

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
MEDICAID PURCHASING ADMINISTRATION  
Olympia, Washington**

**To:** Dental Providers  
Managed Care Organizations

**Memo #: 10-86**  
**Issued: December 30, 2010**

**From:** Doug Porter, Administrator and  
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<http://hrsa.dshs.wa.gov/contact/default.aspx>

**Subject: Dental Services: Year 2011 Benefit Changes as a Result of Budget Reductions  
Coverage Changes and Hospital Visit Policy Changes**

**Effective for dates of service on and after January 1, 2011**, the Department of Social and Health Services (the Department) will:

- Eliminate the adult dental program;
- Implement the adult emergency oral health program; and
- Implement new policy regarding billing of hospital visits by oral surgeons (formerly **hospital calls**). This new policy applies to clients of all ages when services are covered.

## Overview

Washington State is in the midst of a serious economic downturn and faces another critical shortfall in state revenue as we approach the new biennium. Governor Gregoire is addressing that deficit, working with legislative leaders to implement budget cuts needed to balance the state's revenue and expenditures. On December 11, the Legislature passed HR3225 ("Operating Budget – Second Special Session Amendments"), which altered the adult dental benefit in Medicaid.

**Effective January 1, 2011**, Medicaid will eliminate the optional dental services from all benefit packages for clients 21 years of age and older as a consequence of that legislation. **Exceptions:** First, clients served by the Division of Developmental Disabilities retain current level of coverage under a new dental program. All current policy and requirements remain in effect for these clients. Second, all clients will continue to be eligible for the emergency treatment of pain, infection, or trauma in the mouth or jaw, under the conditions specified in the [Physician-Related Services/Healthcare Professional Services Billing Instructions](#).

What is no longer available?	What is still available?
<ul style="list-style-type: none"> <li>• Routine and/or non-emergency medical and surgical dental services.</li> <li>• Dentures.</li> </ul>	<p>The Department covers emergency medical and surgical services provided by a doctor of dental medicine or dental surgery when those services would be considered a physician service if provided by a physician and performed as emergency services under the emergency oral health benefit.</p> <p><b>Services previously covered for clients served by the Division of Developmental Disabilities continue to be covered.</b></p>

**Note:** These changes do not apply to clients served by the Division of Developmental Disabilities.

### Emergency Oral Health Benefit Package

**Effective for dates of service on and after January 1, 2011**, the Department covers medical and surgical oral health services provided by a dentist, for clients 21 years of age and older, only when:

- Provided for the emergency treatment of pain, infection, including post operative complications (e.g., dry socket), or trauma of the teeth, mouth, or jaw; or
- Part of a cancer treatment regimen or part of a pre-transplant protocol.

**Exception:** Clients served by the Division of Developmental Disabilities retain current level of coverage under a new dental program. All current policy and requirements remain in effect for these clients.

**Note:** Refer to the “Oral Health Services Provided by Dentists Section” in the [Physician-Related Services/Healthcare Professional Services Billing Instructions](#) for more details on coverage.

**Table 1: Dentists**

Effective for dates of service on and after January 1, 2011, the Department covers the procedure codes in the following table when performed by a dentist to treat an acute oral health emergency.

CDT Code	PA?	Description
D0140	N	Limit oral eval problm focus
D0220	N	Intraoral - periapical first film
D0230	N	Intraoral - periapical each additional film
D0330	N	Panoramic film
D3221	N	Gross pulpal debridement
D7140	N	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
D7210	N	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth
D7220	N	Removal of impacted tooth - soft tissue
D7230	N	Removal of impacted tooth - partially bony
D7240	N	Removal of impacted tooth - completely bony
D7241	Y	Removal of impacted tooth - completely bony, with unusual surgical complications
D7250	N	Surgical removal of residual tooth roots (cutting procedure)
D9110	N	Palliative (emergency) treatment of dental pain-minor procedure
D9230	N	Analgesia, anxiolysis, inhalation of nitrous oxide
D9410	N	House/extended care facility call
D9440	N	Office visit - after regularly scheduled hours
D9610	N	Therapeutic drug injection, by report
D9930	N	Treatment of complications (post - surgical) - unusual circumstances, by report

**Note:** All of the previous authorization requirements related to either the procedure code itself or the site of service have not changed if and when the service is covered.

