

South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Post Office Box 8206
Columbia, South Carolina 29202-8206
www.scdhhs.gov

Hosp
Med Clin

August 31, 2010

MEDICAID BULLETIN

TO: Hospitals and Ambulatory Surgery Centers

SUBJECT: Dental Administrative Service Organization (ASO)

Effective August 2, 2010, DentaQuest, an Administrative Service Organization (ASO) began administering the South Carolina Healthy Connections Dental Program on behalf of the South Carolina Department of Health and Human Services (SCDHHS). DentaQuest has been charged with reducing the administrative burden on dental providers, improving utilization management and implementing waste, abuse and fraud prevention procedures. Medicaid Bulletins dated May 3rd, June 30th, and July 8th, 2010 have been sent to all Dental service providers with information on changes and to clarify policy and guidelines for the Dental Program.

An important change, effective with dates of service on or after September 1, 2010, is the requirement for a Prior Authorization (PA) of all dental services rendered in the Outpatient Hospital setting (other than an emergency situation) or Ambulatory Surgical Center (ASC). Dental providers must submit a request for PA to DentaQuest with appropriate documentation no less than 15 days prior to the date of treatment. Hospital and ASC staff must then obtain the PA number from the Dentist or Oral Surgeon before scheduling a procedure.

It is **not** the responsibility of the hospital or ASC staff to contact DentaQuest. All dental service providers have been instructed on the procedures for obtaining prior authorizations. However, claims submitted without the PA number will reject, therefore it is very important that the PA number is received and documented before treatment is scheduled. Attached is the list of dental procedure codes for hospitals and ASCs that will require PA from DentaQuest.

If you have any questions regarding this bulletin or the Dental Services program, please contact the DentaQuest call center at (888)-307-6553. Thank you for your continued support.

/s/

Emma Forkner
Director

Note: To sign up for Electronic Funds Transfer of your Medicaid payment, please go to <http://www.dhhs.state.sc.us/dhhsnew/hipaa/index.asp> and select "Electronic Funds Transfer (EFT) for instructions.

Procedure Code	Description
D0120	PERIODIC ORAL EVALUATION
D0150	COMPRE ORAL EVAL-NEW/ESTABLISHED
D0210	INTRAORAL X-RAY COMP SERIES W/BITEWINGS
D0220	INTRAORAL X-RAY PERIAPICAL FIRST FILM
D0230	INTRAORAL X-RAY PERIAPICAL ADDITION FILM
D0240	INTRAORAL X-RAY OCCLUSAL FILM UP TO TWO
D0270	BITEWING-SINGLE FILM
D0272	BITEWINGS-TWO FILMS
D0330	PANORAMIC FILM
D1110	PROPHYLAXIS; ADULT (AGE 12-21)
D1120	PROPHYLAXIS-CHILD
D1203	TOP APP OF FLOURIDE PROPHY NT INCL CHILD
D1204	TOP APP OF FLOURIDE PROPHY NT INCL; ADULT (AGE 12-21)
D1206	TOPICAL FLOURIDE VARINISH
D1351	SEALANT - PER TOOTH
D1510	SPACE MAINTENANCE-FIXED-UNILATERAL
D1515	SPACE MAINTENANCE-FIXED-BILATERAL
D2140	AMALGAM-1 SURFACE,PRIMARY OR PERMANENT
D2150	AMALGAM-2 SURFACE,PRIMARY OR PERMANENT
D2160	AMALGAM-3 SURFACES,PRIMARY OR PERMANENT
D2161	AMALGAM-4 OR MORE SURF PRIMARY/PERMANENT
D2330	RESIN BASED COMPOSITE-ONE SURFACE ANTERI
D2331	RESIN-BASED COMPOSITE-TWO SURFACES ANTER
D2332	RESIN-BASED COMPOSITE-THREE SURF ANTERIO
D2335	RESIN-BASED COMPOSITE 4 OR MORE SURF ANT
D2391	RESIN-BASE COMPOSITE-1 SURFAC, POSTERIOR
D2392	RESIN-BASE COMPOSITE-2 SURFAC, POSTERIOR
D2393	RESIN-BASE COMPOSITE-3 SURFAC, POSTERIOR
D2394	RESIN-BASE COMPOSITE >=4 SURFACES, POSTR
D2930	PREFAB STAINLESS STEEL CROWN PRIM TOOTH
D2931	PREFAB STAINLESS STEEL CROWN PERM TOOTH
D2932	PREFABRICATED RESIN CROWN
D2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN PRIMARY TOOTH
D2940	SEDATIVE FILLING
D2950	CORE BUILD UP INCLUDING ANY PINS
D2951	PIN RETENTION
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN
D3220	THERAPEUTIC PULPOTOMY (EXCL FINAL RESTOR
D3310	ENDO THERAPY-ANTERIOR EXCLUD FINAL REST
D3320	ENDO THERAPY-BICUSPID EXCLUD FINAL REST
D3330	ENDO THERAPY-MOLAR (EXCLUD FINAL REST)

