

# EXHIBIT L

## EMERGENCY REGULATIONS

DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MEDICAL SERVICES  
AMENDING ADMINISTRATIVE REGULATIONS


NUMBER AND TITLE: Dental-1-11

PROPOSED EFFECTIVE DATE: July 18, 2011  
STATUTORY AUTHORITY:

**NECESSITY AND FUNCTION:** The purpose of the proposed rule is to eliminate prior authorization requirements for full dentures, limited oral evaluations, diagnostic casts, root canal therapy, surgical extractions, and anesthesia. It is necessary that this rule be filed under the emergency provisions of the Administrative Procedure Act. Currently, the prior authorization process takes approximately 6 months to receive prior authorization. The long wait subjects beneficiaries to potentially adverse health outcomes.

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PAGES FILED:

  
Eugene I. Gessow, Director  
Division of Medical Services

Promulgation date:

Contact Person: Brett Hays  
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P. O. Box 1437, Slot S295  
Little Rock, AR 72203-1437  
(501) 682-8859



**QUESTIONNAIRE FOR FILING PROPOSED RULES AND REGULATIONS  
WITH THE ARKANSAS LEGISLATIVE COUNCIL AND JOINT INTERIM COMMITTEE**

**DEPARTMENT/AGENCY** Department of Human Services

**DIVISION** Division of Medical Services

**DIVISION DIRECTOR** Eugene Gessow

**CONTACT PERSON** Brett Hays

**ADDRESS** P.O Box 1437, Slot S295, Little Rock, AR 72203

**PHONE NO.** 682-8859 **FAX NO.** 682-2480 **E-MAIL** brett.hays@arkansas.gov

**NAME OF PRESENTER AT COMMITTEE MEETING** Jeffrey Wood

**PRESENTER E-MAIL** jeffrey.wood@arkansas.gov

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**INSTRUCTIONS**

- A. Please make copies of this form for future use.
- B. Please answer each question completely using layman terms. You may use additional sheets, if necessary.
- C. If you have a method of indexing your rules, please give the proposed citation after "Short Title of this Rule" below.
- D. Submit two (2) copies of this questionnaire and financial impact statement attached to the front of two (2) copies of the proposed rule and required documents. Mail or deliver to:

**Donna K. Davis  
Administrative Rules Review Section  
Arkansas Legislative Council  
Bureau of Legislative Research  
Room 315, State Capitol  
Little Rock, AR 72201**

\*\*\*\*\*

1. What is the short title of this rule?

Dental-1-11

2. What is the subject of the proposed rule?

Dental Prior Authorization and Benefit Limits.

3. Is this rule required to comply with a federal statute, rule, or regulation? Yes \_\_\_ No X.  
If yes, please provide the federal rule, regulation, and/or statute citation.

4. Was this rule filed under the emergency provisions of the Administrative Procedure Act?  
Yes X No \_\_\_.

If yes, what is the effective date of the emergency rule?

July 18, 2011

When does the emergency rule expire?

November 14, 2011

Will this emergency rule be promulgated under the permanent provisions of the Administrative Procedure Act? Yes X No \_\_\_

5. Is this a new rule? Yes \_\_\_ No X If yes, please provide a brief summary explaining the regulation.

Does this repeal an existing rule? Yes \_\_\_ No X If yes, a copy of the repealed rule is to be included with your completed questionnaire. If it is being replaced with a new rule, please provide a summary of the rule giving an explanation of what the rule does.

Is this an amendment to an existing rule? Yes X No \_\_\_ If yes, please attach a mark-up showing the changes in the existing rule and a summary of the substantive changes. Note: The summary should explain what the amendment does, and the mark-up copy should be clearly labeled "mark-up."

6. Cite the state law that grants the authority for this proposed rule? If codified, please give Arkansas Code citation.

Arkansas Statute 20-76-201

7. What is the purpose of this proposed rule? Why is it necessary?

The purpose of the proposed rule is to eliminate prior authorization requirements for full dentures, limited oral evaluations, diagnostic casts, root canal therapy, surgical extractions, and anesthesia. It is necessary that this rule be filed under the emergency provisions of the Administrative Procedures Act. Currently, the prior authorization process takes approximately 6 months to receive prior authorization. The long wait subjects beneficiaries to potentially adverse health outcomes.

8. Please provide the address where this rule is publicly accessible in electronic form via the Internet as required by Arkansas Code § 25-19-108(b).

<https://www.medicaid.state.ar.us/InternetSolution/general/comment/comment.aspx>

9. Will a public hearing be held on this proposed rule? Yes \_\_\_ No X  
If yes, please complete the following:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Place: \_\_\_\_\_

10. When does the public comment period expire for permanent promulgation? (Must provide a date.)

August 30, 2011

11. What is the proposed effective date of this proposed rule? (Must provide a date.)

December 15, 2011

12. Do you expect this rule to be controversial? Yes \_\_\_ No X If yes, please explain.

13. Please give the names of persons, groups, or organizations that you expect to comment on these rules? Please provide their position (for or against) if known.

Medical associations, interested providers, and advocacy organizations. Their positions for or against is not known at this time.

# FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT Department of Human Services

DIVISION Division of Medical Services

PERSON COMPLETING THIS STATEMENT Tom Show

TELEPHONE NO. 683-2483 FAX NO. 682-2480 EMAIL: tom.show@arkansas.gov

To comply with Act 1104 of 1995, please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules.

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SHORT TITLE OF THIS RULE – Dental-1-11

JUL 14 2011

1. Does this proposed, amended, or repealed rule have a financial impact?  
Yes \_\_\_\_\_ No X.

2. Does this proposed, amended, or repealed rule affect small businesses?  
Yes \_\_\_\_\_ No X.

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If yes, please attach a copy of the economic impact statement required to be filed with the Arkansas Economic Development Commission under Arkansas Code § 25-15-301 et seq.

3. If you believe that the development of a financial impact statement is so speculative as to be cost prohibited, please explain.

4. If the purpose of this rule is to implement a federal rule or regulation, please give the incremental cost for implementing the rule. Please indicate if the cost provided is the cost of the program.

