

Chapter 19

Dental Services

The purpose of the dental program is to provide for the medically necessary oral health needs of the member and to maintain an appropriate level of dental health according to dental community standards.

Please note: For non-pregnant adults, the 2009 Minnesota Legislature made significant changes to Minnesota Health Care Programs (MHCP) dental coverage **effective January 1, 2010**.

Before beginning a dental service/procedure, verify member eligibility and available services. The [MN-ITS](#) eligibility response identifies some of the dental benefit limits to the extent that fee-for-service (FFS) claims have been processed for payment. Providers will need to contact the PrimeWest Health Provider Contact Center at **1-866-431-0802** (toll free) to verify PrimeWest Health benefits on the other limited services not displayed to verify if claims have been processed for payment. This is not a guarantee that your service will be covered as this information is based on claims that have completed the adjudication process.

Refer to the appropriate *Covered Services* sections below to review current coverage.

PrimeWest Health considers dental services provided beyond those identified under *Covered Services* and in excess of the frequencies noted as non-covered services and the member's responsibility. Providers must inform the member before providing a non-covered service for which the member is financially responsible.

Do not submit authorization requests for services that do not require authorization or are non-covered services; they incur unnecessary costs and will not be approved.

Definitions

Crown: A restoration covering or replacing the major part of the whole portion of the tooth not covered by supporting tissues.

Dental Service: A diagnostic, preventive, or corrective procedure furnished by or under the supervision of a dentist.

Dental Surgery: Services performed by a dentist are defined as surgery when related to the jaw or any structure contiguous to the jaw. "Structures contiguous to the jaw" include structures of the facial area and below the eyes (e.g., mandible, teeth, gums, tongue, palate, salivary glands, or sinuses). This includes reduction of any fracture of the jaw or any facial bone, including dental splints or other applications used for this purpose.

Emergency services: A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part. PrimeWest Health guidelines provide that the member must require immediate dental attention and is seen at the next available or the earliest opportunity.

Fixed Partial Denture or Fixed Cast Metal Restoration or Fixed Bridge: A prosthetic replacement of one or more missing teeth that is cemented or attached to the abutment adjacent to the space filled by the prosthetic replacement and that cannot be removed by the patient.

Implant: Material inserted or grafted into tissue or bone; or a device specially designed to be placed surgically within or on the mandibular or maxillary bone as a means of providing for dental replacement.

Oral Hygiene Instruction: An organized education program by or under the supervision of a dentist to instruct a patient about the care of the patient's teeth.

Rebase: The process of refitting a denture by replacing the base material.

Reline: The process of resurfacing the tissue side of the denture with a new base material.

Removable Prosthesis or Removable Dental Prosthesis: Includes dentures and removable partial dentures. Any dental device or appliance replacing one or more missing teeth, including associated structures, if required, that is designed to be removed and reinserted by the patient.

Medical and Surgical Services: Medical and surgical services furnished by a doctor of dental medicine or dental surgery if the services:

1. Are furnished by a physician, would be considered physician's services; or
2. Under the law of the state where they are furnished, may be furnished either by a physician or doctor of dental medicine or dental surgery; and
3. Are furnished by a doctor of dental medicine or dental surgery who is authorized to furnish those services in the state in which he or she furnished the services.

Eligible Providers

General dentists, dental hygienists, endodontists, oral and maxillofacial surgeons, orthodontists, pedodontists, periodontists, and prosthodontists are considered eligible providers.

Collaborative Practice Dental Hygienist

Collaborative practice dental hygienist enrollment requirements:

1. Be licensed by the Board of Dentistry in the state in which they practice
2. Have a collaborative agreement with a licensed dentist that meets state requirements *
3. Bill for dental services within their scope of practice as authorized in their collaborative agreement

*PrimeWest Health requires a copy of the collaborative agreement and verifies the dentist's license before enrolling a dental hygienist.

Basic Screen Survey (BSS)

A BSS may be performed by a Collaborative Practice (CP) dental hygienist for the purpose of referring a Head Start child to a dentist or dental clinic to establish continued dental care. Collaborative practice dental hygienists triage children, perform other dental hygiene services, and refer children with dental needs to a dentist.

Fluoride Varnish Application (FVA)

FVA services provided to a child at a Head Start Agency by a CP hygienist may be billed by the Head Start agency, a health care facility, or enrolled non-profit.

Eligible Limited Service Providers

1. Community Health Workers (CHW)
2. Head Start agencies
3. Nurse practitioners
4. Physicians
5. Physician assistants
6. Public health nurses
7. Women, Infant & Children (WIC) programs

Community Health Worker (CHW) – Patient Education

A CHW employed and supervised by a dentist can perform patient education.

CHWs are eligible to enroll as PrimeWest Health providers under the supervision of a dentist to provide diagnosis related patient education and self-management to promote oral health.

Fluoride Varnish Application (FVA)

PrimeWest Health reimburses for FVA completed during a Child & Teen Checkup (C&TC) visit on children, from birth to 21 years of age, by non-dental health professionals or C&TC providers who have completed the University of Minnesota online Dental Health Screening and [Fluoride Varnish Application course](#). Refer to [Children Services, Chapter 9](#), for additional C&TC information.

WIC and Head Start Agencies may perform FVA after completing the same online course.

FVA is not limited to an office setting, and may be provided in all PrimeWest Health allowed places of service.

Call the PrimeWest Health Provider Contact Center regarding coverage of FVA.

Dental Periodicity Schedule

As required by the Centers for Medicare and Medicaid Services (CMS), the [Minnesota Child and Teen Checkups \(C&TC\) Schedule of Age-Related Dental Standards](#) was developed. This schedule, which is in keeping with recommendations of the American Academy of Pediatric Dentistry, must be utilized by both primary care and dental providers.

Primary care providers should perform an oral exam as part of the physical exam at every C&TC screening. Early access to high-risk children provides opportunities for primary care providers to partner with dental providers to ensure that children receive dental care. A collaborative effort between primary care and dental providers is essential.

Primary care providers should complete caries risk assessments, anticipatory guidance, and referrals to dentists. Other components of the *Schedule of Age Related Dental Standards* are elements that should be completed as part of C&TC screenings and as part of a dental visit. A child's first oral evaluation by a dentist should be completed at the time of the eruption of the first tooth in the mouth or no later than 12 months of age.



Minnesota Child and Teen Checkups (C&TC) Early and Periodic Screening, Diagnosis and Treatment (EPSDT)
Schedule of Age-Related Dental Standards

DHS-5544-ENG 10-08



In keeping with the American Academy of Pediatric Dentistry recommendations, a child's first examination should be completed at the eruption of the first tooth in the mouth and no later than 12 months of age. Repeat every 6 months or as indicated by the child's risk status/susceptibility to disease. http://www.aapd.org/media/policies_guidelines/p_cariesriskassess.pdf*

See FACT Sheets in C&TC Provider Guide

Components	Age	6 – 12 mo	12 – 24 mo	2 – 6 yrs	6 – 12 yrs	12 – 20 yrs
Oral health history		✓	✓	✓	✓	✓
Clinical oral examination		✓	✓	✓	✓	✓
Assessments/screening						
■ Oral growth and development		✓	✓	✓	✓	✓
■ Caries risk*		✓	✓	✓	✓	✓
■ Radiographic ¹		✓	✓	✓	✓	✓
Prophylaxis and topical fluoride ¹		✓	✓	✓	✓	✓
Fluoride supplementation ²		✓	✓	✓	✓	✓
Anticipatory guidance/counseling ³		✓	✓	✓	✓	✓
Counseling		Parent	Parent	Patient/parent	Patient/parent	Patient
■ Oral hygiene		✓	✓	✓	✓	✓
■ Dietary ⁴		✓	✓	✓	✓	✓
■ Injury prevention ⁵		✓	✓	✓	✓	✓
■ Nonnutritive habits ⁶		✓	✓	✓	✓	✓
■ Speech/language development		✓	✓	✓		
■ Substance abuse					✓	✓
■ Intraoral/perioral piercing					✓	✓
Assessment and treatment of developing malocclusion				✓	✓	✓
Assessment for sealants ⁷				✓	✓	✓
Assessment and /or removal of third molars						✓
Transition to adult care						✓

1. The child's history, clinical findings and susceptibility to oral disease should determine the timing, selection and frequency.
2. When systemic fluoride exposure is suboptimal; up to at least 16 years of age.
3. Appropriate discussion and counseling should be an integral component of each visit.
4. At every visit; initially discuss appropriate feeding practices, then the role of refined carbohydrates and frequency of snacking in caries development and obesity.