**Note:** Refer to the “Oral Health Services Provided by Dentists Section” in the [Physician-Related Services/Healthcare Professional Services Billing Instructions](#) for more details on coverage.

**Table 2: Dentists Specialized in Oral Maxillofacial Surgery**

Effective for dates of service on and after January 1, 2011, the Department covers the procedure codes in the following table when performed by a dentist who specializes in oral maxillofacial surgery to treat an oral health emergency. Dentists who specialize in oral maxillofacial surgery may also be paid for performing the procedures in Table 1.

Procedure Code	PA?	Description
11000	N	Debride infected skin
11044	N	Debride tissue/muscle/bone
11100	N	Biopsy, skin lesion
11101	N	Biopsy, skin add-on
11440	N	Exc face-mm b9+marg 0.5 < cm
11441	N	Exc face-mm b9+marg 0.6-1 cm
11442	N	Exc face-mm b9+marg 1.1-2 cm
11443	N	Exc face-mm b9+marg 2.1-3 cm
11444	N	Exc face-mm b9+marg 3.1-4 cm
11446	N	Exc face-mm b9+marg > 4 cm
11640	N	Exc face-mm malig+marg 0.5 <
11641	N	Exc face-mm malig+marg 0.6-1
11642	N	Exc face-mm malig+marg 1.1-2
11643	N	Exc face-mm malig+marg 2.1-3
11644	N	Exc face-mm malig+marg 3.1-4
11646	N	Exc face-mm mlg+marg > 4 cm
12001	N	Repair superficial wound(s)
12002	N	Repair superficial wound(s)
12004	N	Repair superficial wound(s)
12005	N	Repair superficial wound(s)
12011	N	Repair superficial wound(s)
12013	N	Repair superficial wound(s)
12014	N	Repair superficial wound(s)
12015	N	Repair superficial wound(s)
12016	N	Repair superficial wound(s)
12031	N	Intmd wnd repair s/tr/ext
12032	N	Intmd wnd repair s/tr/ext
12034	N	Intmd wnd repair s/tr/ext
12035	N	Intmd wnd repair s/tr/ext
12036	N	Intmd wnd repair s/tr/ext
12051	N	Intmd wnd repair face/mm
12052	N	Intmd wnd repair face/mm

**Note:** Refer to the “Oral Health Services Provided by Dentists Section” in the [Physician-Related Services/Healthcare Professional Services Billing Instructions](#) for more details on coverage.

Procedure Code	PA?	Description
12053	N	Intmd wnd repair face/mm
12054	N	Intmd wnd repair, face/mm
12055	N	Intmd wnd repair face/mm
13131	N	Repair of wound or lesion
13132	N	Repair of wound or lesion
13133	N	Repair wound/lesion add-on
13150	N	Repair of wound or lesion
13151	N	Repair of wound or lesion
13152	N	Repair of wound or lesion
13153	N	Repair wound/lesion add-on
14040	N	Skin tissue rearrangement
15120	N	Skn spl t a-grft fac/nck/hf/g
15320	N	Apply skin allogrft f/n/hf/g
15576	N	Form skin pedicle flap
20220	N	Bone biopsy, trocar/needle
20520	N	Removal of foreign body
20605	N	Drain/inject, joint/bursa
20670	N	Removal of support implant
20680	N	Removal of support implant
20690	N	Apply bone fixation device
20692	N	Apply bone fixation device
20902	N	Removal of bone for graft
20955	N	Fibula bone graft, microvasc
20969	N	Bone/skin graft, microvasc
20970	N	Bone/skin graft, iliac crest
21010	N	Incision of jaw joint
21025	N	Excision of bone, lower jaw
21026	N	Excision of facial bone(s)
21030	N	Excise max/zygoma b9 tumor
21034	N	Excise max/zygoma mlg tumor
21040	N	Excise mandible lesion
21044	N	Removal of jaw bone lesion
21045	Y	Extensive jaw surgery
21046	N	Remove mandible cyst complex
21047	N	Excise lwr jaw cyst w/repair
21048	N	Remove maxilla cyst complex
21049	N	Excis uppr jaw cyst w/repair
21050	Y	Removal of jaw joint
21060	Y	Remove jaw joint cartilage

**Note:** Refer to the “Oral Health Services Provided by Dentists Section” in the [Physician-Related Services/Healthcare Professional Services Billing Instructions](#) for more details on coverage.