**Current Fiscal Year**

**Next Fiscal Year**

General Revenue \_\_\_\_\_

General Revenue \_\_\_\_\_

Federal Funds \_\_\_\_\_

Federal Funds \_\_\_\_\_

Cash Funds \_\_\_\_\_

Cash Funds \_\_\_\_\_

Special Revenue \_\_\_\_\_

Special Revenue \_\_\_\_\_

Other (Identify) \_\_\_\_\_

Other (Identify) \_\_\_\_\_

Total \_\_\_\_\_

Total \_\_\_\_\_

5. What is the total estimated cost by fiscal year to any party subject to the proposed, amended, or repealed rule? Identify the party subject to the proposed rule and explain how they are affected.

**Current Fiscal Year**

**Next Fiscal Year**

6. What is the total estimated cost by fiscal year to the agency to implement this rule? Is this the cost of the program or grant? Please explain.

**Current Fiscal Year**

**Next Fiscal Year**

None

None

**Summary for**  
**Dental-1-11**

The prior authorization requirement for the following procedure codes has been removed from the Dental Provider Manual: D0140, D0470 (full dentures), D3310, D3320, D3330, D7210, D7220, D7230, D7240, D9220, D9221. The preceding procedure codes address problem-focused limited oral evaluations, diagnostic casts, complete dentures, root canal therapy, surgical extractions, and anesthesia. New benefit limits have also been set for these procedure codes. There are now 12 problem-focused limited oral evaluations available per year (D0140). The lifetime limit for diagnostic casts has been set at 4 (D0470). While the prior authorization requirement for complete dentures has been eliminated, the benefit limit remains unchanged.

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Program Development & Quality Assurance

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TO: Arkansas Medicaid Health Care Providers – Dental

DATE: July 18, 2011

JUL 14 2011

SUBJECT: Provider Manual Update Transmittal DENTAL-1-11

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REMOVE

INSERT

Table with 4 columns: Section, Date, Section, Date. Rows include updates for sections 221.000, 223.000, 225.200, 262.100, and 262.200 with their respective dates.

Explanation of Updates

Section 221.000 is updated to remove obsolete information. Sections 223.000, 225.200, 262.100, and 262.200 are updated to reflect changes to prior authorization requirements.

The paper version of this update transmittal includes revised pages that may be filed in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes have already been incorporated.

If you have questions regarding this transmittal, please contact the HP Enterprise Services Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at 501-682-0593 (Local); 1-800-482-5850, extension 2-0593 (Toll-Free) or to obtain access to these numbers through voice relay, 1-800-877-8973 (TTY Hearing Impaired).

Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.

Thank you for your participation in the Arkansas Medicaid Program.

Handwritten signature of Eugene I. Gessow, Director





**TOC not required**

**221.000 Endodontia 7-18-11**

Pulpotomy for deciduous teeth may be performed without prior authorization for beneficiaries under age 21. **Pulpotomies are not covered for individuals age 21 and over.**

Current indications require carious exposure of the pulp. Payment for pulp caps is included in the fee for restorations and is not payable separately.

**Endodontic therapy is not covered for individuals age 21 and over.**

To be reimbursed, the completed endo-fill should conform to current standards, that is, complete obturation of all canals to within 1mm to 2mm of radiographic apex.

The fee for endodontic therapy does not include restoration to close a root canal access, but does include films for measurement control and post-op.

Medicaid does not cover endodontic retreatment, apexification, retrograde fillings or root amputation. See section 262.100 for applicable procedure codes.

**223.000 Removable Prosthetic Services (Full and Partial Dentures, Including Repairs) 7-18-11**

**A. Benefits**

Full and acrylic partial dentures are covered for beneficiaries of all ages. Full dentures or acrylic partial dentures may be approved for use instead of fixed bridges.

Beneficiaries age 21 and over are allowed only one complete maxillary denture and one complete mandibular denture per lifetime.

Beneficiaries age 21 and over are allowed only one upper and one lower partial per lifetime.

Repairs of dentures and partials are covered but are benefit-limited for beneficiaries age 21 and over. See Sections 262.100 and 262.200 for applicable procedure codes.

**B. Prior Authorization Requirements**

Prior authorization is required for dentures (full or partial) for beneficiaries under the age of 21.

Prior authorization is required for partial dentures for beneficiaries age 21 and over.

Prior authorization is not required for full dentures for beneficiaries age 21 and over.

For dentures that require prior authorization, a complete series of X-rays and a complete treatment plan, including tooth numbers to be replaced by partial dentures, must be submitted with prior authorization requests. See Sections 262.100 and 262.200 for further information regarding prior authorization for dentures.

Prior authorization is required for repairs of dentures and partials for eligible beneficiaries of all ages. A history and date of original insertion must be submitted with the prior authorization request. See Sections 262.100 and 262.200 for applicable procedure codes.

**C. Required Process for Submitting Adult Dentures and Partials to Dental Lab**

For eligible Medicaid beneficiaries age 21 and over, all dentures, whether full or partial, must be manufactured by the Medicaid-contracted dental lab. **View or print contact information for Medicaid Dental Contractor.**

When Medicaid issues a prior authorization for partial dentures for a beneficiary age 21 and over, the Dental Lab Request Form with the prior authorization number is returned to the dental provider's office. When the dental provider receives the prior authorization, the authorization will be for a maximum of six (6) (three upper and three lower) limited oral evaluations-problem focused visits (D0140) along with authorization for the diagnostic casts (D0470). The dental provider must then send the Medicaid-contracted dental lab the completed Dental Lab Request Form with the prior authorization number and models to make the adult partial dentures. **If the dental lab does not receive the Dental Lab Request Form, the lab will make the partial dentures and bill directly to the dental provider's account, and there will be no payment by Medicaid. View or print contact information for Medicaid Dental Contractor.**

Though prior authorization is not required for full dentures for beneficiaries age 21 and over, the dental provider must send the Dental Lab Request Form and models directly to the Medicaid-contracted dental lab. The Dental Lab Request Form must clearly indicate that the beneficiary is a Medicaid beneficiary and the dentures are being requested pursuant to the Medicaid benefit plan. **If the dental lab does not receive the request form, the lab will make the full dentures and bill directly to the dental provider's account, and there will be no payment by Medicaid.** The dental provider will be reimbursed for a maximum of six (6) (three upper and three lower) limited oral evaluations-problem focused (D0140) visits and two (2) (one upper and one lower) diagnostic casts (D0470). **View or print contact information for Medicaid Dental Contractor.**

225.200

**Surgical Extractions**

7-18-11

Most surgical extractions for beneficiaries under the age of 21 do not require prior authorization. See Section 262.100 for specific instructions regarding surgical extractions for beneficiaries under 21.