5. Should include counseling on toys, pacifiers, car seat use and passenger restraints, routine playing, sports and mouthguards.
6. Should include counseling on the additional need for sucking; fingers vs pacifiers, then the need to wean from the habit before malocclusion or skeletal dysplasia occurs. For school-aged children and adolescents, counsel regarding habits such as nail biting, clenching and grinding.
7. For caries susceptible posterior teeth with deep pits and fissures; placed as soon as possible after eruption. Coverage for sealants is limited to recipients through age 18 on first and second permanent molars.



Developed jointly by the
 Minnesota Departments of Human
 Services and Health

Critical Access Dental Payment Program (CADPP)

The goal of CADPP is to support dental practices with a high volume of active PrimeWest Health patients and increase access to dental services for our members. The Minnesota Department of Human Services (DHS) determines eligibility. Refer to the [MHCP Provider Manual](#) for additional information.

Critical Access Dental Providers that contract with PrimeWest Health will receive both the critical access add-on payment and the increased PrimeWest Health reimbursement.

PrimeWest Health critical access add-on payments are paid on a quarterly schedule directly from PrimeWest Health. MHCP calculates the payment amount based on total payments during the quarter as reported to them by PrimeWest Health. Providers will receive one check from PrimeWest Health. Refer to the MHCP Provider Manual [Billing Policy](#) in the fee-for service (FFS) payment methodology section for CADPP reimbursement rate information.

Eligible Members

PrimeWest Health members (MA and MinnesotaCare)

Verify eligibility before providing services as programs and PrimeWest Health coverage may change.

Covered Services

This list of covered services is not all-inclusive. Criteria for services that require authorization are located in the Prime West Health *Provider Manual*.

Please refer to these subsections for service details:

1. Children and Pregnant Women
2. Limited Benefits for Non-Pregnant Adults

Access Services

Refer to [Requirements for Providers](#), Chapter 1, and [Health Care Programs and Services](#), Chapter 2, for covered services that enable a member to obtain health care services.

Children and Pregnant Women

PrimeWest Health covers dental services that are medically necessary for children (eligible children through age 20 years) and pregnant women. Refer to the sections above for *Eligible Providers* and *Eligible Members*.

Covered Services

This list of covered services is not all-inclusive.

Diagnostic

1. Oral evaluations – must consist of a face-to-face visit with a dentist
 - a. Periodic oral evaluation
 - i. Cannot be performed on same date as a limited or comprehensive evaluation
 - b. Limited oral evaluation
 - i. Cannot be performed on same date as a periodic or comprehensive oral evaluation
 - ii. Documentation must include notation of the specific oral health problem or complaint
 - c. Comprehensive oral evaluation
 - i. Cannot be performed on same date as a periodic or limited evaluation
2. Dental X-rays

Preventive

1. Dental prophylaxis
2. Fluoride treatment and varnish application
 - a. Fluoride varnish once per six months
 - b. Cannot be performed on same date as D9910

Oral Hygiene Instructions

1. Oral hygiene instruction is considered an ongoing integral component of every dental visit.
2. Effective January 1, 2010, MHCP will reimburse oral hygiene instructions once per lifetime.
 - a. Document the amount of time above and beyond the standard prophylaxis, gross debridement, scaling and root planing, or other scheduled service that was required for oral hygiene instruction.
3. MN Rules part 9505.0270 subp. 1 E defines oral hygiene instruction as an organized education program carried out by or under the supervision of a dentist to instruct a patient about the care of the patient's teeth.
 - a. A copy of the organized educational program must be retained in the patient chart and include the following:
 - i. Assessment findings/risk factors for oral disease specific to the patient
 - ii. Detailed counseling components presented, based on the assessments/risk factors
 - iii. Objectives of the customized care plan
 - iv. Educational methodology used and how each educational component was presented
 - v. The amount of time scheduled to complete the organized education program
 - vi. For children under age six years, the name of the parent/legal guardian to whom the educational program was presented
 - b. Any additional oral hygiene instruction services must meet the specifications of utilization criteria.
4. Sealants (children only)
 - a. Once per tooth, per five years, per permanent molar
5. Space maintainers

Restorative

1. Amalgam and composite fillings
 - a. Limited to once in 90 days for the same tooth
 - b. Posterior fillings are all reimbursed at the amalgam rate
 - c. PrimeWest Health prohibits balance billing posterior composites to the recipient
2. Laboratory resin crowns that meet the specifications of utilization review
3. Prefabricated stainless steel, or prefabricated resin crowns
4. Sedative fillings
 - a. Cannot be performed on same date as D9110

Endodontics

Once per tooth per lifetime

Periodontics

1. Scaling and root planing that meets the specifications of utilization criteria
2. Full mouth debridement

Oral cavity indicators must only be used for periodontal services to designate the quadrants where the service was or will be provided. Bill using the appropriate numeric oral cavity designation code: 10, 20, 30, or 40.

Prosthodontics

1. Removable full dentures
2. Removable partial dentures that meet the specifications of utilization criteria

3. Reline, repair, or rebase of a removable complete or partial denture
4. Fixed bridges/dental implants that meet the specifications of utilization criteria
 - a. Porcelain/metal crowns in conjunction with a medically necessary fixed bridge/implant that meet the specifications of utilization criteria
 - b. CDT codes: D6092 recement implant/abutment supported crown and D6093 recement implant/abutment supported fixed partial denture do not require authorization, but are subject to utilization review. All other dental implants codes require authorization.

Removable Dentures – Complete and Partial

Initial placement or replacement of a removable prosthesis is limited to once every three years per recipient unless one (or more) of these conditions apply:

1. Replacement of a removable prosthesis in excess of this limit is eligible for payment if the replacement is necessary because the removable prosthesis was misplaced, stolen, or damaged due to circumstances beyond the recipient's control. When applicable, the member's degree of physical and mental impairment must be considered in determining whether the circumstances were beyond a recipient's control.
2. Replacement of a partial prosthesis is eligible for payment if the existing prosthesis cannot be modified or altered to meet the recipient's dental needs.
3. Service for a removable prosthesis must include instruction in the use and care of the prosthesis and any adjustment necessary to achieve a proper fit during the six months immediately following the provision of the prosthesis. Document the instruction and the necessary adjustments, if any, in the member's dental record.
4. A partial with metal based framework requested on an authorization may be downgraded to a resin based appliance because the criteria are not met. The provider could still choose to provide the metal based removable prosthesis but can only bill PrimeWest Health for the resin based partial. Chart documentation must reflect this.
5. Bill denture identification only for dentures previously made without ID markers. Denture identification for new dentures or partials will deny.
6. Replacement of missing or broken teeth allows for a maximum number of five teeth.

Undeliverable Removable Prostheses

PrimeWest Health pays a percentage payment of the scheduled allowable for undeliverable removable prostheses. Submit an attachment for the claim documenting the following:

1. Reason for non-delivery noted in the patient chart
2. Explanation that includes the incurred lab charges and the percent of work completed

Fax the required documentation by the end of the next business day after submitting the electronic claim. The completed prosthesis must be kept in the provider's office, in a deliverable condition, for a period of at least two years.

Payment will be prorated based on the percentage completed and utilization review.