Procedure Code	PA?	Description
21070	Y	Remove coronoid process
21076	Y	Prepare face/oral prosthesis
21077	Y	Prepare face/oral prosthesis
21081	Y	Prepare face/oral prosthesis
21100	N	Maxillofacial fixation
21110	N	Interdental fixation
21116	N	Injection, jaw joint x-ray
21141	Y	Reconstruct midface, lefort
21142	Y	Reconstruct midface, lefort
21143	Y	Reconstruct midface, lefort
21145	Y	Reconstruct midface, lefort
21146	Y	Reconstruct midface, lefort
21147	Y	Reconstruct midface, lefort
21150	Y	Reconstruct midface, lefort
21151	Y	Reconstruct midface, lefort
21154	Y	Reconstruct midface, lefort
21155	Y	Reconstruct midface, lefort
21159	Y	Reconstruct midface, lefort
21160	Y	Reconstruct midface, lefort
21193	Y	Reconst lwr jaw w/o graft
21194	Y	Reconst lwr jaw w/graft
21195	Y	Reconst lwr jaw w/o fixation
21196	Y	Reconst lwr jaw w/fixation
21198	Y	Reconstr lwr jaw segment
21206	Y	Reconstruct upper jaw bone
21208	Y	Augmentation of facial bones
21209	Y	Reduction of facial bones
21210	Y	Face bone graft
21215	Y	Lower jaw bone graft
21230	Y	Rib cartilage graft
21240	Y	Reconstruction of jaw joint
21242	Y	Reconstruction of jaw joint
21243	Y	Reconstruction of jaw joint
21244	Y	Reconstruction of lower jaw
21245	Y	Reconstruction of jaw
21246	Y	Reconstruction of jaw
21247	Y	Reconstruct lower jaw bone
21248	Y	Reconstruction of jaw
21249	Y	Reconstruction of jaw

**Note:** Refer to the “Oral Health Services Provided by Dentists Section” in the [Physician-Related Services/Healthcare Professional Services Billing Instructions](#) for more details on coverage.

Procedure Code	PA?	Description
21255	Y	Reconstruct lower jaw bone
21295	Y	Revision of jaw muscle/bone
21296	Y	Revision of jaw muscle/bone
21345	N	Treat nose/jaw fracture
21346	N	Treat nose/jaw fracture
21347	N	Treat nose/jaw fracture
21348	N	Treat nose/jaw fracture
21355	N	Treat cheek bone fracture
21356	N	Treat cheek bone fracture
21360	N	Treat cheek bone fracture
21365	N	Treat cheek bone fracture
21366	N	Treat cheek bone fracture
21421	N	Treat mouth roof fracture
21422	N	Treat mouth roof fracture
21423	N	Treat mouth roof fracture
21431	N	Treat craniofacial fracture
21432	N	Treat craniofacial fracture
21433	N	Treat craniofacial fracture
21435	N	Treat craniofacial fracture
21436	N	Treat craniofacial fracture
21440	N	Treat dental ridge fracture
21445	N	Treat dental ridge fracture
21450	N	Treat lower jaw fracture
21451	N	Treat lower jaw fracture
21452	N	Treat lower jaw fracture
21453	N	Treat lower jaw fracture
21454	N	Treat lower jaw fracture
21461	N	Treat lower jaw fracture
21462	N	Treat lower jaw fracture
21465	N	Treat lower jaw fracture
21470	N	Treat lower jaw fracture
21480	N	Reset dislocated jaw
21485	N	Reset dislocated jaw
21490	N	Repair dislocated jaw
21495	N	Treat hyoid bone fracture
21497	N	Interdental wiring
21550	N	Biopsy of neck/chest
29800	Y	Jaw arthroscopy/surgery
29804	Y	Jaw arthroscopy/surgery

**Note:** Refer to the “Oral Health Services Provided by Dentists Section” in the [Physician-Related Services/Healthcare Professional Services Billing Instructions](#) for more details on coverage.