All surgical extractions for beneficiaries age 21 and over require prior authorization and X-ray to substantiate need. The dental consultant may require a second opinion when reviewing treatment plans for extractions.

Surgical extractions performed on an emergency basis (See Section 234.000) for relief of pain may be reimbursed subject to the approval of the Medicaid's dental consultants. In these cases, the claim with X-ray and a brief explanation should be submitted to the Division of Medical Services Dental Care Unit. **View or print the Division of Medical Services Dental Care Unit contact information.**

For beneficiaries under the age of 21, the fee for surgical extraction includes local anesthesia and routine post-operative care. See Sections 262.100 and 262.200 for applicable procedure codes. Anesthesia is not a covered service for beneficiaries 21 and over.

262.100

**ADA Procedure Codes Payable to Beneficiaries Under Age 21**

7-18-11

The following ADA procedure codes are covered by the Arkansas Medicaid Program. These codes are payable for beneficiaries under the age of 21.

Beside each code is a reference chart that indicates whether X-rays are required and when prior authorization (PA) is required for the covered procedure code. If a concise report is required, this information is included in the PA column.

\* Revenue code

\*\*(...) This symbol, along with text in parentheses, indicates the Arkansas Medicaid description of the covered service.

\*\* Prior authorization is required for panoramic x-rays performed on children under six years of age (See Section 216.100).

ADA Code	Description	PA Yes/No	Submit X-Ray with Treatment Plan Yes/No
<b>Child Health Services (EPSDT) Dental Screening (See Section 215.000)</b>			
D0120	✱ (CHS/EPSDT Dental Screening Exam)	No	No
D0140	✱ (CHS/EPSDT Interperiodic Dental Screening Exam)	No	No
<b>Radiographs (See Sections 216.000 – 216.300)</b>			
D0210	Intraoral – complete series (including bitewings)	No	No
D0220	Intraoral – periapical – first film	No	No
D0230	Intraoral – periapical – each additional film	No	No
D0240	Intraoral – occlusal film	No	No
D0250	Extraoral – first film	No	No
D0260	Extraoral – each additional film	No	No
D0272	Bitewings – two films	No	No
D0330	Panoramic film	No**	No
D0340	Cephalometric film	Yes	No
<b>Tests and Laboratory</b>			
D0350	Oral/facial photographic images	Yes	No
D0470	Diagnostic casts	Yes	No
<b>Preventive</b>			
<b>Dental Prophylaxis (See Section 217.100)</b>			
D1120	Prophylaxis – child ✱ (ages 0-9)	No	No
D1110	Prophylaxis – adult ✱ (ages 10-20)	No	No
<b>Topical Fluoride Treatment (Office Procedure) (See Section 217.100)</b>			
D1203	Topical application of fluoride (prophylaxis not included) – child ✱ (ages 0-20)	No	No
<b>Dental Sealants (See Section 217.200)</b>			
D1351	Sealant per tooth ✱ (1st and 2nd permanent molars only)	No	No
<b>Space Maintainers (See Section 218.000)</b>			
D1510	Space maintainer – fixed – unilateral	Yes	Yes
D1515	Space maintainer – fixed – bilateral	Yes	Yes
D1525	Space maintainer – removable-bilateral	Yes	Yes
<b>Restorations (See Sections 219.000 – 219.200)</b>			
<b>Amalgam Restorations (including polishing) (See Section 219.100)</b>			
D2140	Amalgam – one surface	No	No

ADA Code	Description	PA Yes/No	Submit X-Ray with Treatment Plan Yes/No
D2150	Amalgam – two surfaces	No	No
D2160	Amalgam – three surfaces	No	No
D2161	Amalgam – four or more surfaces	No	No
<b>Composite Resin Restorations (See Section 219.200)</b>			
D2330	Resin – one surface, anterior, permanent	No	No
D2331	Resin – two surfaces, anterior, permanent	No	No
D2332	Resin – three surfaces, anterior, permanent	No	No
D2335	Resin – four or more surfaces or involving incisal angle, permanent	Yes	Yes
<b>Crowns – Single Restoration Only (See Section 220.000)</b>			
D2710	Crown – resin (laboratory)	Yes	Yes
D2752	Crown – porcelain -ceramic substrate	Yes	Yes
D2920	Re-cement crown	No	Yes
D2930	Prefabricated stainless steel crown – primary	No	No
D2931	Prefabricated stainless steel crown – permanent	Yes	Yes
<b>Endodontia (See Section 221.000)</b>			
<b>Pulpotomy</b>			
D3220	Therapeutic pulpotomy (excluding final restoration)	No	No
D3221	Gross pulpal debridement, primary and permanent teeth	Yes	No
<b>Endodontic (Root Canal) therapy (including treatment plan, clinical procedures and follow-up care)</b>			
D3310	Anterior tooth (excluding final restoration)	No	No
D3320	Bicuspid tooth (excluding final restoration)	No	No
D3330	Molar (excluding final restoration)	No	No
<b>Periapical Services</b>			
D3410	Apicoectomy (per tooth) – first root	Yes	Yes
<b>Periodontal Procedures (See Section 222.000)</b>			
<b>Surgical Services (including usual postoperative services)</b>			
D4341	Periodontal scaling and root planing	Yes	Yes
D4910	Periodontal maintenance procedures (following active therapy)	Yes	Yes
<b>Complete dentures (Removable Prosthetics Services) (See Section 223.000)</b>			
D5110	Complete denture – maxillary	Yes	Yes