Oral Surgery

Extractions

1. Extractions of impacted teeth must meet the specifications of utilization criteria
 - a. Third molars must be symptomatic or show evidence of pathology

To request a Service Authorization for the removal of an impacted tooth, the following dental history, case information, and documentation must be submitted *for each tooth to be extracted*:

1. Current diagnostic radiographs and chart documentation
2. Objective documentation of at least **one** of the following symptoms:
 - a. Presence of infection
 - b. Acute pain/swelling (identify location, severity, and related symptoms)
 - c. Periodontal involvement of the third molar
 - d. Episodes of pericoronitis
 - e. Occurrence of cellulitis
 - f. Abscess formation or untreatable pulpal/periapical pathology
 - g. A pathological condition such as a dentigerous cyst or other related pathology
 - h. External resorption of the second molar that appears to be caused by the third molar
 - i. A carious lesion on a partially erupted third molar

Omission of a portion of the above documentation will result in a Service Authorization denial.

Documentation should always be supplied by the provider who will be performing the extraction.

Documentation of clinical observations made by the provider in the patient's chart notes during the patient's examination may be included. The requirements listed above need to be specific to the tooth/area affected and should be clearly identified.

To meet the documentation requirements, providers can submit clinical findings, the diagnosis, and a treatment plan along with a summary letter stating the patient's chief complaint. Letters submitted with this information should be signed by the provider, not office staff.

Incise and Drain

The primary services/procedures must be covered services under PrimeWest Health for ancillary services to be covered. If the primary procedure is not a covered service, regardless of the complexity or difficulty, coverage of services such as the administration of anesthesia, diagnostic X-rays, and other related procedures will not be covered.

Dentists and oral surgeons who perform medical procedures must follow the practitioner and general authorization guidelines for exams, consultation, radiology, surgery, anesthesia, and laboratory services.

Orthodontics (Children through age 20)

Orthodontic treatment that meets the specifications of utilization criteria (through age 20)

Criteria

At least one of the following criteria must be met:

1. There is a disfigurement of the patient's facial appearance including protrusion of upper or lower jaws or teeth
2. There is spacing between adjacent teeth that interferes with the biting function
3. There is an overbite to the extent that the lower anterior teeth impinge on the roof of the mouth when the person bites
4. Positioning of jaws or teeth impairs chewing or biting function
5. Based on a comparable assessment of the above criteria, there is an overall orthodontic problem that interferes with the biting function

Orthodontic care usually requires lengthy treatment. It is recommended that the provider discuss the expected eligibility period with the family and the county human services agency before initiating treatment. This will clarify the eligibility policies and help reduce denial of payment due to subsequent ineligibility. A recipient's eligibility can terminate or may go from fee-for-service to MCO on a month-to-month basis.

Orthodontic Billing

Use D8660 pre-orthodontic treatment visit to report orthodontic full case study.

The retention phase of orthodontic treatment is a component of the comprehensive orthodontic care that the provider is reimbursed for. The type of retention is a choice made by the provider. Do not bill the recipient.

Other Services

- 1 Palliative care for the relief of pain
2. Deep sedation/general anesthesia
3. Nitrous oxide analgesia, anxiolysis
4. House/extended care facility call
 - a. Extended care facilities are long-term care facilities. These include: nursing facilities, Skilled Nursing Facilities (SNFs), boarding care homes, Institutes of Mental Disease/Mental Illness (IMDs), Intermediate Care Facilities for Developmentally Disabled (ICF/DDs), Hospices, Minnesota Extended Treatment Options (METO), and swing beds (a nursing facility bed in a hospital). A school or Head Start program is not an extended care facility.
 - b. May not be billed in conjunction with services provided in a Head Start or school setting
 - c. Must be reported along with the addition of the appropriate code(s) for the actual services performed
5. Behavior management that is documented as a service necessary to ensure that a covered dental procedure is correctly and safely performed
6. Therapeutic parenteral drugs
7. Occlusal adjustment, limited
 - a. Once per day
 - b. Includes only those services defined by the most current edition of the CDT
8. Drugs (D9610, D9612, and D9630)
 - a. Additional information must be entered in the notes section of the 837D
 - i. Name of drug
 - ii. NDC of drug
 - iii. Dosage

Limited Benefits for Non-Pregnant Adults

PrimeWest Health considers dental services provided beyond those identified below and in excess of the frequencies noted below as capped or non-covered services and the member's responsibility. Providers must inform the member before providing a non-covered service for which the member is financially responsible. Refer to the above sections for *Eligible Providers* and *Eligible Members*.

Do not submit authorization requests for services that do not require authorization or are non-covered services; they incur unnecessary costs and will not be approved.

Covered Services

All covered services must be medically necessary, appropriate, and the most cost effective for the medical needs of the patient.

Procedure Code(s)	Description	Service Limits
Diagnostic		
Clinical Oral Evaluations – must consist of a face to face visit with a dentist		
D0120	Periodic exam	<ul style="list-style-type: none"> • Once per calendar year • Cannot be performed on same date as a limited or comprehensive evaluation
D0140	Limited exam	<ul style="list-style-type: none"> • Once per day per facility • Cannot be performed on same date as a periodic or comprehensive oral evaluation • Documentation must include notation of the specific oral health problem or complaint
D0150	Comprehensive exam	<ul style="list-style-type: none"> • Once per 5 years • Cannot be performed on same date as a periodic or limited evaluation
Dental X-rays		
D0270 – D0277	Bite wing X-rays	One series per calendar year
D0220 – D0230	Periapical X-rays	4 per date of service (does not include intraoral-complete series)
D0330	Panoramic X-rays	<p>Once per 5 years beginning 1/1/2010; except:</p> <ol style="list-style-type: none"> 1. With a scheduled outpatient facility or freestanding Ambulatory Surgery Center (ASC) procedure (include claim attachment identifying hospital/ASC name) 2. For a medically necessary diagnosis and follow-up of oral and maxillofacial pathology and trauma (include claim attachment with a description of the pathology or trauma and the medical diagnosis identified) <p>Once every 2 years for patients who cannot cooperate for intra-oral film due to a developmental disability or medical condition that does not allow for intra-oral film placement (include claim attachment identifying developmental disability or medical condition that does not allow for intra-oral film placement)</p>
Preventive		
D1110	Prophylaxis	Once per calendar year
D1206	Fluoride varnish	<ul style="list-style-type: none"> • Once per calendar year • Cannot be performed on same date as D9910

Restorative – limited to once in 90 days for the same tooth		
D2330 – D2335	Anterior fillings	
D2140 – D2161; D2391 – D2394	Posterior fillings	<ul style="list-style-type: none"> • All reimbursed at amalgam rate • MHCP prohibits balance billing posterior composites to the recipient
D2940	Sedative fillings	<ul style="list-style-type: none"> • Allowed only for relief of pain • Cannot be performed on same date as D9110
Endodontics – once per tooth per lifetime		
D3310	Anterior	
D3320	Premolar	
Periodontics		
D4355	Full mouth debridement	<ul style="list-style-type: none"> • Once per 5 years • Claims processed for a combination of D4355 and D1110 adult prophylaxis on the same date will deny
Prosthodontics		
	Service for a removable prosthesis must include instruction in the use and care of the prosthesis and any adjustment necessary to achieve a proper fit during the six months immediately following the provision of the prosthesis. Document the instruction and the necessary adjustments, if any, in the member's dental record.	
D5110 – D5140; D5860	Full dentures	<ul style="list-style-type: none"> • One removable appliance per dental arch per 6 years • Relines, repairs, and rebases are non-covered services • No exceptions for lost, stolen, or damaged and un-repairable appliances • D5110 – D5140: Do not require authorization • D5860: Authorization always required
D5211 – D5226; D5820 – D5821; D5861	Partials	<ul style="list-style-type: none"> • Authorization always required • One removable appliance per dental arch per 6 years • Relines, repairs, and rebases are non-covered services • No exceptions for lost, stolen, or damaged and un-repairable appliances • Must meet the specifications of utilization criteria

		<ul style="list-style-type: none"> • All of the following criteria must be met for payment for a cast metal removable prosthesis: <ul style="list-style-type: none"> ○ The crown to root ratio must be better than 1:1 ○ The surrounding abutment teeth and remaining teeth must not have extensive tooth decay ○ The abutment teeth must not have large restorations or stainless steel crowns • A partial with metal based framework requested on an authorization may be downgraded to a resin-based appliance because the criteria are not met. The provider could still choose to provide the metal based removable prosthesis but can only bill PrimeWest Health for the resin based partial. Chart documentation must reflect this.
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Undeliverable Removable Prostheses

PrimeWest Health pays a percentage payment of the scheduled allowable for undeliverable removable prostheses. Submit an attachment for the claim documenting the following:

- Reason for non-delivery noted in the patient chart
- Explanation that includes the incurred lab charges and the percent of work completed

Fax the required documentation by end of the next business day after submitting the electronic claim. The completed prosthesis must be kept in the provider’s office, in a deliverable condition, for a period of at least two years.