Procedure Code	Description
D5110	COMPLETE DENTURE-MAXILLARY
D5120	COMPLETE DENTURE-MADIBULAR
D6999	UNSPECIFIED FIXED PROSTHODONTIC PROCEDUR
D7110	SIMPLE EXTRACTION
D7111	CORONAL REMNANTS-DECIDUOUS TOOTH
D7140	EXTRACTION, ERUPTED TOOTH/EXPOSED ROOT
D7210	ORAL SURG EXTRACTION OF TOOTH ERUPTED
D7220	ORAL SURG IMPACT REQUIR INIC REM TOOTH
D7230	ORAL SURG IMPAC INCIS REM BONE AND TOOTH
D7240	ORAL SURG IMPAC INCIS REM/BONE-TOOTH-SEC
D7241	IMPACT TOOTH REM BONY W/COMP
D7250	TOOTH ROOT REMOVAL
D7270	TOOTH REIMPLANTATION
D7285	BIOPSY OF ORAL TISSUE-HARD (BONE,TOOTH)
D7286	BIOPSY OF ORAL TISSUE-SOFT (ALL OTHERS)
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM
D7411	EXCISION OF BENIGN LESION > 1.25 CM
D7412	EXCISION OF BENIGN LESION, COMPLICATED
D7413	EXCISION OF MALIGN LESION UP TO 1.25CM
D7414	EXCISION OF MALIGNANT LESION >1.25 CM
D7415	EXCISION OF MALIGNANT LESION,COMPLICATED
D7440	EXCISION MALIGNANT TUMOR UP TO 1.25 CM
D7441	EXCISION MALIGNANT TUMOR-LESION>1.25CM
D7450	REM BENIGN ODONTOGEN CYST/TUMR;TO 1.25CM
D7451	REMOV BENIGN ODONT CYST/TUMOR > 1.25CM
D7460	REMOV BENIGN NONODON CYST/TUM UPTO 1.25CM
D7461	REMOV BENIGN NONODON CYST/TUMOR > 1.25 CM
D7465	DESTRUCTION OF LESION-PHYS-CHEM METHOD
D7510	INCIS AND DRAIN OF ABSCESS-INTRAOR SOFT
D7520	INCIS AND DRAIN OF ABSCESS-EXTRAOR SOFT
D7530	REMOV-FORE BDY-MUCOSA,SKIN,SUBC ALVE TIS
D7550	PART'L OSTEC/SEQUESTRECTOMY REMOVE BONE
D7670	ALVEOLUS-CLOSD REDUCTN-STABILIZ OF TEETH
D7671	ALVEOLUS-OPEN REDUCT,MAY INCL.STABILIZAT
D7770	ALVEOLUS-OPN REDUCTION STABILIZ OF TEETH
D7771	ALVEOLUS-CLOS REDUCT STABILIZAT OF TEETH
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5CM
D7911	DENTAL SUTURE WOUND TO 5 CM
D7912	COMPLICATED SUTURE-GREATER THAN 5CM
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE,BY REPT