ADA Code	Description	PA Yes/No	Submit X-Ray with Treatment Plan Yes/No
D5120	Complete denture – mandibular	Yes	Yes
<b>Partial Dentures (Removable Prosthetic Services) (See Section 223.000)</b>			
D5211	Upper partial – acrylic base (including any conventional clasps and rests)	Yes	Yes
D5212	Lower partial – acrylic base (including any conventional clasps and rests)	Yes	Yes
<b>Repairs to Partial Denture (See Section 223.000)</b>			
D5610	Repair acrylic saddle or base	Yes	No
D5620	Repair cast framework	Yes	No
D5640	Replace broken teeth – per tooth	Yes	No
D5650	Add tooth to existing partial denture	Yes	No
<b>Fixed Prosthodontic Services (See Section 224.000)</b>			
D6930	Re-cement bridge	Yes	No
<b>Oral Surgery (See Section 225.000)</b>			
<b>Simple Extractions (includes local anesthesia and routine postoperative care) (See Section 225.100)</b>			
D7111	Extraction, coronal remnants-deciduous tooth	No	No
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	No	No
<b>Surgical Extractions (includes local anesthesia and routine postoperative care) (See Section 225.200)</b>			
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	No	No
D7220	Removal of impacted tooth – soft tissue	No	No
D7230	Removal of impacted tooth – partially bony	No	No
D7240	Removal of impacted tooth – completely bony	No	No
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	Yes	Yes
D7250	Surgical removal of residual tooth roots (cutting procedure)	Yes	Yes
<b>Other Surgical Procedures</b>			
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth and/or alveolus	Yes	Yes
D7280	Surgical exposure of impacted or un-erupted tooth for orthodontic reasons (including orthodontic attachments)	Yes	Yes

ADA Code	Description	PA Yes/No	Submit X-Ray with Treatment Plan Yes/No
D7285	Biopsy of oral tissue – hard	Yes	Yes
D7286	Biopsy of oral tissue – soft	Yes	Yes
<b>Osteoplasty for Prognathism, Micrognathism or Apertognathism</b>			
D7510	Incision and drainage of abscess, intraoral soft tissue	Yes	No
<b>Frenulectomy</b>			
D7960	Frenulectomy (Frenectomy or Frenotomy) Separate procedure	Yes	Yes
<b>Orthodontics (See Section 226.000)</b>			
<b>Minor Treatment of Control Harmful Habits</b>			
D8210	Removable appliance therapy	Yes	Yes
D8220	Fixed appliance therapy	Yes	Yes
<b>Comprehensive Orthodontic Treatment – Permanent Dentition</b>			
D8070	Class I Malocclusion	Yes	Yes
D8080	Class II Malocclusion	Yes	Yes
D8090	Class III Malocclusion	Yes	Yes
<b>Other Orthodontic Devices</b>			
D8999	Unspecified orthodontic procedure, by report	Yes	Yes
<b>Anesthesia</b>			
D9220	General Anesthesia – first 30 minutes	Yes, but no PA required when billed with D7210, D7220, D7230, D7240.	Yes
D9221	General Anesthesia – each 15 minutes	Yes, but no PA required when billed with D7210, D7220, D7230, D7240.	No

ADA Code	Description	PA Yes/No	Submit X-Ray with Treatment Plan Yes/No
D9230	Analgesia N <sub>2</sub> O	No, but requires report for request for more than 1 unit per day	No
D9248	Non-I.V. Conscious Sedation	Yes and requires report	No
<b>Consultations (See Section 214.000)</b>			
D9310	** (Second opinion examination) Consultation, diagnostic service provided by dentist or physician other than practitioner providing treatment	Yes	No
<b>Outpatient Hospital Services (See Section 228.200)</b>			
0361*	Outpatient hospitalization – for hospital only	Yes	No
0360*	Outpatient hospitalization – for hospital only	Yes	No
0369*	Outpatient hospitalization – for hospital only	Yes	No
0509*	Outpatient hospitalization – for hospital only	Yes	No
<b>Smoking Cessation</b>			
D1320	Tobacco counseling for the control and prevention of oral disease	No	No
D9920	Behavior management, by report * (tobacco counseling)	No	No
<b>Unclassified Treatment</b>			
D9110	Palliative treatment with dental pain	Yes	No

**262.200 ADA Procedure Codes Payable to Medically Eligible Beneficiaries Age 21 and Older**

7-18-11

The following list shows the procedure code, procedure code description, whether or not prior authorization is required, whether an X-ray should be submitted with a treatment plan, and if there is a benefit limit on a procedure.

The column titled **Benefit Limit** indicates the benefit limit, if any, and how the limit is to be applied. When the column indicates “**Yes, \$500.00**”, then that item, when used in combination with other items listed, cannot exceed the \$500.00 Medicaid maximum allowable reimbursement limit for the state fiscal year (July 1 through June 30). **Other limitations** are also shown in the column (i.e.: **1 per lifetime**). If “**No**” is shown, the item is not benefit limited.

**Note: The use of the symbol, \*\*, along with text in parentheses, indicates the Arkansas Medicaid description of the product.**

ADA Code	Description	PA Yes/No	Submit X-Ray with Treatment Plan Yes/No	Benefit Limit Yes/No
<b>Dental Screening (See Section 215.000)</b>				
D0120	Periodic oral evaluation	No	No	Yes-\$500 Yes-1 per year
D0140	Limited oral evaluation-problem focused	No	No	Yes-\$500 Yes-12 per year
<b>Radiographs (See Sections 216.000 – 216.300)</b>				
D0210	Intraoral – complete series (including bitewings)	No	No	Yes-\$500 Yes-1 per 5 years
D0220	Intraoral – periapical – first film	No	No	Yes-\$500
D0230	Intraoral – periapical – each additional film	No	No	Yes-\$500
D0272	Bitewings – two films	No	No	Yes-\$500 Yes-1 per year
D0330	Panoramic film	No	No	Yes-\$500 Yes-1 per 5 years
<b>Tests and Laboratory</b>				
D0470	Diagnostic Casts (full denture)	No	No	Yes-\$500
	Diagnostic Casts (partial denture)	Yes	Yes	Yes- 4 per lifetime
<b>Dental Prophylaxis (See Section 217.100)</b>				
D1110	Prophylaxis – adult	No	No	Yes-\$500 Yes-1 per year
<b>Topical Fluoride Treatment (Office Procedure) (See Section 217.100)</b>				
D1203	Topical application of fluoride (prophylaxis not included) – adult	No	No	Yes-\$500 Yes-1 per year
<b>Restorations (See Sections 219.000 – 219.200)</b>				
<b>Amalgam Restorations (including polishing) (See Section 219.100)</b>				
D2140	Amalgam – one surface, primary or permanent	No	No	Yes-\$500
D2150	Amalgam – two surfaces, primary or permanent	No	No	Yes-\$500
D2160	Amalgam – three surfaces, primary or permanent	No	No	Yes-\$500
D2161	Amalgam – four or more surfaces, primary or permanent	No	No	Yes-\$500