Payment will be prorated based on the percentage completed and utilization review.

Oral Surgery

D7111 – 7250	Extractions	
D7220 – D7241	Removal of impacted teeth	<ul style="list-style-type: none"> • Must meet the specifications of utilization criteria • Third molar extractions must be symptomatic or show evidence of pathology <p>To request a Service Authorization for the removal of an impacted tooth, the following dental history, case information, and documentation must be submitted for each tooth to be extracted:</p> <ul style="list-style-type: none"> • Current diagnostic radiographs and chart documentation • Objective documentation of at least one of the following symptoms: <ul style="list-style-type: none"> ○ Presence of infection ○ Acute pain/swelling (identify location, severity, and related symptoms) ○ Periodontal involvement of the third molar ○ Episodes of pericoronitis ○ Occurrence of cellulitis ○ Abscess formation or untreatable pulpal/periapical pathology

		<ul style="list-style-type: none"> ○ A pathological condition such as a dentriggerous cyst or other related pathology ○ External resorption of the second molar that appears to be caused by the third molar ○ A carious lesion on a partially erupted third molar <p>Omission of a portion of the above documentation will result in a Service Authorization denial.</p> <p>Documentation should always be supplied by the provider who will be performing the extraction. Documentation of clinical observations made by the provider in the patient’s chart notes during the patient’s examination may be included. The requirements listed above need to be specific to the tooth/area affected and should be clearly identified.</p> <p>To meet the documentation requirements, providers can submit clinical findings, the diagnosis, and a treatment plan along with a summary letter stating the patient’s chief complaint. Letters submitted with this information should be signed by the provider, not office staff.</p>
D7285 – D7286	Biopsies	
D7510 – D7521	Incise and drain	Includes only those services defined by the most current edition of the CDT

The primary services/procedures must be covered services under PrimeWest Health for ancillary services to be covered. If the primary procedure is not a covered service, regardless of the complexity or difficulty, coverage of services such as the administration of anesthesia, diagnostic X-rays, and other related procedures will not be covered.

Dentists and oral surgeons who perform medical procedures must follow the practitioner and general authorization guidelines for exams, consultation, radiology, surgery, anesthesia, and laboratory services.

Adjunctive Services

D9110	Palliative treatment	Once per day
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Outpatient Dental Surgery Services

When it is medically necessary to provide outpatient dental surgery under general anesthesia, the following additional services may be provided in an outpatient hospital setting or freestanding ambulatory surgical center (ASC) setting as part of the outpatient dental surgery.

Procedure Code(s)	Description	New Service Limits
Diagnostic		
D0210	Intraoral complete series	<ul style="list-style-type: none"> • Once per 5 years • Must be performed in outpatient hospital or freestanding ASC • Must indicate the Health Care Service Location Information/place of service code on the claim

Periodontics		
D4341 – D4342	Scaling and root planing	<ul style="list-style-type: none"> • Once every 2 years • Must be performed in outpatient hospital or freestanding ASC • Authorization is not required when performed in an outpatient hospital or freestanding ASC • Must indicate the Health Care Service Location Information/place of service code on the claim <p>Periodontal scaling and root planing criteria must be documented in the recipient’s record to be eligible for PrimeWest Health reimbursement:</p> <ul style="list-style-type: none"> • Evidence of bone loss must be present on the current radiographs—panoramic, full mouth series or bitewing—to support the diagnosis of periodontitis • There must be current periodontal charting with six point and mobility noted, including presence of pathology and periodontal prognosis • The pocket depths must be greater than four millimeters • Classification of the periodontology case type must be in accordance with documentation established by the American Academy of Periodontology • Prophylaxis or gross debridement cannot be performed on the same day
Adjunctive services		
D9220 – D9221 D9241 – D9248	General anesthesia	<ul style="list-style-type: none"> • Must meet the specifications of utilization criteria below if not performed in outpatient hospital or an MDH-recognized freestanding Ambulatory Surgery Center (ASC). • All of the following criteria must be met: <ol style="list-style-type: none"> 1. Presence of a significant medical, psychological, or physical condition or disability which limits the ability to undergo successful dental treatment without general anesthesia or sedation. Prior authorization request needs to include the provider’s statement of need that indicates what conditions are present that medically substantiates the need for general anesthesia or sedation.

		<p>2. Can only be requested in conjunction with scheduling of at least one of the following procedure codes:</p> <ul style="list-style-type: none"> ○ D7111 extraction, coronal remnants – deciduous tooth ○ D7140 extraction, erupted tooth, or exposed root (elevation and/or forceps removal) ○ D7210 surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth ○ D7220 removal of impacted tooth – soft tissue ○ D7230 removal of impacted tooth – partially bony ○ D7240 removal of impacted tooth – completely bony ○ D7241 removal of impacted tooth – completely bony, with unusual surgical complications ○ D7250 surgical removal of residual tooth roots (cutting procedure) <ul style="list-style-type: none"> ● Must indicate the Health Care Service Location Information/place of service code on the claim
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Non-Covered Services Authorized or In Progress before January 1, 2010

1. Services no longer covered but authorized and **in progress** before January 1, 2010: bill the claim with the following required documentation:
 - a. Authorization number on the 837D transaction
 - b. Attach a copy of the patient chart showing work was in progress

Fax the required documentation by end of next business day after submitting the electronic claim

2. Services no longer covered, authorized before January 1, 2010, but **not in progress** until January 1, 2010 or after will deny.
3. For molar endodontic procedures in progress before 1/1/2010 that require an additional appointment after January 1, 2010, bill the claim with the following required documentation:
 - a. A copy of the patient chart showing work was in progress
 - b. Fax the required documentation by end of next business day after submitting the electronic claim
4. For periodontal scaling and root planing series of appointments, uncompleted quadrants will deny after January 1, 2010.

Non-Covered Services

The following services are considered non-covered. Separate billing, to either PrimeWest Health or the member, is prohibited for these services. This is not an all-inclusive list.

1. CDT codes not mentioned above are non-covered services
2. Barriers
3. Disposable equipment/supplies
4. Drapes
5. Eye protection

6. Fluoride trays or rinses
7. Gauze/sterile packing
8. Gloves
9. Infection control procedures
10. MinnesotaCare tax
11. Needles
12. Periodontal charting (separate from codes D0150 or D0180)
13. Prescriptions dispensed in the office
14. Prosthetic cleaning
15. Sterilization solutions/equipment
16. Surgical supplies
17. Suture material
18. Syringes
19. Teledentistry
20. Treatment deemed to be cosmetic or for aesthetic reasons

Authorizations Requirements for Children and Pregnant Women

Unnecessary authorizations are costly. **Routine services do not require authorization.** The following dental services require Service Authorization by PrimeWest Health:

Unspecified diagnostic procedure (D0999)

Provide information regarding what testing you would like to do and the reasoning for it. If this code is used for BSS, then Service Authorization is not needed

Oral Hygiene Instruction

Authorization is required after the service has been provided once for the recipient.

For authorization, submit a copy of the organized education program to be carried out by or under the supervision of the dentist to instruct the patient about the care of their teeth.