Procedure Code	PA?	Description
30580	N	Repair upper jaw fistula
30600	N	Repair mouth/nose fistula
31000	N	Irrigation, maxillary sinus
31030	N	Exploration, maxillary sinus
31515	N	Laryngoscopy for aspiration
31525	N	Dx laryngoscopy excl nb
31530	N	Laryngoscopy w/fb removal
40720	Y	Repair cleft lip/nasal
40800	N	Drainage of mouth lesion
40801	N	Drainage of mouth lesion
40804	N	Removal, foreign body, mouth
40805	N	Removal, foreign body, mouth
40806	N	Incision of lip fold
40808	N	Biopsy of mouth lesion
40810	N	Excision of mouth lesion
40812	N	Excise/repair mouth lesion
40814	N	Excise/repair mouth lesion
40816	N	Excision of mouth lesion
40830	N	Repair mouth laceration
40831	N	Repair mouth laceration
40840	N	Reconstruction of mouth
40845	Y	Reconstruction of mouth
41000	N	Drainage of mouth lesion
41005	N	Drainage of mouth lesion
41006	N	Drainage of mouth lesion
41007	N	Drainage of mouth lesion
41008	N	Drainage of mouth lesion
41009	N	Drainage of mouth lesion
41010	N	Incision of tongue fold
41015	N	Drainage of mouth lesion
41016	N	Drainage of mouth lesion
41017	N	Drainage of mouth lesion
41018	N	Drainage of mouth lesion
41100	N	Biopsy of tongue
41105	N	Biopsy of tongue
41108	N	Biopsy of floor of mouth
41110	N	Excision of tongue lesion
41112	N	Excision of tongue lesion
41113	N	Excision of tongue lesion

**Note:** Refer to the “Oral Health Services Provided by Dentists Section” in the [Physician-Related Services/Healthcare Professional Services Billing Instructions](#) for more details on coverage.

Procedure Code	PA?	Description
41114	N	Excision of tongue lesion
41800	N	Drainage of gum lesion
41805	N	Removal foreign body, gum
41821	N	Excision of gum flap
41822	N	Excision of gum lesion
41823	N	Excision of gum lesion
41825	N	Excision of gum lesion
41826	N	Excision of gum lesion
41827	N	Excision of gum lesion
41828	N	Excision of gum lesion
41899	Y	Dental surgery procedure
42100	N	Biopsy roof of mouth
42104	N	Excision lesion, mouth roof
42106	N	Excision lesion, mouth roof
42180	Y	Repair palate
42182	Y	Repair palate
42200	N	Reconstruct cleft palate
42205	N	Reconstruct cleft palate
42210	N	Reconstruct cleft palate
42215	N	Reconstruct cleft palate
42220	N	Reconstruct cleft palate
42225	N	Reconstruct cleft palate
42226	Y	Lengthening of palate
42227	Y	Lengthening of palate
42235	Y	Repair palate
42260	N	Repair nose to lip fistula
42280	N	Preparation, palate mold
42281	N	Insertion, palate prosthesis
42330	N	Removal of salivary stone
42335	N	Removal of salivary stone
42408	N	Excision of salivary cyst
42440	N	Excise submaxillary gland
42450	N	Excise sublingual gland
42500	N	Repair salivary duct
42505	N	Repair salivary duct
42600	N	Closure of salivary fistula
43200	N	Esophagus endoscopy
64600	Y	Injection treatment of nerve
64774	N	Remove skin nerve lesion

**Note:** Refer to the “Oral Health Services Provided by Dentists Section” in the [Physician-Related Services/Healthcare Professional Services Billing Instructions](#) for more details on coverage.

Procedure Code	PA?	Description
64784	N	Remove nerve lesion
64788	N	Remove skin nerve lesion
64790	N	Removal of nerve lesion
64792	N	Removal of nerve lesion
64795	N	Biopsy of nerve
99201	N	Office/outpatient visit, new*
99211	N	Office/outpatient visit, est*
99231	N	Subsequent hospital care*
99241	N	Office Consultation*
99251	N	Inpatient Consultation*

**Note:** All of the previous authorization requirements related to either the procedure code itself or the site of service have not changed if and when the service is covered.