ADA Code	Description	PA Yes/No	Submit X-Ray with Treatment Plan Yes/No	Benefit Limit Yes/No
<b>Composite Resin Restorations (See Section 219.200)</b>				
D2330	Resin – one surface, anterior, permanent	No	No	Yes-\$500
D2331	Resin – two surfaces, anterior, permanent	No	No	Yes-\$500
D2332	Resin – three surfaces, anterior, permanent	No	No	Yes-\$500
D2335	Resin – four or more surfaces or involving incisal angle, permanent	Yes	Yes	Yes-\$500
<b>Crowns – Single Restoration Only (See Section 220.000)</b>				
D2920	Re-cement crown	No	Yes	Yes-\$500
D2931	Prefabricated stainless steel crown – permanent	Yes	Yes	Yes-\$500
<b>Surgical Services (including usual postoperative services)</b>				
D4341	Periodontal scaling and root planing-four or more contiguous	Yes	Yes	Yes-\$500
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	Yes	Yes	Yes-\$500
D4910	Periodontal maintenance procedures (following active therapy)	Yes	Yes	Yes-\$500
<b>Repairs to Complete and Partial Dentures (See Section 223.000)</b>				
D5410	Adjust complete denture-maxillary	No	No	Yes-\$500 Yes-3 per lifetime
D5411	Adjust complete denture-mandibular	No	No	Yes-\$500 Yes-3 per lifetime
D5610	Repair acrylic saddle or base	Yes	No	Yes-\$500
D5640	Replace broken teeth – per tooth	Yes	No	Yes-\$500
D5650	Add tooth to existing partial denture	Yes	No	Yes-\$500
D5730	Reline complete maxillary denture (chairside)	No	No	Yes-\$500 Yes-1 every 3 years
D5731	Reline lower complete mandibular denture (chairside)	No	No	Yes-\$500 Yes-1 every 3 years
<b>Fixed Prosthodontic Services (See Section 224.000)</b>				
D6930	Re-cement bridge	Yes	No	Yes-\$500

ADA Code	Description	PA Yes/No	Submit X-Ray with Treatment Plan Yes/No	Benefit Limit Yes/No
<b>Oral Surgery (See Section 225.000)</b>				
<b>Simple Extractions (includes local anesthesia and routine postoperative care) (See Section 225.100)</b>				
D7140	Single tooth	No	No	No
<b>Surgical Extractions (includes local anesthesia and routine postoperative care) (See Section 225.200)</b>				
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	Yes	Yes	No
D7220	Removal of impacted tooth – soft tissue	Yes	Yes	No
D7230	Removal of impacted tooth – partially bony	Yes	Yes	No
D7240	Removal of impacted tooth – completely bony	Yes	Yes	No
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	Yes	Yes	No
D7250	Surgical removal of residual tooth roots (cutting procedure)	Yes	Yes	Yes-\$500
<b>Other Surgical Procedures</b>				
D7285	Biopsy of oral tissue – hard	Yes	Yes	Yes-\$500
D7286	Biopsy of oral tissue – soft	Yes	Yes	Yes-\$500
D7310	Alveoplasty in conjunction with extractions-four or more teeth	Yes	No	Yes-\$500
D7472	Removal of torus palatinus	Yes	No	Yes-\$500 1 per lifetime
D7473	Removal of torus mandibularis	Yes	No	Yes-\$500 1 per lifetime
<b>Osteoplasty for Prognathism, Micrognathism or Apertognathism</b>				
D7510	Incision and drainage of abscess, intraoral soft tissue	Yes	No	Yes-\$500

ADA Code	Description	PA Yes/No	Submit X-Ray with Treatment Plan Yes/No	Benefit Limit Yes/No
<b>Unclassified Treatment</b>				
D9110	Palliative treatment with dental pain	Yes	No	Yes-\$500
<b>Smoking Cessation</b>				
D1320	Tobacco counseling for the control and prevention of oral disease	No	No	Yes-\$500
D9920	Behavior management, by report * (tobacco counseling)	Yes	No	Yes-\$500



## Mark-Up for Amendment to Existing Rule

The prior authorization requirement for the following procedure codes has been removed from the Dental Provider Manual: D0140, D0470 (full dentures), D3310, D3320, D3330, D7210, D7220, D7230, D7240, D9220, D9221. The preceding procedure codes address problem-focused limited oral evaluations, diagnostic casts, complete dentures, root canal therapy, surgical extractions, and anesthesia. New benefits limits have also been set for some of these procedure codes. There are now 12 problem-focused limited oral evaluations available per year (D0140). The lifetime limit for diagnostic casts has been set at 4 (D0470). While the prior authorization requirement for complete dentures has been eliminated, the benefit limit remains unchanged. Sec. 223.000 was amended due to its focus on authorization requirements for dentures.

### 221.000 Endodontia

7-18-11

Pulpotomy for deciduous teeth may be performed without prior authorization for beneficiaries under age 21. Pulpotomies are not covered for individuals age 21 and over.

Current indications require carious exposure of the pulp. Payment for pulp caps is included in the fee for restorations and is not payable separately.

Endodontic therapy is not covered for individuals age 21 and over.

To be reimbursed, the completed endo-fill should conform to current standards, that is, complete obturation of all canals to within 1mm to 2mm of radiographic apex.

The fee for endodontic therapy does not include restoration to close a root canal access, but does include films for measurement control and post-op.

Medicaid does not cover endodontic retreatment, apexification, retrograde fillings or root amputation. See section 262.100 for applicable procedure codes.

### 223.000 Removable Prosthetic Services (Full and Partial Dentures, Including Repairs)

7-18-11

#### A. Benefits

Full and acrylic partial dentures are covered for beneficiaries of all ages. Full dentures or acrylic partial dentures may be approved for use instead of fixed bridges.

Beneficiaries age 21 and over are allowed only one complete maxillary denture and one complete mandibular denture per lifetime.

Beneficiaries age 21 and over are allowed only one upper and one lower partial per lifetime.

Repairs of dentures and partials are covered but are benefit-limited for beneficiaries age 21 and over. See Sections 262.100 and 262.200 for applicable procedure codes.

#### B. Prior Authorization Requirements

Prior authorization is required for dentures (full or partial) for beneficiaries under the age of 21.

Prior authorization is required for partial dentures for beneficiaries age 21 and over.

Prior authorization is not required for full dentures for beneficiaries age 21 and over.

For dentures that require prior authorization, a complete series of X-rays and a complete treatment plan, including tooth numbers to be replaced by partial dentures, must be submitted with prior authorization requests. See Section 262.100 and Section 262.200 for further information regarding prior authorization for dentures.