Requests for authorization must include:

- Assessment findings/risk factors for oral disease specific to the patient
- Detailed counseling components presented, based on the assessments/risk factors
- Objectives of the customized care plan
- Educational methodology used and how each educational component is to be presented
- The amount of time scheduled to complete the organized education program
- For children under age 6 years, the name of the parent/legal guardian to whom the educational program is to be presented

D1330

Oral hygiene instructions

Periodontal Services

Authorization is always required.

Requests for authorization for periodontal services must be submitted with the following dental history, case information, and documentation:

- Current radiographs; panoramic, full mouth series or bitewing
- Chart documentation including:
 - Current periodontal charting with notations of :
 - Six point measurements
 - For periodontal scaling and root planing -pocket depths must be greater than four millimeters
 - Mobility
 - Presence of pathology
 - Periodontal prognosis
 - Classification of the periodontology case type which must be in accordance with documentation established by the American Academy of Periodontology

D4210	Gingivectomy or gingivoplasty - per quadrant
D4211	Gingivectomy or gingivoplasty - per tooth
D4240	Gingival flap procedures, including root planning - per quadrant
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth
D4245	Apically positioned flap
D4249	Crown lengthening – hard and soft tissue, by report
D4260	Osseous surgery, including flap entry and closure per quadrant
D4261	Osseous surgery (including flap entry and closure) – one to three teeth, per quadrant
D4263	Bone replacement graft - first site in quadrant
D4264	Bone replacement graft – each additional site in quadrant
D4266	Guided tissue regeneration – resorbable barrier, per site, per tooth
D4267	Guided tissue regeneration – non-resorbable barrier, per site, per tooth (includes membrane removal)
D4268	Surgical revision procedure, per tooth
D4270	Pedicle soft tissue grafts
D4271	Free soft tissue grafts including donor site
D4273	Subepithelial connective tissue graft procedure (including donor site surgery)
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical
D4275	Soft tissue allograft
D4276	Combined connective tissue and double pedicle graft, per tooth
D4320	Provisional splinting, intracoronal
D4321	Provisional splinting, extracoronal
D4341*	Periodontal scaling and root planing – four or more teeth per quadrant
D4342*	Periodontal scaling and root planing – one to three teeth per quadrant

D4381	Localized delivery of chemotherapeutic agents via a controlled release vehicle into diseased crevicular tissue, by tooth, by report
D4910	Periodontal maintenance (Program HH only, authorization is sometimes required).
D4999	Unspecified periodontal procedure
*D4341 and D4342 do not require service authorization when performed in outpatient hospital or freestanding ASC	

Crowns

Provide documentation for requests for the following:

- D2720 Crown, resin with high noble metal
- D2721 Crown, resin with predominantly base metal
- D2722 Crown, resin with noble metal
- D2952 Post and core, in addition to crown
- D2953 Each additional indirectly fabricated post-same tooth
- D2960 Labial veneer-(lamine) chairside
- D2061 Labial veneer-(resin laminate)laboratory
- D2962 Labial veneer-(porcelain laminate) laboratory
- D2971 Additional procedures to construct crown
- D2975 Coping
- D2999 Unspecified restorative procedure, by report

Endodontics

Provide documentation to request authorization for:

- D3460 Endodontic endosseous implant
- D3999 Unspecified endodontic procedure, by report

Complete Dentures

Authorization required only if replacement is performed in less than three years.

If requesting replacement of existing prosthesis:

- Include the specific reason for request
- Specify why existing full or partial denture cannot be relined, rebased, or repaired

Complete Overdenture

Authorization always required.

Partial Dentures

Authorization always required.

Initial placement or replacement of a removable prosthesis is limited to once every three years

Requests for authorization for partial dentures, interim or permanent, must be submitted with the following dental history, case information, and documentation:

- History regarding all previous prostheses
- Dental history pertinent to request

- Radiographs of the current dental condition for all remaining teeth of the involved arch
- Indicate on the 2006 ADA claim form all missing teeth and teeth to be replaced by the partial denture
- “X” all missing teeth
- Identify all teeth to be replaced by partial dentures

Current six point periodontal charting and periodontal prognosis of remaining teeth.

Requests for cast metal removable prosthesis must meet all of the following criteria:

- The crown to root ratio must be better than 1:1
- The surrounding abutment teeth and the remaining teeth must not have extensive decay; and
- The abutment teeth must not have large restorations or stainless steel crowns

If requesting replacement of existing prosthesis:

- Include the specific reason for request
- Specify why existing full or partial denture cannot be relined, rebased, or repaired

D5211	Upper partial — resin base (including any conventional clasps, rests and teeth)
D5212	Lower partial — resin base (including any conventional clasps, rests and teeth)
D5213	Upper partial — cast metal base with resin saddles (including any conventional clasps, rests, and teeth)
D5214	Lower partial — cast metal base with resin saddles (including any conventional clasps, rests, and teeth)
D5225	Maxillary partial denture — flexible base (including any clasps, rests, and teeth)
D5226	Mandibular partial denture — flexible base (including any clasps, rests, and teeth)
D5820	Interim Partial Denture — upper (Maxillary)
D5821	Interim Partial Denture — lower (Mandibular)
D5860	Overdenture, complete by report
D5861	Overdenture, partial by report
D5862	Precision attachment, by report
D5867	Replacement of semi-precision or precision attachment
D5875	Modification of removable prosthesis
D5899	Unspecified removable prosthodontic procedure
D5911	Facial moulage (sectional)
D5912	Facial moulage (complete)
D5937	Trismus appliance
D5951	Feeding aid
D5952	Speech aid prosthesis, pediatric
D5953	Speech aid prosthesis, adult
D5954	Palatal augmentation prosthesis
D5958	Palatal lift prosthesis, interim
D5959	Palatal lift prosthesis, modification
D5960	Speech aid prosthesis, modification
D5982	Surgical stent
D5983	Radiation carrier
D5984	Radiation shield
D5985	Radiation cone locator
D5986	Fluoride gel carrier

D5987	Comissure splint
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Dental Implant Related Services

Authorization is always required for the dental implant related codes below. Only the codes listed below can be submitted for authorization. Surgical placement of dental implants (codes D6010 – D6050) is a non-covered service.

Requests for authorization for dental implant related services must be submitted with the following dental history, case information, and documentation:

- Medical and dental history which supports the medical necessity
- Radiographs of the current dental condition
- Complete treatment plan, including prosthesis and all related services

The following criteria must be met to receive payment for dental implant related services:

- There must be bone and tooth loss that compromises chewing or breathing
- The implant related service must be medically necessary and cost-effective
- A complete treatment plan, including prosthesis and all related services, must be approved prior to the start of treatment

D6053	Implant/abutment supported removable denture for completely edentulous arch
D6054	Implant/abutment supported removable denture for partially edentulous arch
D6055	Implant connecting bar
D6056	Prefabricated abutment
D6057	Custom abutment
D6058	Abutment supported porcelain/ceramic crown
D6059	Abutment supported porcelain fused to metal crown (high noble metal)
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)
D6061	Abutment supported porcelain fused to metal crown (noble metal)
D6062	Abutment supported cast metal crown (high noble)
D6063	Abutment supported cast metal crown (predominately base metal)
D6064	Abutment supported cast metal crown (noble metal)
D6065	Implant supported porcelain/ceramic crown
D6066	Implant supported porcelain fused to metal crown
D6067	Implant supported metal crown
D6068	Abutment supported retainer for porcelain/ceramic FPD
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominately base metal)
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)
D6072	Abutment supported retainer for cast metal FPD (high noble metal)
D6073	Abutment supported retainer for cast metal FPD (predominately base metal)
D6074	Abutment supported retainer for cast metal FPD (noble metal)
D6075	Implant supported retainer for ceramic FPD
D6076	Implant supported retainer for porcelain fused to metal FPD
D6077	Implant supported retainer-forecast metal FPD (titanium, titanium alloy, or high noble metal)

D6078	Implant/abutment supported fixed denture for completely edentulous arch
D6079	Implant/abutment supported fixed denture for partially edentulous arch
D6080	Implant maintenance procedures, including: removal of prosthesis, cleansing of prosthesis and abutment reinsertion of prosthesis
D6094	Abutment Supported Crown – (Titanium)
D6190	Radiographic/Surgical Implant Index
D6194	Abutment Supported Retainer Crown For FPD – (Titanium)

Fixed Partial Denture — Pontics

Authorization is required for fixed dentures (that are cost-effective) for people who are unable to use removable dentures because of their medical condition.

