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

BT200839   OCTOBER 21, 2008

To: All Dental Providers

Subject: Emergency Dental Services

Overview

Package E fee-for-service recipients are eligible for emergency services only. The Omnibus Budget Reconciliation Act (OBRA) of 1986 defines an emergency medical condition as follows:

> *A medical condition of sufficient severity (including severe pain) that the absence of medical attention could result in placing the member's health in serious jeopardy, serious impairment of bodily functions, or serious dysfunction of an organ or part.*

This bulletin advises dental providers that the Current Dental Terminology (CDT) codes for emergency dental services are currently under review.

Emergency Services Only Package E Members

Emergency Services Only Package E Members are eligible for certain dental procedures. Table 1 lists the applicable Current Dental Terminology, version 5 (CDT-5) codes that are billable to the Indiana Health Coverage Programs (IHCP) for an emergency service. The Office of Medicaid Policy and Planning is currently reviewing this list to determine if the codes are valid emergency dental services. Any additions or deletions of codes from this list will be communicated to the provider community in a future banner article. Using a code from the table on a claim for a Package E member does not eliminate the need for providers to document the emergency medical condition that is required for treatment.

Table 1 – CDT Codes for Emergency Dental Services

CDT-5 Code	Description
D0140	Limited oral evaluation – problem focused
D0210	Intraoral – complete series (including bitewings)

CDT-5 Code	Description
D0220	Intraoral – periapical – first film
D0230	Intraoral – periapical – each additional film
D0240	Intraoral – occlusal film
D0270	Bitewing – single film
D0272	Bitewings – two films
D0273	Bitewings – three films
D0274	Bitewings – four films
D0330	Panoramic film
D7111	Extraction, coronal remnants – deciduous tooth
D7140	Extraction, erupted tooth or exposed root
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth
D7220	Removal of impacted tooth – soft tissue
D7230	Removal of impacted tooth – partially bony
D7240	Removal of impacted tooth – completely bony
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications
D7250	Surgical removal of residual tooth roots (cutting procedure)
D7260	Oroantral fistula closure
D7261	Primary closure of sinus perforation
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth
D7280	Surgical access of unerupted tooth (impacted tooth not intended for extraction)
D7282	Mobilization of erupted or malpositioned tooth to aid eruption
D7285	Biopsy of oral tissue – hard
D7286	Biopsy of oral tissue – soft
D7288	Brush biopsy – transepithelial sample collection
D7510	Incision and drainage of abscess – intraoral soft tissue
D7511	Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)
D7520	Incision and drainage of abscess – extraoral soft tissue
D7521	Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body
D7610	Maxilla – open reduction (simple fracture)
D7620	Maxilla – closed reduction (simple fracture)
D7630	Mandible – open reduction (simple fracture)
D7640	Mandible – closed reduction (simple fracture)
D7650	Malar and/or zygomatic arch – open reduction (simple fracture)
D7660	Malar and/or zygomatic arch – closed reduction (simple fracture)
D7670	Alveolus – closed reduction, may include stabilization of teeth (simple fracture)
D7671	Alveolus – open reduction, may include stabilization of teeth (simple fracture)

CDT-5 Code	Description
D7680	Facial bones – complicated reduction with fixation and multiple surgical approaches (simple fracture)
D7710	Mandible/Maxilla – open reduction (compound fracture)
D7720	Mandible/Maxilla – closed reduction (compound fracture)
D7730	Mandible – open reduction (compound fracture)
D7740	Mandible – closed reduction (compound fracture)
D7750	Malar and/or zygomatic arch – open reduction (compound fracture)
D7760	Malar and/or zygomatic arch – closed reduction (compound fracture)
D7770	Alveolus – open reduction, may include stabilization of teeth (compound fracture)
D7771	Alveolus – closed reduction, may include stabilization of teeth (compound fracture)
D7780	Facial bones – complicated reduction with fixation and multiple surgical approaches (compound fracture)
D7910	Suture of small wounds up to 5cm (excludes surgical incisions)
D7911	Complicated suture – up to 5cm (excludes surgical incisions)
D7912	Complicated suture – greater than 5cm (excludes surgical incisions)
D7999	Unspecified oral surgery procedure – by report (use for supernumerary tooth extractions)
D9220	General anesthesia – first 30 minutes. (Only covered if medically necessary. Only covered in the office setting for members less than 21 years of age. Only covered for members 21 years of age and older in the hospital (inpatient or outpatient) or ASC setting.)
D9221	General anesthesia – each additional 15 minutes. (See D9220)
D9230	Analgesia, anioxlysis, inhalation of nitrous oxide. (Only covered for members 20 years of age and younger and limited to one unit per visit.)
D9241	Intravenous conscious sedation/analgesia – first 30 minutes. (Covered for oral surgical procedures only.)
D9242	Intravenous conscious sedation/analgesia – each additional 15 minutes. (Covered for oral surgical procedures only.)
D9248	Nonintravenous conscious sedation
D9920	Behavior management

Providers must continue to write "Emergency" in form locator 2 on the American Dental Association (ADA) 2006 approved dental claim form.

Providers must use one of the Eligibility Verification Systems (EVS) – Omni, Automated Voice Response (AVR), or Web interChange – to verify the eligibility status for all potential Medicaid Package E recipients.

All claims denying for "Emergency Dental Services Only" will post the explanation of benefits (EOB) code 2047 – *Package E Members Eligible for Dental Emergency Services Only.*