Prior authorization is required for repairs of dentures and partials for eligible beneficiaries of all ages. A history and date of original insertion must be submitted with the prior authorization request. See Sections 262.100 and 262.200 for applicable procedure codes.

#### C. Required Process for Submitting Adult Dentures and Partial to Dental Lab

For eligible Medicaid beneficiaries age 21 and over, all dentures, whether full or partial, must be manufactured by the Medicaid-approved/contracted dental lab. View or print contact information for Medicaid Dental Contractor.

When Medicaid issues a prior authorization for partial dentures for a beneficiary age 21 and over, the Dental Lab Request Form with the prior authorization number is returned to the dental provider's office. When the dental provider receives the prior authorization, the authorization will be for a maximum of six (6) (three upper and three lower) limited oral evaluations-problem focused visits (D0140) along with authorization for the diagnostic casts (D0470). The dental provider must then send the Medicaid-approved/contracted dental lab the completed Dental Lab Request Form with the prior authorization number and models to make the adult partial dentures. **If the dental lab does not receive the Dental Lab Request Form, the lab will make the partial dentures and bill directly to the dental provider's account, and there will be no payment by Medicaid.** View or print contact information for Medicaid Dental Contractor.

Though prior authorization is not required for full dentures for beneficiaries age 21 and over, the dental provider must send the Dental Lab Request Form and models directly to the Medicaid-approved/contracted dental lab. The Dental Lab Request Form must clearly indicate that the beneficiary is a Medicaid beneficiary and the dentures are being requested pursuant to the Medicaid benefit plan. **If the dental lab does not receive the request form, the lab will make the full dentures and bill directly to the dental provider's account, and there will be no payment by Medicaid.** The dental provider will be reimbursed for a maximum of six (6) (three upper and three lower) limited oral evaluations-problem focused (D0140) visits and two (2) (one upper and one lower) diagnostic casts (D0470). View or print contact information for Medicaid Dental Contractor.

#### **225.200 Surgical Extractions**

7-18-11

Most surgical extractions for beneficiaries under the age of 21 do not require prior authorization. See Section 262.100 for specific instructions regarding surgical extractions for beneficiaries under 21.

All surgical extractions for beneficiaries age 21 and over require prior authorization and X-ray to substantiate need. The dental consultant may require a second opinion when reviewing treatment plans for extractions.

Surgical extractions performed on an emergency basis (See Section 234.000) for relief of pain may be reimbursed subject to the approval of the Medicaid Program's dental consultants. In these cases, the claim with X-ray and a brief explanation should be submitted to the Division of Medical Services Dental Care Unit. View or print the Division of Medical Services Dental Care Unit contact information.

For beneficiaries under the age of 21, the fee for surgical extraction includes local anesthesia and routine post-operative care. See Sections 262.100 and 262.200 for applicable procedure codes. Anesthesia is not a covered service for beneficiaries 21 and over.

#### **262.100 ADA Procedure Codes Payable to Beneficiaries Under Age 21**

3-1-07

The following ADA procedure codes are covered by the Arkansas Medicaid Program. These codes are payable for beneficiaries under the age of 21.

Beside each code is a reference chart that indicates whether X-rays are required and when prior authorization (PA) is required for the covered procedure code. If a concise report is required, this information is included in the PA column.

\* Revenue code

\*(...) This symbol, along with text in parentheses, indicates the Arkansas Medicaid description of the covered service.

\*\* Prior authorization is required for panoramic x-rays performed on children under six years of age. (See section 216.100)

ADA Code	Description	PA Yes/No	Submit X-Ray with Treatment Plan Yes/No
<b>Child Health Services (EPSDT) Dental Screening (See section 215.000)</b>			
D0120	✱ (CHS/EPSDT Dental Screening Exam)	No	No
D0140	✱ (CHS/EPSDT Interperiodic Dental Screening Exam)	No/Yes, and requires report	No
<b>Radiographs (See sections 216.000 – 216.300)</b>			
D0210	Intraoral – complete series (including bitewings)	No	No
D0220	Intraoral – periapical – first film	No	No
D0230	Intraoral – periapical – each additional film	No	No
D0240	Intraoral – occlusal film	No	No
D0250	Extraoral – first film	No	No
D0260	Extraoral – each additional film	No	No
D0272	Bitewings – two films	No	No
D0330	Panoramic film	No**	No
D0340	Cephalometric film	Yes	No
<b>Tests and Laboratory</b>			
D0350	Oral/facial photographic images	Yes	No
D0470	Diagnostic casts	Yes	No
<b>Preventive</b>			
<b>Dental Prophylaxis (See section 217.100)</b>			
D1120	Prophylaxis – child ✱ (ages 0-9)	No	No
D1110	Prophylaxis – adult ✱ (ages 10-20)	No	No
<b>Topical Fluoride Treatment (Office Procedure) (See Section 217.100)</b>			
D1203	Topical application of fluoride (prophylaxis not included) – child ✱ (ages 0-20)	No	No
<b>Dental Sealants (See section 217.200)</b>			
D1351	Sealant per tooth ✱ (1st and 2nd permanent molars only)	No	No
<b>Space Maintainers (See section 218.000)</b>			
D1510	Space maintainer – fixed – unilateral	Yes	Yes
D1515	Space maintainer – fixed – bilateral	Yes	Yes
D1525	Space maintainer – removable-bilateral	Yes	Yes
<b>Restorations (See sections 219.000 – 219.200)</b>			
<b>Amalgam Restorations (including polishing) (See section 219.100)</b>			
D2140	Amalgam – one surface	No	No
D2150	Amalgam – two surfaces	No	No

