



Dental Services for Clients Age 20 & Under

Preventive

Prophylaxis

Teeth cleanings are allowed every six month period per client. **Two additional annual prophylaxis benefits are available for clients with documented high risk oral conditions due to disease process, medications, severe periodontal disease, rampant caries, developmental disability, congenital or other medical conditions which prevent adequate daily oral health care.**

Prophylaxis is not a benefit when billed on the same date of service as any periodontal procedure code.

Fluoride

Topical fluoride treatment is allowed once every six months. **Additional topical fluoride treatments totaling a maximum of four treatments within a twelve month period is available for clients with documented high-risk oral conditions due to disease process, medications, severe periodontal disease, rampant caries, developmental disability, congenital or other medical condition which prevents adequate daily oral health care.**

Oral Hygiene Instructions

As a minimum, instructions from the provider to the client and/or the client's caretaker should include tooth brushing technique, flossing, the use of special hygiene aids, dietary practices and, if appropriate, counseling regarding the use of pacifiers and mouth guards.

Sealants

Sealants may be applied to any permanent first or second molar at risk for occlusal pit and fissure decay. A separate benefit will not be paid for sealant placed in the facial (buccal) pit and/or fissure of a permanent molar tooth.

Please consult the [JADA March 2008](#) regarding appropriate tooth preparation.

Space Maintenance (Passive Appliances)

Limitation for space maintainers is to hold arch space after the premature loss of a first or second primary molar or a permanent first molar, or congenitally missing permanent tooth. Lost space maintainers are replaceable in conjunction with guidance from Medicaid staff. A provisional prosthesis (interim partial denture) designed for use over a limited period of time is also a covered benefit but must be pre-authorized. Fees for space maintainers include maintenance and repair. Repairs and relines to removable dentures are a benefit.



Diagnostic

Clinical Oral Evaluations

A comprehensive oral evaluation (exam) for a new or established patient is allowed once every **three years** per billing provider. This applies to new patients, established patients who have had a significant change in health conditions or other documented unusual circumstances, or established patients who have been absent from active treatment for three or more years. This includes a thorough evaluation and recording of the extraoral and intraoral hard and soft tissues. It may require interpretation of information acquired through additional diagnostic procedures. Additional diagnostic procedures should be reported separately.

A periodic oral evaluation is an evaluation performed on a patient of record to determine any changes in the patient's dental and medical health status since a previous comprehensive or periodic evaluation. This includes an oral cancer evaluation and periodontal screening where indicated, and may require interpretation of information acquired through additional diagnostic procedures. A periodic oral evaluation is allowed twice in a calendar year per patient by the same provider or one time when it is performed in the same year as a previously administered comprehensive oral evaluation. **An additional oral evaluation is available for clients with documented high risk oral conditions due to disease process, medication, severe periodontal disease, rampant caries, developmental disability, congenital or other medical conditions which prevent adequate daily oral health care.**

For each emergent episode, use of a limited oral evaluation – procedure is allowed. A limited oral evaluation procedure cannot be billed routinely with multiple treatment procedures. Limited oral evaluations may be billed by two different providers on the same date of service for the same client when one provider is a general dentist and the other is a dentist who has received post graduate training in one of the recognized dental specialties.

An oral evaluation for a patient less than three years of age and counseling with primary caregiver is available for a new or established patient twice annually. This service includes recording the oral and physical health history, evaluation of caries susceptibility, development of an appropriate preventive oral health regimen and communication with and counseling of the child's parent, legal guardian and/or primary caregiver. **Additional oral evaluations may be available for clients with documented high risk oral conditions due to disease process, medication, rampant caries, developmental disability, congenital or other medical conditions.**

Radiographs

Colorado Medicaid requires that clinicians follow the guidelines of the American Academy of Pediatric Dentistry for prescribing dental radiographs for infants, children, adolescents and persons with special health care needs.



Click on [Radiographs](#) for guidelines.

A minimum of eight films is required for an intra-oral complete series (full mouth series, complete series). Clients over twelve years of age require 12-20 films as is appropriate for an intra-oral complete series. **A panoramic film with four bitewing radiographs is considered equivalent to an intra-oral complete series and cannot be billed on the same date of service as a full mouth series without pre-authorization.**

The claim payment for any number or combination of intra-oral radiographic films with or without a panoramic film on the same date of service is not allowed to exceed the maximum benefit for an intra-oral complete series.

