110	Pulp cap – direct (excluding final restoration)
D3120	Pulp cap – indirect (excluding final restoration)
D7550	Sequestrectomy for osteomyelitis
D7940	Osteoplasty – for orthognathic deformities
D9310	Consultation -- diagnostic service provided by dentist or physician other than practitioner providing treatment
D9610	Therapeutic drug injection, by report
D9930	Treatment of complications (post-surgical) – unusual circumstances, by report

Additional Information

Direct questions about this bulletin to the Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

TITLE 405 OFFICE OF THE SECRETARY OF FAMILY AND SOCIAL SERVICES

FINAL RULE

LSA #02-140 (F)

DIGEST

Amends 405 IAC 5-14-2, 405 IAC 5-14-3, 405 IAC 5-14-4, 405 IAC 5-14-6, 405 IAC 5-14-11, 405 IAC 5-14-15, 405 IAC 5-14-16, 405 IAC 5-14-17, and 405 IAC 5-14-18 to limit covered services and update the Medicaid dental rule to reflect current operating procedures. Repeals 405 IAC 5-14-10. Effective 30 days after filing with the secretary of state. *NOTE: Under IC 4-22-2-29(a)(2), LSA Document # 02-277, printed at 26 IR 864, was consolidated with this document.*

405 IAC 5-14-2
405 IAC 5-14-3
405 IAC 5-14-4
405 IAC 5-14-6
405 IAC 5-14-10
405 IAC 5-14-11
405 IAC 5-14-15
405 IAC 5-14-16
405 IAC 5-14-17
405 IAC 5-14-18

SECTION 1. 405 IAC 5-14-2 IS AMENDED TO READ AS FOLLOWS:

405 IAC 5-14-2 Covered services

Authority: IC 12-8-6-5; IC 12-15-1-10; IC 12-15-1-15; IC 12-15-21-2; IC 12-15-21-3
Affected: IC 12-13-7-3; IC 12-15

Sec. 2. The following are covered dental services under the Indiana Medicaid program:

(1) Evaluations.

(2) Radiographs.

(3) Prophylaxis.

(4) Topical fluoride **for recipients twenty (20) years of age and younger.**

(5) Sealant **for permanent molars and premolars for recipients twenty (20) years of age and younger.**

(6) Amalgam.

(7) Unilateral and bilateral space maintainers **for recipients twenty (20) years of age and younger.**

(8) Resin anteriors and posteriors.

(9) Recement crowns.

(10) Steel crown primary.

(11) Stainless steel crown permanent.

~~(12) Pin retention~~.

(~~13) Pulpcap~~.

~~(14)~~ **(12)** Therapeutic pulpotomy.

~~(15)~~ **(13)** Extractions.

~~(16)~~ **(14)** Oral biopsies.

~~(17)~~ **(15)** Alveoplasty.

~~(18)~~ **(16)** Excision of lesions.

~~(19)~~ **(17)** Excision of benign tumor. ~~greater than one and twenty-five hundredths (1.25) centimeters.~~

~~(20)~~ **(18)** Odontogenic cyst removal.

~~(21)~~ **(19)** Nonodontogenic cyst removal.

~~(22)~~ **(20)** Incise and drain abscess.

~~(23) Sequestrectomy osteomyelitis.~~

~~(24)~~ **(21)** Fracture simple stabilize.

~~(25)~~ **(22)** Compound fracture of the mandible.

~~(26)~~ **(23)** Compound fracture of the maxilla.

~~(27)~~ **(24)** Repair of wounds.

~~(28)~~ **(25)** Suturing.

~~(29) Osteoplasty for orthognathic deformity.~~

~~(30)~~ **(26)** Emergency treatment dental pain.

~~(31)~~ **(27)** Analgesia **for recipients twenty (20) years of age and younger.**

~~(32) Therapeutic drug injection.~~

~~(33)~~ **(28)** Drugs and medicaments.

~~(34) Treatment of complications postsurgery.~~

~~(35)~~ **(29)** Periodontal surgery limited to drug-induced periodontal hyperplasia.

~~(36)~~ **(30)** Other dental services as medically necessary to treat recipients eligible for the EPSDT program.

~~(37) Confirmatory consultations~~.

~~(38)~~ **(31)** Periodontal root planing and scaling.

~~(39)~~ **(32)** General anesthesia.