ADA Code	Description	PA Yes/No	Submit X-Ray with Treatment Plan Yes/No
D2160	Amalgam – three surfaces	No	No
D2161	Amalgam – four or more surfaces	No	No
<b>Composite Resin Restorations (See section 219.200)</b>			
D2330	Resin – one surface, anterior, permanent	No	No
D2331	Resin – two surfaces, anterior, permanent	No	No
D2332	Resin – three surfaces, anterior, permanent	No	No
D2335	Resin – four or more surfaces or involving incisal angle, permanent	Yes	Yes
<b>Crowns – Single Restoration Only (See section 220.000)</b>			
D2710	Crown – resin (laboratory)	Yes	Yes
D2752	Crown – porcelain -ceramic substrate	Yes	Yes
D2920	Re-cement crown	No	Yes
D2930	Prefabricated stainless steel crown – primary	No	No
D2931	Prefabricated stainless steel crown – permanent	Yes	Yes
<b>Endodontia (See section 221.000)</b>			
<b>Pulpotomy</b>			
D3220	Therapeutic pulpotomy (excluding final restoration)	No	No
D3221	Gross pulpal debridement, primary and permanent teeth	Yes	No
<b>Root canal therapy (including treatment plan, clinical procedures and follow-up care)</b>			
D3310	One canal (excluding final restoration)	<u>No</u> Yes	Yes <u>No</u>
D3320	Two canals (excluding final restoration)	<u>No</u> Yes	Yes <u>No</u>
D3330	Three canals (excluding final restoration)	<u>No</u> Yes	Yes <u>No</u>
<b>Periapical Services</b>			
D3410	Apicoectomy (per tooth) – first root	Yes	Yes
<b>Periodontal Procedures (See section 222.000)</b>			
<b>Surgical Services (including usual postoperative services)</b>			
D4341	Periodontal scaling and root planing	Yes	Yes
D4910	Periodontal maintenance procedures (following active therapy)	Yes	Yes
<b>Complete dentures (Removable Prosthetics Services) (See section 223.000)</b>			
D5110	Complete denture – maxillary	Yes	Yes
D5120	Complete denture – mandibular	Yes	Yes
<b>Partial Dentures (Removable Prosthetic Services) (See section 223.000)</b>			
D5211	Upper partial – acrylic base (including any conventional clasps and rests)	Yes	Yes



ADA Code	Description	PA Yes/No	Submit X-Ray with Treatment Plan Yes/No
D5212	Lower partial – acrylic base (including any conventional clasps and rests)	Yes	Yes
<b>Repairs to Partial Denture (See section 223.000)</b>			
D5610	Repair acrylic saddle or base	Yes	No
D5620	Repair cast framework	Yes	No
D5640	Replace broken teeth – per tooth	Yes	No
D5650	Add tooth to existing partial denture	Yes	No
<b>Fixed Prosthodontic Services (See section 224.000)</b>			
D6930	Re-cement bridge	Yes	No
<b>Oral Surgery (See section 225.000)</b>			
<b>Simple Extractions (includes local anesthesia and routine postoperative care) (See section 225.100)</b>			
D7111	Extraction, coronal remnants-deciduous tooth	No	No
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	No	No
<b>Surgical Extractions (includes local anesthesia and routine postoperative care) (See section 225.200)</b>			
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	<u>No</u> Yes	Yes <u>No</u>
D7220	Removal of impacted tooth – soft tissue	<u>No</u> Yes	Yes <u>No</u>
D7230	Removal of impacted tooth – partially bony	<u>No</u> Yes	Yes <u>No</u>
D7240	Removal of impacted tooth – completely bony	<u>No</u> Yes	Yes <u>No</u>
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	Yes	Yes
D7250	Surgical removal of residual tooth roots (cutting procedure)	Yes	Yes
<b>Other Surgical Procedures</b>			
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth and/or alveolus	Yes	Yes
D7280	Surgical exposure of impacted or unerupted tooth for orthodontic reasons (including orthodontic attachments)	Yes	Yes
D7285	Biopsy of oral tissue – hard	Yes	Yes
D7286	Biopsy of oral tissue – soft	Yes	Yes
<b>Osteoplasty for Prognathism, Micrognathism or Apertognathism</b>			
D7510	Incision and drainage of abscess, intraoral soft tissue	Yes	No

ADA Code	Description	PA Yes/No	Submit X-Ray with Treatment Plan Yes/No
<b>Frenulectomy</b>			
D7960	Frenulectomy (Frenectomy or Frenotomy) Separate procedure	Yes	Yes
<b>Orthodontics (See section 226.000)</b>			
<b>Minor Treatment of Control Harmful Habits</b>			
D8210	Removable appliance therapy	Yes	Yes
D8220	Fixed appliance therapy	Yes	Yes
<b>Comprehensive Orthodontic Treatment – Permanent Dentition</b>			
D8070	Class I Malocclusion	Yes	Yes
D8080	Class II Malocclusion	Yes	Yes
D8090	Class III Malocclusion	Yes	Yes
<b>Other Orthodontic Devices</b>			
D8999	Unspecified orthodontic procedure, by report	Yes	Yes
<b>Anesthesia</b>			
D9220	General Anesthesia – first 30 minutes	<u>Yes, but no PA is required when billed with codes D7210, D7220, D7230, D7240</u>	Yes
D9221	General Anesthesia – each 15 minutes	<u>Yes, but no PA is required when billed with codes D7210, D7220, D7230, D7240</u>	No
D9230	Analgesia N <sub>2</sub> O	No, but requires report for request for more than 1 unit per day	No
D9248	Non-I.V. Conscious Sedation	Yes and requires report	No

ADA Code	Description	PA Yes/No	Submit X-Ray with Treatment Plan Yes/No
<b>Consultations (See section 214.000)</b>			
D9310	*(Second opinion examination) Consultation, diagnostic service provided by dentist or physician other than practitioner providing treatment	Yes	No
<b>Outpatient Hospital Services (See section 228.200)</b>			
0361*	Outpatient hospitalization – for hospital only	Yes	No
0360*	Outpatient hospitalization – for hospital only	Yes	No
0369*	Outpatient hospitalization – for hospital only	Yes	No
0509*	Outpatient hospitalization – for hospital only	Yes	No
<b>Smoking Cessation</b>			
D1320	Tobacco counseling for the control and prevention of oral disease	No	No
D9920	Behavior management, by report *(tobacco counseling)	No	No
<b>Unclassified Treatment</b>			
D9110	Palliative treatment with dental pain	Yes	No

**262.200 ADA Procedure Codes Payable to Medically Eligible Beneficiaries Age 21 and Older 10-1-09**

The following list shows the procedure code, procedure code description, whether or not prior authorization is needed, whether an X-ray is needed with a treatment plan, and if there is a benefit limit on a procedure.

The column titled **Benefit Limit** indicates the benefit limit, if any, and how the limit is to be applied. When the column indicates “**Yes, \$500.00**”, then that item, when used in combination with other items listed, cannot exceed the \$500.00 Medicaid maximum allowable reimbursement limit for the state fiscal year (July 1 through June 30). **Other limitations** are also shown in the column (i.e.: 1 per lifetime). If “**No**” is shown, the item is not benefit limited.