An intra-oral complete series is allowed once every three years by the same billing dentist. The exception to this limitation is when the client is new to the office or clinic and they were unsuccessful in obtaining radiographs from the previous dental provider. Supporting documentation outlining the provider's attempts to receive previous radiographs must be included in the client's records. Limited x-rays may be billed by two different providers on the same date of service for the same client when one provider is a general dentist and the other is a dentist who has received post graduate training in one of the recognized dental specialties and is not under the same billing provider.

Intra-oral occlusal films may be billed once per arch and are limited to a total of two billings per day by the same billing provider

Intra-operative radiographs can not be billed separately as part of any endodontic or root canal procedure.

Therapeutic

Restorative

Routine amalgam and composite fillings on posterior and anterior teeth are allowed. Tooth preparation, anesthesia, all adhesives, liners and bases, polishing and occlusal adjustments are included as part of the restoration. If pins are used, they should be reported separately.

Refer to the most current American Dental Association publication, *Current Dental Terminology* (CDT) for definitions of restorative procedures. Unbundling of dental restorations (fillings) is not allowed. The total restorative fee for a primary tooth cannot exceed the current maximum benefit for a prefabricated stainless steel crown.

Restorations for permanent and primary teeth are paid at the same rate.



Claim payment to a dental provider for one or more restorations for the same tooth is limited to a total of four tooth surfaces.

Amalgam or composite restoration and a crown on the same tooth same date of service is not allowed. A core buildup, including any pins is allowed along with a crown on the same tooth on the same date of service.

Non-removable prosthetics

Indirect post and cores, porcelain fused to predominately base metal and full cast predominantly base metal crowns are a benefit for all permanent teeth however they must be pre-authorized. Porcelain crowns placed primarily for aesthetic reasons are not a covered benefit.

Prefabricated stainless steel crowns are a benefit for both primary and permanent teeth. Prefabricated resin crowns, prefabricated stainless steel crowns with a resin window, and prefabricated esthetic coated stainless steel crowns - primary tooth are a benefit only for anterior primary teeth. **A maximum of five crowns are allowed to be prepared and inserted on the same day of service in a non-hospital setting unless pre-authorized.**

Crowns are covered if there is significant loss of clinical crown, and/or the tooth has completed endodontic treatment and no other restoration will restore function. Crowns will not be covered in cases of advanced periodontal disease, poor crown to root ratio, or generalized poor prognosis.

Payment for preparation of the gingival tissue cannot be billed separately and is included in the global benefit for a crown

Payment for pin retention – per tooth, in additional to restorations is limited to four per tooth. Payment for pin retention is not allowed when a core buildup is also billed for the same tooth on the same date of service.

Fixed partial dentures are a benefit for permanent teeth, however, require preauthorization. This includes porcelain fused to predominately base metal or cast predominately base metal, connector bars, stress breakers, precision attachments, post and cores and copings.

Refer to the current CDT for classification of materials.

Endodontic Therapy

Therapeutic pulpotomy with the aim of maintaining the tooth vitality is a benefit for primary teeth and permanent teeth. It is not intended to be the first stage of conventional root canal therapy.



Pulpal therapy inclusive of pulpectomy, cleaning and filling of canals with resorbable material is a benefit for all primary teeth with succedaneous teeth.

Endodontic therapy is a covered benefit for permanent teeth excluding third molars and all primary teeth without succedaneous teeth.

Pulpal debridement for acute pain relief prior to conventional root canal therapy is a benefit for primary teeth and permanent teeth excluding third molars. This procedure must be performed prior to the commencement of root canal therapy and only by a provider other than the provider who completes the root canal therapy.

Direct and indirect pulp caps are a benefit when clearly documented in the dental records. All adhesives (including amalgam bonding agents), liners and bases are included as part of a restoration; they cannot appropriately be billed separately and no additional benefit will be paid.

Separate reimbursement for open and drain is only allowed prior to date of service for an extraction or root canal therapy.

Root canal therapy that has only been initiated or taken to some degree of completion, but not carried to completion with a final filling may be billed as incomplete endodontic therapy.

Palliative treatment is defined in the CDT as “action that relieves pain but is not curative.” Clinicians that bill for palliative treatment on a tooth should not be billing for definitive treatment on the same tooth same date of service. Writing of prescription when no other treatment is rendered is not billable as palliative treatment. In addition, examination is not considered as the relief of pain. Radiographs and test necessary to diagnose the emergency condition are considered separately

Root canal therapy and palliative treatment should not be billed by the same provider for the same client, the same tooth, the same date of service.