~~(40)~~ **(33)** Intravenous (IV) sedation **covered only for oral surgical services.**

~~(41)~~ **(34) Dentures and partials.**

~~(42)~~ **(35) Orthodontic services for recipients twenty (20) years of age and under only.**

(Office of the Secretary of Family and Social Services; 405 IAC 5-14-2; filed Jul 25, 1997, 4:00 p.m.: 20 IR 3319; readopted filed Jun 27, 2001, 9:40 a.m.: 24 IR 3822)

SECTION 2. 405 IAC 5-14-3 IS AMENDED TO READ AS FOLLOWS:

405 IAC 5-14-3 Diagnostic services

Authority: IC 12-8-6-5; IC 12-15-1-10; IC 12-15-1-15; IC 12-15-21-2; IC 12-15-21-3
Affected: IC 12-13-7-3; IC 12-15

Sec. 3. Medicaid reimbursement is available for diagnostic services, including initial and periodic evaluations, prophylaxis, radiographs, and emergency treatments with the following limitations:

(1) Either full mouth series radiographs or panorex is limited to one (1) set per recipient every three (3) years.

(2) Bitewing **and** intraoral, ~~and extra-oral~~ radiographs are limited to one (1) set per recipient every twelve (12) months. One (1) set **of bitewings** is defined as a total of four (4) single films. **Intraoral radiographs are limited to one (1) first film and seven (7) additional films. Temporomandibular joint arthograms, other temporomandibular films, tomographic surveys, and cephalometric films are no longer covered in a dental office.**

(3) A comprehensive or detailed oral evaluation is limited to one (1) per lifetime, per recipient, per provider, **with an annual limit of two (2) per recipient.**

(4) A periodic or limited oral evaluation is limited to one (1) every six (6) months, per recipient, any provider.

(5) Mouth gum cultures and sensitivity tests are not covered.

(6) Oral hygiene instructions are reimbursed in the Medicaid payment allowance for diagnostic services and may not be billed separately to Medicaid.

(7) Payment for the writing of prescriptions is included in the reimbursement for diagnostic services and may not be billed separately to Medicaid.

(Office of the Secretary of Family and Social Services; 405 IAC 5-14-3; filed Jul 25, 1997, 4:00 p.m.: 20 IR 3320; readopted filed Jun 27, 2001, 9:40 a.m.: 24 IR 3822)

SECTION 3. 405 IAC 5-14-4 IS AMENDED TO READ AS FOLLOWS:

405 IAC 5-14-4 Topical fluoride

Authority: IC 12-8-6-5; IC 12-15-1-10; IC 12-15-1-15; IC 12-15-21-2; IC 12-15-21-3
Affected: IC 12-13-7-3; IC 12-15

Sec. 4. Reimbursement is available for one (1) topical application of fluoride every six (6) months per recipient only for patients who are ~~eighteen (18)~~ **twelve (12)** months of age or older but who are younger than ~~nineteen (19)~~ **twenty-one (21)** years of age. Topical applications of fluoride are not covered for recipients ~~nineteen (19)~~ **twenty-one (21)** years of age or older. Brush-in fluoride (topical application of fluoride phosphate) is not a covered service. (Office of the Secretary of Family and

Social Services; 405 IAC 5-14-4; filed Jul 25, 1997, 4:00 p.m.: 20 IR 3320; readopted filed Jun 27, 2001, 9:40 a.m.: 24 IR 3822)

SECTION 4. 405 IAC 5-14-6 IS AMENDED TO READ AS FOLLOWS:

405 IAC 5-14-6 Prophylaxis

Authority: IC 12-8-6-5; IC 12-15-1-10; IC 12-15-1-15; IC 12-15-21-2; IC 12-15-21-3
Affected: IC 12-13-7-3; IC 12-15

Sec. 6. Prophylaxis is a covered service in accordance with the following limitations:

(1) One (1) unit every six (6) months for noninstitutionalized recipients ~~over eighteen (18)~~ **twelve (12)** months of age up to their twenty-first birthday.

(2) One (1) unit every twelve (12) months for noninstitutionalized recipients twenty-one (21) years of age and older.

(3) Institutionalized recipients may receive up to ~~two (2) units~~ **one (1)** unit every six (6) months.

(4) Prophylaxis is not covered for recipients under ~~eighteen (18)~~ **twelve (12)** months of age.

(*Office of the Secretary of Family and Social Services; 405 IAC 5-14-6; filed Jul 25, 1997, 4:00 p.m.: 20 IR 3320; readopted filed Jun 27, 2001, 9:40 a.m.: 24 IR 3822)*

SECTION 5. 405 IAC 5-14-11 IS AMENDED TO READ AS FOLLOWS:

405 IAC 5-14-11 Analgesia

Authority: IC 12-8-6-5; IC 12-15-1-10; IC 12-15-1-15; IC 12-15-21-2; IC 12-15-21-3
Affected: IC 12-13-7-3; IC 12-15

Sec. 11. Nitrous oxide analgesia **is covered only for those twenty years of age** and **younger.** Preanesthetic medication ~~are~~ **is a** covered ~~services.~~ **service for all ages.** *(Office of the Secretary of Family and Social Services; 405 IAC 5-14-11; filed Jul 25, 1997, 4:00 p.m.: 20 IR 3321; readopted filed Jun 27, 2001, 9:40 a.m.: 24 IR 3822)*