**Note:** The use of the symbol, \*, along with text in parentheses, indicates the Arkansas Medicaid description of the product.

ADA Code	Description	PA Yes/No	Submit X-Ray with Treatment Plan Yes/No	Benefit Limit Yes/No
<b>Dental Screening (See section 215.000)</b>				
D0120	Periodic oral evaluation	No	No	Yes-\$500 Yes-1 per year

ADA Code	Description	PA Yes/No	Submit X-Ray with Treatment Plan Yes/No	Benefit Limit Yes/No
D0140	Limited oral evaluation-problem focused	<u>No</u> Yes, and requires report	No	Yes-\$500 <u>Yes- 12 per year</u>
<b>Radiographs (See sections 216.000 – 216.300)</b>				
D0210	Intraoral – complete series (including bitewings)	No	No	Yes-\$500 Yes-1 per 5 years
D0220	Intraoral – periapical – first film	No	No	Yes-\$500
D0230	Intraoral – periapical – each additional film	No	No	Yes-\$500
D0272	Bitewings – two films	No	No	Yes-\$500 Yes-1 per year
D0330	Panoramic film	No	No	Yes-\$500 Yes-1 per 5 years
<b>Tests and Laboratory</b>				
D0470	Diagnostic Casts <u>(full denture)</u>	<u>No</u> Yes	No	Yes-\$500
	Diagnostic Casts <u>(partial denture)</u>	<u>Yes</u>	<u>Yes</u>	Yes-1 <u>4</u> per lifetime
<b>Dental Prophylaxis (See section 217.100)</b>				
D1110	Prophylaxis – adult	No	No	Yes-\$500 Yes-1 per year
<b>Topical Fluoride Treatment (Office Procedure) (See Section 217.100)</b>				
D1203	Topical application of fluoride (prophylaxis not included) – adult	No	No	Yes-\$500 Yes-1 per year
<b>Restorations (See sections 219.000 – 219.200)</b>				
<b>Amalgam Restorations (including polishing) (See section 219.100)</b>				
D2140	Amalgam – one surface, primary or permanent	No	No	Yes-\$500
D2150	Amalgam – two surfaces, primary or permanent	No	No	Yes-\$500
D2160	Amalgam – three surfaces, primary or permanent	No	No	Yes-\$500
D2161	Amalgam – four or more surfaces, primary or permanent	No	No	Yes-\$500
<b>Composite Resin Restorations (See section 219.200)</b>				
D2330	Resin – one surface, anterior, permanent	No	No	Yes-\$500

ADA Code	Description	PA Yes/No	Submit X-Ray with Treatment Plan Yes/No	Benefit Limit Yes/No
D2331	Resin – two surfaces, anterior, permanent	No	No	Yes-\$500
D2332	Resin – three surfaces, anterior, permanent	No	No	Yes-\$500
D2335	Resin – four or more surfaces or involving incisal angle, permanent	Yes	Yes	Yes-\$500
<b>Crowns – Single Restoration Only (See section 220.000)</b>				
D2920	Re-cement crown	No	Yes	Yes-\$500
D2931	Prefabricated stainless steel crown – permanent	Yes	Yes	Yes-\$500
<b>Surgical Services (including usual postoperative services)</b>				
D4341	Periodontal scaling and root planing-four or more contiguous	Yes	Yes	Yes-\$500
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	Yes	Yes	Yes-\$500
D4910	Periodontal maintenance procedures (following active therapy)	Yes	Yes	Yes-\$500
<b>Repairs to Complete and Partial Dentures (See section 223.000)</b>				
D5410	Adjust complete denture-maxillary	No	No	Yes-\$500 Yes-3 per lifetime
D5411	Adjust complete denture-mandibular	No	No	Yes-\$500 Yes-3 per lifetime
D5610	Repair acrylic saddle or base	Yes	No	Yes-\$500
D5640	Replace broken teeth – per tooth	Yes	No	Yes-\$500
D5650	Add tooth to existing partial denture	Yes	No	Yes-\$500
D5730	Reline complete maxillary denture (chairside)	No	No	Yes-\$500 Yes-1 every 3 years
D5731	Reline lower complete mandibular denture (chairside)	No	No	Yes-\$500 Yes-1 every 3 years
<b>Fixed Prosthodontic Services (See section 224.000)</b>				
D6930	Re-cement bridge	Yes	No	Yes-\$500
<b>Oral Surgery (See section 225.000)</b>				
<b>Simple Extractions (includes local anesthesia and routine postoperative care) (See section 225.100)</b>				
D7140	Single tooth	No	No	No

ADA Code	Description	PA Yes/No	Submit X-Ray with Treatment Plan Yes/No	Benefit Limit Yes/No
<b>Surgical Extractions (includes local anesthesia and routine postoperative care) (See section 225.200)</b>				
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	Yes	Yes	No
D7220	Removal of impacted tooth – soft tissue	Yes	Yes	No
D7230	Removal of impacted tooth – partially bony	Yes	Yes	No
D7240	Removal of impacted tooth – completely bony	Yes	Yes	No
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	Yes	Yes	No
D7250	Surgical removal of residual tooth roots (cutting procedure)	Yes	Yes	Yes-\$500
<b>Other Surgical Procedures</b>				
D7285	Biopsy of oral tissue – hard	Yes	Yes	Yes-\$500
D7286	Biopsy of oral tissue – soft	Yes	Yes	Yes-\$500
D7310	Alveoplasty in conjunction with extractions-four or more teeth	Yes	No	Yes-\$500
D7472	Removal of torus palatinus	Yes	No	Yes-\$500 1 per lifetime
D7473	Removal of torus mandibularis	Yes	No	Yes-\$500 1 per lifetime
<b>Osteoplasty for Prognathism, Micrognathism or Apertognathism</b>				
D7510	Incision and drainage of abscess, intraoral soft tissue	Yes	No	Yes-\$500
<b>Unclassified Treatment</b>				
D9110	Palliative treatment with dental pain	Yes	No	Yes-\$500
<b>Smoking Cessation</b>				
D1320	Tobacco counseling for the control and prevention of oral disease	No	No	Yes-\$500
D9920	Behavior management, by report * (tobacco counseling)	Yes	No	Yes-\$500