Periodontics

Most periodontal procedures require preauthorization.

Diagnosis and classification of the periodontology case type must be in accordance with documentation as currently established by the [American Academy of Periodontology](http://www.aap.org/).

Clear evidence of bone loss must be present on the current radiographs to support the diagnosis of periodontitis.



There must be current six point periodontal charting with mobility noted inclusive of periodontal prognosis.

Gross debridement will be a covered service for clients age twelve through twenty. No prophylaxis or periodontal benefits will be allowed on the same date of service for clients receiving a gross debridement. This is a reimbursable benefit once every three years.

Scaling and root planing-four or more teeth per quadrant is a covered benefit. Local anesthetic or locally applied anesthetic may not be billed separately.

Gingivectomy or gingivoplasty is covered for severe fibrous gingival hyperplasia where enlargement of gum tissues occurs due to a concurrent medical condition.

Gingival flap procedures and osseous surgery per quadrant procedures are allowed once every **three** years unless there is a documented medical/dental indication for more frequent treatment.

A maximum of two quadrants on one date of service is allowed, except in a hospital setting. Quadrants are not limited to physical area, but are further defined by the ADA code descriptor.

Periodontal procedures include six months routine postoperative care.

Removable Prosthetics

Prosthodontic services covered are complete dentures, immediate dentures, partial dentures and relines and tissue conditioning.

Interim complete dentures, overdentures or partials are a benefit but must be pre-authorized.

Extensive maxillofacial prosthetics to habilitate the esthetics and function of patients with acquired, congenital and developmental defects of the head and neck are a benefit as well as services to and methods used to maintain the oral health of clients exposed to cancer-cidal doses of radiation or cytotoxic drugs.

Replacement of a removable prosthesis is allowed once if the replacement is necessary because the removable prosthesis was misplaced, stolen, or damaged due to circumstances beyond the recipient's control. When applicable, the recipient's degree of physical and mental impairment must be considered in determining whether the circumstances were beyond a recipient's control.

Replacement of partial prosthesis is eligible for payment if the existing prosthesis cannot be modified or altered to meet the recipient's dental needs.



Service for a removable prosthesis must include instruction in the use and care of the prosthesis and any adjustment necessary to achieve a proper fit during the six months immediately following the provision of the prosthesis. The dentist must document the instruction and the necessary adjustments, if any, in the recipient's dental record. Denture adjustments are a covered service only when performed by a dentist who did not provide the denture. Other services include the repair of a broken denture base, repair or replacement of broken clasps, replacement of teeth, and denture relines.

Implants

Endosteal, eposteal and transosteal implants, components and implant supported prosthetics may be a benefit upon the dental consultant's review of the entire surgical and prosthetic treatment plan. This includes surgical placement of the implant, supporting structures for the implant supported prosthetics such as the dental implant supported connecting bar, prefabricated or custom abutment, an abutment supported porcelain fused to base metal crown, an abutment supported cast metal crown, and an abutment supported retainer of porcelain fused to metal or full metal for a full partial denture.

Additional benefits include implant maintenance procedures, repair of prosthesis or abutment by report, and recementing of the implant supported crown or fixed partial denture.

All implant services require pre-authorization. Alternative treatment plan recommendations may be made at the discretion of the Department.

Oral Surgery

Extractions which are covered include simple, surgical, soft tissue impactions, partial bony impactions and full bony impactions including third molars. Excision of pericoronal gingival or hyperplastic tissue is a benefit. Surgical access of an unerupted tooth and/or placement of a device to facilitate eruption of an impacted tooth are covered benefits however must be pre-authorized. Surgical access for placement of inter-dental wire ligatures or brass wire eruption spacers are not covered benefits.

Incision and drainage of abscesses are a benefit.

Reduction of dislocation and management of other temporomandibular joint dysfunctions are covered benefits but may require pre-determination.

Removal of maxillary or mandibular lateral exostosis, torus palatinus or mandibularis and surgical reduction of osseous tuberosities, tumors, cysts, neoplasms and reactive inflammatory lesions are a covered benefit.



Alveoloplasty for surgical preparation of ridge for dentures and vestibuloplasties are a covered benefit.