SECTION 6. 405 IAC 5-14-13 IS AMENDED TO READ AS FOLLOWS:

405 IAC 5-14-15 General anesthesia and intravenous sedation

Authority: IC 12-8-6-5; IC 12-15-1-10; IC 12-15-1-15; IC 12-15-21-2; IC 12-15-21-3
Affected: IC 12-13-7-3; IC 12-15

Sec. 15. (a) Medicaid reimbursement is available for general anesthesia. General anesthesia for recipients twenty-one (21) years of age and older may only be provided in a hospital (inpatient or outpatient) or ambulatory surgical center~~.~~ ~~Prior authorization is required~~ and ~~shall~~ **must** include ~~consideration~~ **documentation** of the following **in the patient's record to be eligible for reimbursement:**

(1) Specific reasons why such services are needed, including specific justification if such services are to be provided on an outpatient basis.

(2) Documentation that the recipient cannot receive necessary dental services unless general anesthesia is administered. For example, a recipient may be unable to cooperate with the dentist due to physical or mental disability.

(b) Medicaid reimbursement is available for intravenous sedation **in a dental office** when ~~prior authorized. Prior authorization requests~~ **provided for oral surgical services only. Documentation in the patient's record** must include specific reasons why such services are needed, ~~including specific justification~~ if such services are to be provided on an outpatient basis. *(Office of the Secretary of Family and Social Services; 405 IAC 5-14-15; filed Jul 25, 1997, 4:00 p.m.: 20 IR 3321; readopted filed Jun 27, 2001, 9:40 a.m.: 24 IR 3822)*

SECTION 7. 405 IAC 5-14-16 IS AMENDED TO READ AS FOLLOWS:

405 IAC 5-14-16 Periodontics; surgical

Authority: IC 12-8-6-5; IC 12-15-1-10; IC 12-15-1-15; IC 12-15-21-2; IC 12-15-21-3
Affected: IC 12-13-7-3; IC 12-15

Sec. 16. Periodontic surgery is a covered service only for cases of drug-induced periodontal hyperplasia. ~~This service requires prior authorization~~. ~~Requests for surgical periodontics will be evaluated and decided on an individual basis.~~ **Documentation in the patient's record must substantiate that the service was provided for drug-induced periodontal hyperplasia.** *(Office of the Secretary of Family and Social Services; 405 IAC 5-14-16; filed Jul 25, 1997, 4:00 p.m.: 20 IR 3322; readopted filed Jun 27, 2001, 9:40 a.m.: 24 IR 3822)*

SECTION 8. 405 IAC 5-14-17 IS AMENDED TO READ AS FOLLOWS:

405 IAC 5-14-17 Oral surgery

Authority: IC 12-8-6-5; IC 12-15-1-10; IC 12-15-1-15; IC 12-15-21-2; IC 12-15-21-3
Affected: IC 12-13-7-3; IC 12-15

Sec. 17. No oral surgical procedures shall be ~~approved~~, **reimbursed** other than those listed in this rule ~~except in extreme cases of facial trauma, pathology, or deformity~~. ~~All oral surgery in the categories described in this rule require prior authorization by the office.~~ **and as defined by provider bulletin**. Placement of sutures or tissue trim, or both, in a simple extraction does not constitute a surgical extraction. Multiple simple extractions with placement of sutures or tissue trim, or both, performed in either office or hospital shall not be reimbursed as surgical extractions. Payment of preoperative and postoperative care is included in the reimbursement for the operative procedure and may not be billed separately to Medicaid.

(Office of the Secretary of Family and Social Services; 405 IAC 5-14-17; filed Jul 25, 1997, 4:00 p.m.: 20 IR 3322; readopted filed Jun 27, 2001, 9:40 a.m.: 24 IR 3822)

SECTION 9. 405 IAC 5-14-18 IS AMENDED TO READ AS FOLLOWS:

405 IAC 5-14-18 Hospital admissions for covered dental services or procedures

Authority: IC 12-8-6-5; IC 12-15-1-10; IC 12-15-1-15; IC 12-15-21-2; IC 12-15-21-3
Affected: IC 12-13-7-3; IC 12-15

Sec. 18. **The medical necessity for** admission of a recipient to a hospital for the purpose of performing any elective dental service, or any elective dental service performed on an inpatient basis, ~~requires prior authorization by the office. Authorization will be given only for those recipients with problems that require special or additional care to that care routinely provided in a dentist's office. In cases of life threatening emergencies, retroactive prior authorization must be obtained within forty eight (48) hours of the hospital admission~~. **must be documented in the patient's record.** *(Office of the Secretary of Family and Social Services; 405 IAC 5-14-18; filed Jul 25, 1997, 4:00 p.m.: 20 IR 3322; readopted filed Jun 27, 2001, 9:40 a.m.: 24 IR 3822)*

SECTION 10. 405 IAC 5-14-10 IS REPEALED.