### Billing for Services that Qualify for Emergency Oral Health Benefit Package

For dates of service on and after January 1, 2011, the Department requires providers to use Expedited Prior Authorization (EPA) numbers at the header level of the claim to certify to the Department that the services provided meet the qualifications of the emergency oral health benefit. Failure to bill with an EPA number will result in claim denial.

The use of EPA numbers does not override the need for site-of-service authorization. If you are providing service in other than an office setting, prior authorization is still required.

- To bill for services that are for pain, infection, or trauma use EPA number **870000002** at the header level.
- To bill for services that are part of a cancer treatment regimen or part of a pre-transplant protocol use EPA number **870000003** at the header level

**Note:** Failure to bill with the appropriate EPA number at the header level will result in claim denial.

**Note:** Refer to the “Oral Health Services Provided by Dentists Section” in the [Physician-Related Services/Healthcare Professional Services Billing Instructions](#) for more details on coverage.

## Billing for All Dental-Related Services for Clients Served by the Division of Developmental Disabilities

For dates of service on and after January 1, 2011, the Department requires provider to use EPA number **870000004** at header level to indicate to the Department that the client is a client of the Division of Developmental Disabilities.

**Note:** Failure to bill with the appropriate EPA number at the header level will result in claim denial.

- Bill CDT codes on the 837D HIPAA compliant claim form.
- Bill CPT codes on the 837P HIPAA compliant claim form and include a diagnosis that evidences the emergency nature of the service. Only use CPT codes when there is no covered CDT code to describe the service being provided.

**Note:** Refer to the “Oral Health Services Provided by Dentists Section” in the [Physician-Related Services/Healthcare Professional Services Billing Instructions](#) for more details on coverage.

## Code Deletions

Effective for dates of service on and after January 1, 2011, the Department will eliminate the following services from the scope of services available to clients 21 years of age and older.

**Exception:** Clients served by the Division of Developmental Disabilities are exempt from this policy. Services outside the scope of category of services are not subject to the provisions of [WAC 388-501-0160](#) Exception to Rule:

D0120	D4342	D9242	21385
D0150	D4910	D9248	21386
D0210	D5110	D9310	21387
D0270	D5120	D9612	21390
D0272	D5211	D9630	21395
D0273	D5212	D9920	21400
D0274	D5510	D9999	21401
D1110	D5520	13160	21406
D1204	D5710	15839	21407
D2140	D5711	21073	21408
D2150	D5720	21120	31600
D2160	D5721	21121	31603
D2161	D5750	21122	31820
D2330	D5751	21310	31825
D2331	D5760	21315	31830
D2332	D5761	21320	67550
D2335	D5860	21325	67900
D2391	D5899	21330	67950
D2392	D7111	21335	68720
D2393	D7286	21336	68750
D2394	D7410	21337	69310
D2931	D7510	21338	69320
D3310	D7520	21339	69714
D4210	D9220	21340	69715
D4211	D9221	21343	69717
D4341	D9241	21344	69718

**Note:** Refer to the “Oral Health Services Provided by Dentists Section” in the [Physician-Related Services/Healthcare Professional Services Billing Instructions](#) for more details on coverage.

## Services Prior Authorized by the Department Prior to January 1, 2011

**Effective for dates of service on and after January 1, 2011**, the Department will cover services that were prior authorized by the Department on or before December 31, 2010, for the authorization period stated in the approval letter. Any unauthorized service billed with a date of service on or after January 1, 2011, will be denied.

**Note:** The Department will complete all authorization requests submitted by midnight on December 31, 2010, for services not covered in the emergency oral health services benefit. If the Department approves the authorization request, the Department will cover the service, even if the service is not performed until January 1, 2011, or after. Any unauthorized service billed with a date of service on or after January 1, 2011, will be denied.

- Excluded services that are essential to the completion of previously authorized services will be paid for because they are essential to render the authorized treatment/service. **For example:** Extractions being done in 2011 in preparation for dentures authorized in 2010 will be covered by the Department. Providers must put “Related to Dentures” in the claim comment field to certify that dentures are approved by the Department.
- Excluded services that are not essential to the completion of previously authorized services are not covered.