Replacement of damaged fixed denture for individuals who are unable to use a removable denture due to a medical condition requires authorization.

Requests for authorization for fixed denture must be submitted with the following documentation:

- Medical and dental history that supports the medical necessity
- The recipient's **mental/physical** condition including ICD-9-CM and DSM III-R diagnoses that cause the recipient's inability to use a removable denture
- An explanation of the reason the recipient is unable to use a removable denture
- Radiographs of the current dental condition
- The specific treatment plan and the long-range prognosis for the remaining dentition

D6205	Pontic – Indirect Resin Based Composite
D6210	Pontic – cast high noble metal
D6211	Pontic – cast predominantly base metal
D6212	Pontic – cast noble metal
D6214	Pontic – titanium
D6240	Pontic – porcelain fused to high noble metal
D6241	Pontic – porcelain fused to predominantly base metal
D6242	Pontic – porcelain fused to noble metal
D6245	Pontic – porcelain/ceramic
D6250	Pontic – resin with high noble metal
D6251	Pontic – resin with predominantly base metal
D6252	Pontic – resin with noble metal
D6253	Pontic – provisional

Fixed Partial Denture Retainers – Crowns

Authorization is required for fixed dentures (that are cost-effective) for people who are unable to use removable dentures because of their medical condition.

Replacement of damaged fixed denture for individuals who are unable to use a removable denture due to a medical condition requires authorization.

Requests for authorization for fixed denture must be submitted with the following documentation:

- Medical and dental history which supports the medical necessity

- The recipient's **mental/physical** condition including ICD-9-CM and DSM III-R diagnoses that cause the recipient's inability to use a removable denture
- An explanation of the reason the recipient is unable to use a removable denture
- Radiographs of the current dental condition
- The specific treatment plan and the long-range prognosis for the remaining dentition

D6545	Retainer-cast metal
D6548	Retainer- porcelain/ceramic
D6624	Inlay-titanium
D6634	Onlay – titanium
D6710	Crown – indirect resing based composite
D6720	Crown – resin with high noble metal
D6721	Crown – resin with predominantly base metal
D6722	Crown – resin with noble metal
D6740	Crown – porcelain/ceramic
D6750	Crown – porcelain fused to high noble metal
D6751	Crown – porcelain fused to predominantly base metal
D6752	Crown – porcelain fused to noble metal
D6780	Crown – 3/4 cast high noble metal
D6781	Crown – 3/4 cast predominately based metal
D6782	Crown – 3/4 cast noble metal
D6783	Crown – 3/4 porcelain/ceramic
D6790	Crown – full cast high noble metal
D6791	Crown – full cast predominantly base metal
D6792	Crown – full cast noble metal
D6793	Crown – provisional retainer crown
D6794	Crown – titanium
D6920	Connector bar
D6940	Stress breaker
D6950	Precision attachment
D6975	Coping, metal
D6985	Pediatric partial denture, fixed

Oral Surgery

Authorization is always required for the codes listed below.

Extractions of impacted teeth must meet the specifications of utilization criteria

Third molars must be symptomatic or show evidence of pathology

To request a Service Authorization for the removal of an impacted tooth, the following dental history, case information, and documentation must be submitted **for each tooth to be extracted**:

- Current diagnostic radiographs and chart documentation
- Objective documentation of at least **one** of the following symptoms:
 - Presence of infection
 - Acute pain/swelling (identify location, severity, and related symptoms)
 - Periodontal involvement of the third molar
 - Episodes of pericoronitis

<ul style="list-style-type: none"> ○ Occurrence of cellulitis ○ Abscess formation or untreatable pulpal/periapical pathology ○ A pathological condition such as a dentigerous cyst or other related pathology ○ External resorption of the second molar that appears to be caused by the third molar <p>A carious lesion on a partially erupted third molar</p>	
D7251	Coronectomy – intentional partial tooth removal
D7272	Tooth transplantation
D7283	Placement of device to facilitate eruption of impacted tooth
D7290	Surgical repositioning of teeth
D7291	Transseptal fiberotomy
D7490	Radical resection of maxilla or mandible
D7953	Bone replacement graft
D7220	Removal of impacted tooth – soft tissue
D7230	Removal of impacted tooth – partial bony
D7240	Removal of impacted tooth – completely bony
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications
<p>Omission of a portion of the above documentation will result in a Service Authorization denial.</p> <p>Documentation should always be supplied by the provider who will be performing the extraction. Documentation of clinical observations made by the provider in the patient’s chart notes during the patient’s examination may be included. The requirements listed above need to be specific to the tooth/area affected and should be clearly identified.</p> <p>To meet the documentation requirements, providers can submit clinical findings, the diagnosis, and a treatment plan along with a summary letter stating the patient’s chief complaint. Letters submitted with this information should be signed by the provider, not office staff.</p>	

Temporomandibular Joint Disorder (TMD)	
Authorization is always required	
D7899	Unlisted TMD therapy
D7880	Occlusal orthotic appliance
41899	Unlisted procedure, dentoalveolar structures

Orthodontic Treatment (through age 20)	
Authorization is always required. All documentation must be mailed together to CDMI, including X-rays.	
The dentist must submit the following documentation when considering orthodontic care:	
<ul style="list-style-type: none"> • Description of classification of occlusion (e.g., angle class, arch crowding or spacing, etc.) • Functional problems (e.g., overbite, overjet, cross bites, etc.) • Disfiguring characteristics (e.g., facial asymmetry, etc.) • Contributing factors (e.g., missing teeth, impacted teeth, etc.) • Specific treatment plan and appliances (enter the appropriate procedure code) 	

- Five intraoral photographs; upper and lower occlusal. Prints or mounted slides are acceptable. Include profile photos
- Appropriate radiographs (panorex or full mouth and cephalometric)

A separate letter may be included with additional information if desired. If the above information is not adequate, DHS may request study models. **Do not send models unless requested.**

D8010	Limited orthodontic treatment of primary dentition
D8020	Limited orthodontic treatment of transitional dentition
D8030	Limited orthodontic treatment of adolescent dentition
D8040	Limited orthodontic treatment of adult dentition
D8050	Interceptive orthodontic treatment of primary dentition
D8060	Interceptive orthodontic treatment of transitional dentition
D8070	Comprehensive orthodontic treatment of transitional dentition
D8080	Comprehensive orthodontic treatment of adolescent dentition
D8090	Comprehensive orthodontic treatment of adult dentition
D8210	Removable appliance therapy
D8220	Fixed appliance therapy
D8670	Periodic orthodontic treatment visit
D8680	Orthodontic retention
D8690	Orthodontic treatment
D8691	Rebonding or recementing; and/or repair, as required, of fixed retainers (authorize only if a limit of 2 per year will be exceeded)
D8999	Unspecified orthodontic procedure

Other Dental Services that Require Service Authorization

- D9941** Fabrication of athletic mouth guard
- D9952** Occlusal adjustment, complete
- D9971** Odontoplasty, includes removal of enamel projections
- D9972** External bleaching- per arch
- D9973** External bleaching – per tooth
- D9974** Internal bleaching – per tooth
- D9999** Unspecified adjunctive procedure, by report

Anesthesia and Facility Fees

Service Authorization is required for children eight years old and over before providing anesthesia for dental cleaning and restorations. Provide documentation explaining the need for the anesthesia and facility fees which must include an underlying medical issue.

Authorization Requirements for PrimeWest Health members with TPL Insurance

Billing PrimeWest Health depends on the authorization type you receive.

