

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT202291    OCTOBER 27, 2022

## IHCP announces dental coding policy changes

Effective Nov. 27, 2022, the Indiana Health Coverage Programs (IHCP) will implement several coding and billing changes related to the rendering of dental services.

To better align policies between fee-for-service (FFS) and managed care plans, the IHCP is implementing the following standard coding guidance to be used across all managed care entities (MCEs) and programs, including Healthy Indiana Plan (HIP), Hoosier Care Connect, Hoosier Healthwise and Traditional Medicaid for the billing of the dental services listed in Table 1.



The dental procedure codes in Table 1 are to be billed with the specified tooth numbers and under the special billing considerations provided. These codes are listed on the *Dental Procedure Codes That Require a Tooth Number on the Claim* table on *Dental Services Codes*, accessible from the [Code Sets](https://www.in.gov/medicaid/providers) page at [in.gov/medicaid/providers](https://www.in.gov/medicaid/providers).

Table 1 – Dental codes and appropriate tooth numbers

Dental code	Description	Appropriate tooth numbers
D0220	Intraoral—periapical first radiographic image	1-32, 51-82, A-T, AS-TS
D0230	Intraoral—periapical each additional radiographic image	1-32, 51-82, A-T, AS-TS
D1352	Preventative resin restoration in a moderate to high caries risk patient—permanent tooth	2-5, 12-15, 18-21, 28-31, A, B, I, J, K, L, S, T
D1354*	Application of caries arresting medicament—per tooth	1-32, A-T
D1355*	Caries preventive medicament application – per tooth	1-32, A-T
D2921	Reattachment of tooth fragment, incisal edge or cusp	1-32, A-T
D2930	Prefabricated stainless steel crown—primary tooth	A-T
D2932	Prefabricated resin crown	1-32, A-T
D2933	Prefabricated stainless steel crown with resin window	2-15, 18-31, A-T
D2980	Crown repair necessitated by restorative material failure	1-32, A-T
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	6-11, 22-27
D3330	Endodontic therapy, molar tooth (excluding final restoration)	1-3, 14-16, 17-19, 30-32
D3346	Retreatment of previous root canal therapy—anterior	6-11, 22-27
D3348	Retreatment of previous root canal therapy—molar	2-3, 14-15, 18-19, 30-31

\*Note: This service is:

- Available for members age 0 through 20 without prior authorization.
- Available for members age 21 and older with prior authorization.
- Limited to billing one unit per tooth every six months.

Table 1 – Dental codes and appropriate tooth numbers (Continued)

Dental code	Description	Appropriate tooth numbers
D3410	Apicoectomy - anterior	6-11, 22-27
D3425	Apicoectomy -molar (first root)	1-3, 14-19, 30-32
D3426	Apicoectomy (each additional root)	1-5, 12-21, 28-32
D3430	Retrograde filling—per root	1-32
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	1-32, 51-82, A-T, AS-TS
D5520	Replace missing or broken teeth—complete denture (each tooth)	1-32, A-T
D5640	Replace broken teeth—per tooth	1-32, A-T
D5650	Add tooth to existing partial denture	1-32, A-T
D5660	Add clasp to existing partial denture—per tooth	1-32, A-T
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	1-32, 51-82, A-T, AS-TS
D7111	Extraction, coronal remnants—primary tooth	A-T, AS-TS
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	1-32, 51-82, A-T, AS-TS
D7220	Removal of impacted tooth—soft tissue	1-32, 51-82, A-T, AS-TS
D7230	Removal of impacted tooth—partially bony	1-32, 51-82, A-T, AS-TS
D7240	Removal of impacted tooth—completely bony	1-32, 51-82, A-T, AS-TS
D7241	Removal of impacted tooth—completely bony, with unusual surgical complications	1-32, 51-82, A-T, AS-TS
D7250	Removal of residual tooth roots (cutting procedure)	1-32, 51-82, A-T, AS-TS
D7251	Coronectomy—intentional partial tooth removal	1-32, 51-82, A-T, AS-TS
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	1-32
D7285	Incisional biopsy of oral tissue—hard (bone, tooth)	1-32, 51-82, A-T, AS-TS
D7286	Incisional biopsy of oral tissue—soft	1-32, 51-82, A-T, AS-TS
D7510	Incisional and drainage of abscess—intraoral soft tissue	1-32, 51-82, A-T, AS-TS

### Claim-processing issue corrected

Additionally, the IHCP identified a claim-processing issue that affects professional FFS claims with dates of service (DOS) on or after Jan. 1, 2021, for dental code D2943 – *Prefabricated resin crown*. The Core Medicaid Management Information System (*CoreMMIS*) has been updated to allow tooth numbers 1-32 and T-S.

Claims from affected providers DOS on or after Jan 1, 2021, may have denied with explanation of benefits (EOB) code 4211 – *The tooth number billed is not valid with the procedure code billed*. Affected claims for those DOS will be mass adjusted or reprocessed. Providers should see adjusted or reprocessed claims on Remittance Advices (RAs) beginning Dec. 7, 2022, with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacements non-check related) or 80 (reprocessed denied claims).

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