Frenulectomy and frenuloplasty are covered benefits.

Tooth reimplantation is a covered benefit in the event of tooth evulsion.

All oral surgery procedures include local anesthesia and visits for routine postoperative care such as suture removal.

Orthognathic surgery may be a covered benefit in conjunction with a pre-authorized orthodontic treatment plan, trauma, or congenital defects.

Treatment of simple and compound fractures, repair of traumatic wounds and miscellaneous repair procedures are a benefit.

Clinicians should consult the provider bulletin to identify additional covered surgical procedures.

Anesthesia

The following different levels of sedation are a benefit:

Deep sedation/general anesthesia is an induced state of unconsciousness accompanied by partial or complete loss of protective reflexes, including the ability to independently maintain the airway and respond purposefully to physical stimulation or verbal command.

Intravenous conscious sedation/ analgesia is a medically controlled state of depressed consciousness while maintaining the patient's airway, protective reflexes and the ability to respond to stimulation or verbal commands. It includes intravenous administration of a sedative and/or analgesic agent(s) and appropriate monitoring

Non-intravenous conscious sedation includes the administration of a sedative and/or analgesic agent(s) by a route other than IV. Conscious sedation medically controls a state of depressed consciousness while maintaining the patient's airway, protective reflexes and the ability to respond to stimulation or verbal commands

Orthodontics

Orthodontic treatment for handicapping malocclusion is a benefit only when the client's condition is the result of accident or injury, congenital dentofacial malformations, medical condition, or severe skeletal condition or discrepancy. Greater emphasis on the skeletal aspect of



the client's condition is considered. Clients are no longer eligible for these benefits once they reach age 21.

Clinicians should reference the [June, 2006 provider bulletin](#) for additional information.

Inpatient and outpatient hospitalization policy

Dental procedures requiring hospitalization may be a covered benefit, if in the treating dentist's opinion the client meets one or more of the following criteria:

1. The client has a physical, mental or medically compromising condition; or
2. The client has dental needs for which local anesthesia is ineffective because of acute infection, anatomic variations, or allergy; or
3. The client is extremely uncooperative, unmanageable, anxious, or uncommunicative and has dental needs deemed sufficiently important that dental care cannot be deferred; or
4. The client has sustained extensive orofacial and dental trauma; or
5. The client has rampant multi-surface decay and needs six or more prefabricated crowns placed during one date of service.

Non-citizen children

Non-citizens are eligible for emergency treatment if the client presents with an acute oral cavity condition that requires hospitalization and/or immediate surgical care.

Emergency treatment provided to a non-citizen client includes but is not limited to: immediate treatment or surgery to repair trauma to the jaw; reduction of any fracture of the jaw or any facial bone, extraction of tooth or tooth structures associated with the emergency treatment of a condition of the oral cavity; repair of traumatic oral cavity wounds; and anesthesia services ancillary to the provision of emergency treatment.

Eligibility for Medicaid services

The client should have the Medicaid card with them. However, it is the provider's responsibility to verify eligibility before services are rendered. In a situation where an acute oral cavity condition requires hospitalization and/or immediate surgical care, a pre-authorization is not required.

Non-Covered Services

The following services are non-covered services will not be considered for reimbursement under any circumstances:

Tooth whitening



Inlays

Onlays

Veneers

Cosmetic dental services

Services which require a prior authorization and are provided before the prior authorization is given except for emergency services.

Non-citizen clients are entitled to only the most limited services needed to correct the emergency oral cavity condition.

Direct Access Hygienists

Currently, independent hygienists may perform the following dental services: topical fluoride applications, adult and children's prophylaxis, oral hygiene instructions, sealants, and dental screenings for data collection.

Medical Home

"Medical Home" means an appropriately qualified medical specialty, developmental, therapeutic, or mental health care practice that verifiably ensures continuous, accessible, and comprehensive access to and coordination of community-based medical care, mental health care, oral health care, and related services for a child. If a child's medical home is not a primary medical care provider, the child must have a primary medical care provider to ensure that a child's primary medical care needs are appropriately addressed. All medical homes shall ensure, at a minimum, the following:

- (a) Health maintenance and preventative care:
- (b) Anticipatory guidance and health education
- (c) Acute and chronic illness care
- (d) Coordination of medication, specialist and therapies
- (e) Provider participation in hospital care; and
- (f) Twenty-four-hour telephone care