Children's Special Health Care Services
Administrative Policy Manual

Benefit – Basic Services Policy # C-1c

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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

D1203 Topical application of fluoride one treatment – excluding prophylaxis – child
D1204 Topical application of fluoride one treatment – excluding prophylaxis – adult

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 SERVCIES

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

D9230 Analgesia
D9241 Intravenous sedation/analgesia – first 30 minutes
D9242 Intravenous sedation/analgesia – additional 15 minutes
D9248 Non-intravenous conscious sedation