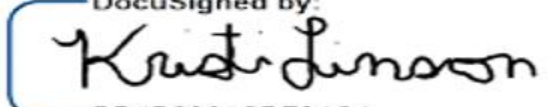


# Children's Special Health Care Services Administrative Policy Manual

## Benefit – Basic Services Policy # C-1c

DocuSigned by:  
  
BD4B0861CBF34C4

**Title: Director,**  
Children's Special Health Care Services (CSHCS)

**Latest Revision Date: January 1, 2023**

**Effective Date: January 1, 2007**

**Reason for Revision: Update listing of dental procedure codes approved for reimbursement.**

**Title:** Provision of Basic Dental Care

**Purpose:** To describe the basic dental care benefit to be provided in addition to the **Basic and Limited Services** included in the **Health Care Service Package**. This benefit is not required by law, is provided solely at the discretion of the Director of CSHCS and is contingent upon the availability of program funding.

**Rule References:**

410 IAC 3.2-1-10 - "Dental care" defined

410 IAC 3.2-7-3 (g) - Limited Health Care Services included in the Health Care Service Package

**Policy:** Basic Dental Care equates to Diagnostic, Preventive & Restorative dental care. Each participant in the CSHCS program will be assigned to a Primary Care Dentist, where they will receive examination and appropriate treatment. Reimbursable services are listed on the following pages. A copy of this policy will be provided to each Dentist when they enroll with the program and also when the policy is updated. Orthodontia is not included in Basic Dental Care, but is available when appropriate in the treatment of an eligible medical condition.

## **ROUTINE DENTAL SERVICE CODES COVERED BY CSHCS**

**Procedures:** (American Dental Association Procedure Codes)

### **CLINICAL ORAL EXAMINATIONS**

- D0120 Periodic oral evaluation
- D0140 Limited oral evaluation – problem focused
- D0150 Comprehensive oral evaluation
- D0160 Detailed and extensive oral evaluation – problem focused
- D0170 Reevaluation, limited – problem focused (established patient; not post-op visit)
- D0460 Pulp vitality test

### **RADIOGRAPHS**

- D0210 Radiograph intraoral complete series (includes bitewings)
- D0220 Intra-oral Periapical – single, first film
- D0230 Intra-oral periapical, each additional film
- D0240 Intra-oral – occlusal, film
- D0270 Bitewings, single film
- D0272 Bitewings, two films
- D0274 Bitewings, four films
- D0330 Panoramic film

### **DENTAL PROPHYLAXIS**

- D1110 Prophylaxis – adults every six months
- D1120 Prophylaxis – child ever six months – not to exceed every three months for recipient with a diagnosis of hemophilia, oncology or epilepsy receiving a drug which causes or influences gingival hyperplasia.
- D4341 Periodontal scaling and root planing – 4 or more teeth, per quadrant
- D4342 Periodontal scaling and root planing-1-3 teeth, per quadrant
- D4355 Full mouth debridement

### **FLUORIDE TREATMENTS**

- D1206 Topical fluoride varnish; therapeutic application for moderate to high risk of caries patients
- D1208 Topical application of fluoride one treatment for all ages

### **OTHER PREVENTIVE SERVICES**

- D1351 Sealant – per tooth – (includes permanent and deciduous posterior teeth)
- D1510 Space maintainer fixed – unilateral
- D1515 Space maintained fixed – bilateral type
- D1525 Space maintainer removable bilateral type (cleft lip/palate, heart, oncology)
- D1550 Re-cementation of space maintainer (except routine recall)

### **AMALGAM RESTORATIONS (including polishing)**

- D2140 Amalgam restoration – one surface, permanent or primary
- D2150 Amalgam restoration – two surfaces, permanent or primary
- D2160 Amalgam restoration – three surfaces, permanent or primary
- D2161 Amalgam restoration – four or more surfaces, permanent

## **ACRYLIC OR PLASTIC RESTORATIONS**

- D2330 Resin one surface – anterior
- D2331 Resin two surfaces - anterior
- D2332 Resin three surfaces - anterior
- D2335 Resin four surfaces - anterior
- D2391 Resin one surface – posterior – permanent
- D2392 Resin two surfaces – posterior – permanent
- D2393 Resin based composite three surfaces – posterior-permanent
- D2394 Resin based composite four or more surfaces – posterior-permanent

## **OTHER RESTORATIVE SERVICES**

- D2920 Re-cement crown
- D2930 Prefabricated stainless steel crown – primary tooth
- D2931 Prefabricated stainless steel crown – permanent tooth
- D2932 Resin crown (prefabricated or chair-side procedure)
- D2933 Steel crown with resin window
- D2940 Sedative filing

## **ROOT CANAL AND PULP THERAPY** (treatment plan, clinical procedures, follow-up)

- D3220 Therapeutic pulpotomy (excluding final restoration)
- D3310 One canal – excludes final restoration – permanent (restricted to maxillary & mandibular incisors & cuspids)
- D3320 Bicuspid (excludes final restoration)
- D3330 Molar (excludes final restoration)
- D3351 Apexification/recalcification – initial visit (apical closure/calcific repair of perforations root resorption, etc.)
- D3352 Apexification/recalcification – interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)
- D3353 Apexification/recalcification – final visit (includes completed root canal therapy) (apical closure/calcific repair of perforations, root resorption, etc.)

## **EXTRACTIONS & OTHER SURGICAL PROCEDURES**– includes local anesthesia & post-op care

- D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
- D7210 Surgical removal of erupted tooth requiring elev. muco-periosteal flap and bone removal
- D7220 Removal of impacted tooth, soft tissue
- D7230 Removal of impacted tooth, partial bony
- D7240 Removal of impacted tooth, completely bony
- D7250 Surgical removal of residual tooth roots (cutting procedure)
- D7285 Biopsy of oral tissue – hard
- D7286 Biopsy of oral tissue – soft
- D7510 Incision and drainage of abscess – intra-oral

## **ANESTHESIA**

D9222 Anesthesia first 15 minutes

D9223 Anesthesia subsequent 15 minute increments

D9230 Analgesia

D9239 Intravenous sedation/analgesia – first 15 minutes

D9243 Intravenous sedation/analgesia – additional 15 minutes

D9248 Non-intravenous conscious sedation