PrimeWest Health Authorization	
<p>If the PrimeWest Health authorization approves an initial appliance placement and subsequent monthly adjustments</p>	<p style="text-align: center;"><i>Bill using the following instructions</i></p> <p>If the TPL/other insurance pays an initial down payment and subsequent payments over the course of the treatment (monthly, quarterly, semi-annual or annual payments):</p> <ul style="list-style-type: none"> • Bill the approved initial appliance placement code and indicate the TPL/other insurance initial down payment amount on the claim; and • Monthly adjustments (one month at a time) indicating the TPL/other insurance actual monthly payment or the prorated monthly amount based on the total remaining TPL/other insurance payment expected divided by the total months of orthodontic treatment <p>If the TPL/other insurance pays over the entire course of the orthodontic treatment (monthly, quarterly, semi-annual, annual or lump sum payments):</p> <ul style="list-style-type: none"> • Bill the approved initial appliance placement code and monthly adjustments (one month at a time); and • Indicate the actual TPL/other insurance monthly payment or the prorated monthly amount based on the total TPL/other insurance payment expected divided by the total months of orthodontic treatment
<p>If the PrimeWest Health authorization approves only monthly adjustments</p>	<p style="text-align: center;"><i>Bill using the following instructions:</i></p> <p>If the TPL/other insurance makes payments over the course of the treatment:</p> <ul style="list-style-type: none"> • Indicate the TPL/other insurance actual monthly payment (one month at a time); or • Use the calculated prorated monthly amount based on the total TPL/other insurance payment expected divided by the total months of orthodontic treatment <p>Use one of the following two examples to calculate the prorated payment amounts:</p> <ul style="list-style-type: none"> • TPL/other insurance total payment \$1500.00 divided by the expected course of treatment (24 months) equals \$62.50 as the monthly prorated payment; or • Your charge for the braces is \$4800.00 with an expected course of treatment of 24 months. The TPL/other insurance will pay a total of \$2400.00 in three installments (\$1000.00 at the beginning of the treatment, \$1000.00 at the beginning of the second year and \$400.00 at the end of the treatment). TPL/other insurance is paying 50% of your total charge; therefore, when billing PrimeWest Health, the TPL/other insurance paid amount should be 50% of your billed amount.

Authorizations for new codes will have a \$00.00 rate noted until a rate is established. The approval notice will indicate that the claim will be paid at a rate in effect on the date when the service is completed.

When requesting authorization for a procedure, adequate and detailed documentation must be attached to the authorization request. Use the 2006 American Dental Association (ADA) claim form when requesting a Service Authorization and Current Dental Terminology (CDT 2009-2010) procedure codes.

It is essential that you submit adequate case information and appropriate diagnostic materials when you request Service Authorization.

Please mail Service Authorization requests to:

Attn: Care Coordination
 PrimeWest Health
 2209 Jefferson St, Ste 101
 Alexandria, MN 56308
 Fax **1-320-762-8750**

PrimeWest Health contracts with independent dental reviewers (licensed DDS) to review requests for Service Authorization. Dental providers are notified promptly of Service Authorization decisions according to Minnesota Rules. Providers may contact PrimeWest Health Utilization Management at **1-866-431-0803** (toll free) for assistance with Service Authorization or benefit determination questions.

Authorization Requirements for Non-pregnant Adults

Partial Dentures

Authorization always required.

For each dental arch, removable prostheses are limited to one every six years. Requests for authorization for partial dentures, interim or permanent, must be submitted with the following dental history, case information, and documentation:

- History regarding all previous prostheses
- Dental history pertinent to request
- Radiographs of the current dental condition for all remaining teeth of the involved arch
- Indicate on the 2006 ADA claim form all missing teeth and teeth to be replaced by the partial denture
- “X” all missing teeth
- Identify all teeth to be replaced by partial dentures
- Current six point periodontal charting and periodontal prognosis of remaining teeth

Requests for cast metal removable prosthesis must meet all of the following criteria:

- The crown to root ratio must be better than 1:1
- The surrounding abutment teeth and the remaining teeth must not have extensive decay
- The abutment teeth must not have large restorations or stainless steel crowns

D5211	Upper partial – resin base (including any conventional clasps, rests, and teeth)
D5212	Lower partial – resin base (including any conventional clasps, rests, and teeth)

D5213	Upper partial – cast metal base with resin saddles (including any conventional clasps, rests, and teeth)
D5214	Lower partial – cast metal base with resin saddles (including any conventional clasps, rests, and teeth)
D5225	Maxillary partial denture – flexible base (including any clasps, rests, and teeth)
D5226	Mandibular partial denture – flexible base (including any clasps, rests, and teeth)
D5820	Interim Partial Denture – upper (Maxillary)
D5821	Interim Partial Denture – lower (Mandibular)
D5860	Overdenture, complete, by report
D5861	Overdenture, partial, by report

Oral Surgery

Authorization is always required for the removal of impacted teeth.

Third molars must be symptomatic or show evidence of pathology

To request a Service Authorization for the removal of an impacted tooth, the following dental history, case information, and documentation must be submitted *for each tooth to be extracted*:

- Current diagnostic radiographs and chart documentation
- Objective documentation of at least **one** of the following symptoms:
 - Presence of infection
 - Acute pain/swelling (identify location, severity, and related symptoms)
 - Periodontal involvement of the third molar
 - Episodes of pericoronitis
 - Occurrence of cellulitis
 - Abscess formation or untreatable pulpal/periapical pathology
 - A pathological condition such as a dentigerous cyst or other related pathology
 - External resorption of the second molar that appears to be caused by the third molar

A carious lesion on a partially erupted third molar

D7220	Removal of impacted tooth – soft tissue
D7230	Removal of impacted tooth – partial bony
D7240	Removal of impacted tooth – completely bony
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications

Temporomandibular Joint Disorder (TMD)

Authorization is always required. The [TMD Information Request Form](#) must be completed.

D7899	Unlisted TMD therapy
D7880	Occlusal orthotic appliance
41899	Unlisted procedure, dentoalveolar structures

Anesthesia and Facility Fees

Service Authorization is required for adults before providing anesthesia for dental cleaning and restorations.

Provide documentation explaining the need for the anesthesia and facility fees which must include an underlying medical issue.

Combined Medical and Dental Authorizations

Procedures that require both medical and dental authorization need to be coordinated. The authorization for medical services must also include the information on the dental services to be performed.

1. Request medical services on the PrimeWest Health [Medical Service Authorization Request Form](#)
2. Request dental services on the 2006 ADA claim form.

Billing

Use American Dental Association (ADA) Current Dental Terminology (CDT) 2009 – 2010 codes when billing PrimeWest Health. New codes may not have an established rate for approximately six months or until there is a volume of claims submitted per code to determine the allowable rate. These services will be manually priced until a rate is established.

General Billing Guidelines

1. Report accurate and complete information on all electronic claims
2. Enter the valid tooth surface, tooth number, or oral cavity indicator when applicable
3. Use your valid National Provider Identifier (NPI) as the billing provider
4. Use 837D to submit claims
5. Use CDT 2009 – 2010 codes for professional dental services
6. Use 837P when billing CPT procedure codes for medical/technical services
7. A principal diagnosis (ICD-9-CM code) is required when using CPT codes
8. Outpatient facilities must use CPT codes on the 837I

Authorizations submitted for PrimeWest Health payments must exactly match the approved authorization. This includes all procedure codes, units, and the billing provider's NPI.

All professional and institutional claims must be submitted electronically in order to comply with the MN Stat. sec 62J.536. These include all claims currently processed by PrimeWest Health, including 837P (professional), 837I (institutional), 837D (dental), pharmacy claims, and crossover claims, which include payment information from other insurance carriers via the coordination of benefits (COB) process.

