

IHCP *bulletin*

Note: This bulletin has been corrected. The beginning date for the PA change for complete and partial dentures has been corrected to Sept. 15, 2023.

INDIANA HEALTH COVERAGE PROGRAMS BT202397 AUGUST 15, 2023

IHCP announces dental coverage policy changes

Effective Sept. 15, 2023, the Indiana Health Coverage Programs (IHCP) will implement several coverage policy changes related to the rendering of dental services. The policy changes are to align with the Dental Services rule in *Indiana Administrative Code 405 IAC 5-14*.

Table 1 is the first phase of a large-scale project to update IHCP dental coverage. These changes are effective for dates of service (DOS) on or after Sept. 15, 2023. [Table 2](#) presents system restrictions that will be forthcoming at a later date.

The IHCP applies the updated dental coverage guidance to fee-for-service (FFS) and managed care programs where dental services are covered.

The coverage policy changes include prior authorization (PA), code changes and age limitations. *Dental Services Codes* are accessible from the [Code Sets](#) page at in.gov/medicaid/providers.

For IHCP members enrolled through the FFS delivery system, direct questions about coverage to Gainwell Technologies at 800-457-4584. For members enrolled in the Healthy Indiana Plan (HIP), Hoosier Care Connect and Hoosier Healthwise, direct questions about coverage to the managed care entity (MCE) with which the member is enrolled.



Table 1 – IHCP dental coverage policy changes, effective for DOS on or after Sept. 15, 2023

Dental service	Policy change
Behavior management services	<p>Behavior management services that fall under Current Dental Terminology (CDT®) code D9920 – <i>Behavior management, by report</i>, are to be administered according to national clinical guidelines.</p> <p>Currently, the IHCP covers CDT code D9920 for FFS members under the age of 21 years.</p> <p>The IHCP will expand coverage of CDT D9920 to any IHCP member with developmental disability or significant mental illness, or who is otherwise uncooperative.</p>
Complete and partial dentures*	<p>*Denture coverage is dependent on the member’s aid category.</p> <p>The IHCP will update coverage to include partial dentures for anterior teeth.</p> <p>The IHCP currently requires prior authorization for dentures for members age 21 and older. Beginning Sept. 15, 2023, prior authorization is required for all members, including those under 21 years of age.</p>

Table 1 – IHCP dental coverage policy changes, effective for DOS on or after Sept. 15, 2023 (Continued)

Dental service	Policy change
Repairs, relines and rebases of dentures*	*Denture coverage is dependent on the member’s aid category. The IHCP will eliminate the six-year restriction on laboratory and chair side relines and repairs for complete or partial dentures when the reline or repair extends the useful life of a medically necessary denture that is six or more years old.
Fluoride treatment (topical)	Currently, the IHCP covers CDT code D1206 – <i>Topical application of fluoride varnish</i> , for members age 1 through 20 years who have a moderate to high risk of dental caries. The IHCP is changing the age limit for D1206 to age 0 through 20 years. The IHCP will not limit CDT code D1206 to only members with moderate to high risk of dental caries.
Periodontal maintenance	<i>Currently</i> , the IHCP covers CDT code D4910 – <i>Periodontal maintenance</i> , for members over 3 years of age. For members over 3 years old and under 21 years old, and for all institutionalized members, coverage is limited once every six months. The IHCP will expand coverage of CDT code D4910 for <i>all</i> members, institutionalized or noninstitutionalized, over 3 years old. The restriction will now allow any combination of prophylaxis CDT codes D1110 or D1120 or periodontal maintenance CDT code D4910 for once every three months per member for the whole mouth.

Table 2 – IHCP dental coverage policy changes with system restrictions forthcoming, effective for DOS on or after Sept. 15, 2023

Dental service	Policy change
Preventive medicament application /silver diamine fluoride	The IHCP will remove coverage of CDT code D1355 – <i>Caries preventive medicament application – per tooth</i> and instead encourage providers to use CDT code D1354 – <i>Interim caries arresting medicament application – per tooth</i> for silver diamine fluoride (SDF). SDF can only be billed once per three months per tooth, and the tooth number is required. Ten teeth per date of service is allowed with one application per three months per tooth number as the restriction.
Full-mouth debridement	The IHCP clarifies that full-mouth debridement (D4355 – <i>Full mouth debridement to enable comprehensive evaluation and diagnosis</i>) can only be billed once per 24 months per patient. Full-mouth debridement cannot be performed in six months of CDT codes D1110, D1120, D4341, D4342, D4346, and D4910.
Full-mouth scaling	The IHCP clarifies that full-mouth scaling (D4346 – <i>Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation</i>) services can only be billed once per 24 months per patient. Full-mouth scaling services cannot be performed in six months of CDT codes D1110, D1120, D4341, D4342, D4355, and D4910.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 800-457-4584.

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