**Note:** Exception to the Rule (ETR) cannot be requested for an excluded service.

**Note:** Refer to the “Oral Health Services Provided by Dentists Section” in the [Physician-Related Services/Healthcare Professional Services Billing Instructions](#) for more details on coverage.

## Billing the Client

- A waiver is not required when the client chooses to pay for a service that Medicaid has excluded from the client's benefit package. Refer to [WAC 388-502-0160](#), Billing a Client, for details about billing for excluded services (effective January 1, 2011).

**Example:** A dental client comes in and wants a crown. Medicaid has excluded crowns from the dental benefit for clients 21 years of age and older, so the provider is free to bill the client. No waiver is needed.

- A waiver is required when the client chooses to not have a treatment Medicaid covers, but prefers to pay for an excluded or noncovered treatment. Refer to [WAC 388-502-0160](#), Billing a Client, for details (effective January 1, 2011).

**Example:** A client comes in with an infection of the gum, which qualifies for emergency oral health treatment and a procedure in the set of covered emergency services is appropriate, but the client wants a root canal (an excluded service) instead of an extraction (an included service). The provider and the client must complete a waiver before this client can be billed.

## Code Additions to Emergency Oral Health Benefit and Dental-Related Services

**Note:** These code additions apply to clients of all ages when services are covered.

Effective for dates of service on and after January 1, 2011, the Department will add to the list of oral health services provided by a dentist specialized in oral surgery to treat acute oral health emergencies:

CPT Code	Short Description
99201	Office/outpatient visit, new*
99211	Office/outpatient visit, est*
99231	Subsequent hospital care*
99241	Office Consultation*
99251	Inpatient Consultation*

\*See CPT manual for long descriptions.

**Note:** Refer to the "Oral Health Services Provided by Dentists Section" in the [Physician-Related Services/Healthcare Professional Services Billing Instructions](#) for more details on coverage.

## **Emergency Hospital Services for Clients 9 Years of Age and Older Evaluation and Management Codes (formerly hospital visits and consults)**

**Effective for dates of service on and after January 1, 2011**, dentists specialized in oral surgery must use CPT codes and follow CPT rules when billing for evaluation and management of clients. The Department covers these services when a dentist specialized in oral surgery is called to the hospital or is sent a client from the hospital for an emergent condition (i.e., infection, fracture, or trauma).

When billing for these services, the following must be true:

- Services must be billed on an 837P HIPAA compliant claim form;
- Diagnosis code(s) must evidence the emergent need; and
- Services must be billed using one of the CPT procedure codes above and modifiers must be used if appropriate.

### **Viewing Changes to the Fee Schedule**

You may view the January 1, 2011, fee schedule changes on the Department/MPA website at: <http://hrsa.dshs.wa.gov/RBRVS/Index.html>.

Bill the Department your usual and customary charge.

You may visit the Dental Program website at: <http://hrsa.dshs.wa.gov/DentalProviders/Dental.html>.

**Note:** Refer to the “Oral Health Services Provided by Dentists Section” in the [Physician-Related Services/Healthcare Professional Services Billing Instructions](#) for more details on coverage.

## Billing Instructions

Effective January 1, 2011, the Department is renaming the *Dental Services for Clients 21 Years of Age and Older Billing Instructions*.

Old Name	New Name
<i>Dental Services for Clients 21 Years of Age and Older Billing Instructions</i>	<i>Dental Services for Clients of the Division of Developmental Disabilities Who Are 21 Years of Age and Older Billing Instructions</i>

These billing instructions will be ready to view/download in January 2011.

You may view the revised *Physician-Related Services/Healthcare Professional Services Billing Instructions* on the Department/MPA website at: <http://hrsa.dshs.wa.gov/Download/BI.html>. These revised billing instructions will be ready to view/download by January 1, 2011.

## How Can I Get the Department/MPA Provider Documents?

To download and print the Department/MPA provider numbered memos and billing instructions, go to the Department/MPA website at <http://hrsa.dshs.wa.gov> (click the ***Billing Instructions and Numbered Memorandum*** link).

**Note:** Refer to the “Oral Health Services Provided by Dentists Section” in the [Physician-Related Services/Healthcare Professional Services Billing Instructions](#) for more details on coverage.