Submit an electronic claim via Electronic Dental Services (EDS). To register for EDS, complete the following steps:

1. Go to www.edsedi.com/promocodeform.aspx
2. Enter the Promo Code “eds2free”
3. Use Payer ID # LX049
4. Print out the form, complete it, and fax it back to the number indicated on the form

PrimeWest Health Two Percent (2%) Add-on Payments

DHS increased fee-for-service payments for services provided to members of MA and MinnesotaCare by two percent (2%) as an “add-on.” This add-on is restricted to services subject to the hospital, surgical center, or health care provider taxes and includes only in-state dental services. This 2 percent add-on is incorporated into the PrimeWest Health fee schedule.

Anesthesia

1. Anesthesia provided in the dental office must be billed on the 837D claim form with CDT 2009 – 2010 procedure codes.
2. Anesthesia provided in an ASC/hospital must be billed on the 837P claim form by the anesthesia group.
3. PrimeWest Health enrolled CRNAs or anesthesiologists must bill separately for their anesthesia services on the 837P claim form with CPT procedure codes or ASA anesthesia codes with the appropriate modifiers.
4. Hospitals must bill anesthesia services when the CRNA or anesthesiologist is a hospital employee unless the hospital chose to remove CRNA costs from its inpatient rate.

Copays

Providers can collect the copay at the time of the visit or bill the member, according to general office policy. Information on spenddown and copay requirements can be found in [Health Care Programs and Services](#), Chapter 2, Copay section.

Dental Providers billing for sleep apnea appliance

For patients who cannot tolerate a continuous positive airway pressure (CPAP) machine, a physician may prescribe an oral appliance. The oral appliance is considered [Durable Medical Equipment](#). Dentists assure the proper fit of the appliance. Most appliances require that a dentist take necessary impressions and a bite registration.

Required Authorization

1. Submit a [medical authorization request](#)
2. Use the appropriate ICD-9 diagnosis code
3. Indicate the appropriate HCPCS code (E0485 or E0486) for the appliance

The supporting documentation must include the following:

1. A Copy of the sleep study results and interpretation by a physician
2. Documentation of a trial of a CPAP machine.

Billing and Documentation:

Use the Professional 837P claim.

Other requirements:

1. Complete and fax the [claims attachment cover sheet](#)
2. Include the following with the cover sheet:
 - a. Copy of the lab slip with fee included
 - b. Cost of materials including those used to fabricate the impression and bite registration

Dental Procedures Reported with CPT Coding

Dentists and board eligible and board certified oral and maxillofacial surgeons must use the Physician's Current Procedural Terminology (CPT) procedure codes when billing complex oral surgery to PrimeWest Health. To receive reimbursement for CPT procedure codes, the provider must be individually enrolled with PrimeWest Health.

Dentists using CPT procedure codes and coding must select the code for the procedure or service which most accurately identifies the service performed. Any additional procedures performed, or pertinent special services, must also be listed. When necessary, list any modifying or extenuating circumstances.

Any service or procedure must be adequately documented in the member's medical record. Medical services provided by a dentist must be billed using current CPT procedure codes on the 837P.

Diagnosis Requirements on Claims

Effective January 1, 2012, when submitting 837D claims for oral and maxillofacial surgeons, claims must include the appropriate ICD-9-CM diagnosis code(s). A diagnosis code(s) is also required when submitting anesthesia CDT codes. This requirement is part of the 5010 implementation.

Modifiers

Modifying medical procedure codes indicates that a service or procedure has been altered by some specific circumstance, but has not changed in its definition or code. The use of modifiers eliminates the need for separate procedure billings. Modifiers must be used when applicable. Please refer to the CPT manual for specific information on modifiers.

Multiple Surgeries

Report multiple surgeries performed on the same member, on the same day, by the same provider using modifier 51 to identify the subsequent surgeries. Refer to the following example:

1. Report the major surgery without modifier 51 and additional procedures with modifier 51
2. Line 1 - 41874 - 1 unit reported with appropriate oral cavity designation
3. Line 2 and all subsequent lines - 41874 - 51 - 1 unit reported with appropriate oral cavity designation
4. Do not use modifier 51 for procedures that are considered components or incidental to a primary surgery. PrimeWest Health follows Medicare guidelines for excluding modifier 51 for these procedures
5. Do not use modifier 51 with add-on codes (listed in CPT Appendix D) or codes that are modifier 51 exempt (listed in CPT Appendix E)

Assistant Surgeon

An assistant surgeon is allowed for some complex procedures. If a medical procedure requires authorization and an assistant will be used, include this information with the authorization. A separate entry for the assistant surgeon is not required on the authorization requests. When billing for the assistant surgeon, use the authorization number given to the primary surgeon.

Alveoloplasty/Gingivectomy

The medical procedure codes 41820, 41828, 41872, and 41874 must be reported with the appropriate oral cavity designation code as required by the Minnesota Administrative Uniformity Committee (AUC).

Alveoloplasty services do not require a denial from Medicare before billing PrimeWest Health. Use CPT procedure codes when billing complex oral surgery, including alveoloplasty. To receive reimbursement for CPT procedure codes, the provider must be individually enrolled with PrimeWest Health or obtain a service authorization as an out of network provider.

Temporomandibular Joint Disorder (TMD)

TMD treatment is considered a medical service when the underlying cause is systemic, a medical disease, or a significant injury. The dentist must determine the underlying cause in order to accurately bill TMD services.

Medical [Service Authorizations](#) must be submitted. The ICD-9 diagnosis code and the associated CPT code for the occlusal orthotic device (41899 unlisted procedure, dentoalveolar structures) must be included on the authorization request.

1. If dental in nature, the dentist must bill CDT 2009 – 2010 procedure codes
2. If medical in nature, bill medical CPT procedure codes

Osteoarthritis or degenerative arthritis of the TMJ is not a systemic disease, but a local problem usually related to a dental cause. Therefore, these diagnoses are billed as dental services. Some examples of dental conditions are:

1. Malocclusion of the teeth
2. Grinding of the teeth

If the underlying cause is systemic, a medical disease, or a significant injury, the treatment of TMJ is billed by the dentist as a medical service. Some examples of medical conditions are:

1. Rheumatoid arthritis
2. Damage associated with seizure activity
3. Status post facial trauma

Basic Screen Survey (BSS)

PrimeWest Health will reimburse dentists, collaborative practice dental hygienists, or Head Start agencies that bill BSS services. BSS is not limited to an office setting, and may be provided in all PrimeWest Health allowed places of service. Use CDT code D0999 and specify BSS in the notes section of the 837D claim form.

Prorated Payment for Prosthesis

When fabrication of a removable prosthesis has begun, but is not yet completed, you must document the following:

1. The percent of total work completed (include lab fees incurred) in the remarks section of the claim form
2. The reason the removable prosthesis is billed at a percentage. Example: when the member's eligibility terminates, or if fabrication is completed but the prosthesis cannot be delivered.

Payment will be prorated based on the percentage completed and utilization review.

Dental Implants

CDT codes: D6092 recement implant/abutment supported crown and D6093 recement implant/abutment supported fixed partial denture do not require authorization, but are subject to utilization review.

Head Start Agency

Use your NPI number as the billing provider; **or** your NPI number as the billing provider and the dentist's or collaborative practice dental hygienist's NPI number as the rendering provider.

Use your UMPI number as the billing provider; or your UMPI number as the billing provider and the dentist's or collaborative practice dental hygienist's NPI number as the rendering provider.

Miscellaneous Services

CDT codes: D9120 Fixed partial denture sectioning and D9612 therapeutic parenteral drugs, two or more administrations, different medications do not require authorization, but are subject to utilization review. When billing, provide the drug name, dosage, and method of administration.

Legal References

MS [150A.10](#), subd.1 a (dental hygiene collaborative agreement)

MS [256B.0625](#), subd. 9 (covered services)

MS [150A.22](#) (donated dental services)

MS [256L.03](#), subds. 1 & 5 (MinnesotaCare covered services)

MS [256B.037](#) (MCO dental services)

MS [256B.76](#)(b) (dental reimbursement and (c) CADPP)

MS [256L.11](#), Subd. 7 (CADPP MinnesotaCare)

MN Rules [9505.0270](#) & [9505.0445](#)

MS [62J.50-62J.61](#) Administrative Simplification Act