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Dec. 20, 2023  
 MB# 23-068

# MEDICAID BULLETIN

**TO: Dental Providers**  
**SUBJECT: Dental Services Policy Updates for Jan. 1, 2024**

The South Carolina Department of Health and Human Services (SCDHHS) is announcing changes to several policies and clarifying other existing policies in the [Dental Services provider manual](#). The policy changes described below are effective for dates of service on or after Jan. 1, 2024.

### Increase to General Anesthesia and Conscious Sedation Units

Effective for dates of service on or after Jan. 1, 2024, SCDHHS will increase the number of allowed units (unit = 15 minutes) of general anesthesia or conscious sedation, delivered in a dental office setting, from two units to up to six units per date of service.

Procedure Code	Description	Limitation
D9222	Deep sedation/general anesthesia - first 15 minutes	One unit per patient per date of service
D9223	Deep sedation/general anesthesia - each subsequent 15-minute increment	Up to five units per patient per date of service
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	One unit per patient per date of service
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15-minute increment	Up to five units per patient per date of service

### Clarification on Sedation or Anesthesia Services in the Dental Office Setting

SCDHHS is clarifying its current policy related to sedation or anesthesia services delivered in a dental office setting.

A dental provider accepting the individual as a Medicaid patient must comply with all Medicaid rules and policies. The administration of sedation and/or anesthesia by or under the direction of an authorized dental provider shall be medically necessary.

The reimbursement fee for sedation or anesthesia includes, but is not limited to, any items or related activities/services necessary to accomplish the procedure. This may include, but is not limited to, materials, supplies, drugs and biologicals, trays and equipment. None of the items or related activities/services needed to accomplish a procedure may be billed separately to SCDHHS, the member or the member's representative. There is no facility fee associated with sedation or anesthesia services performed in a dental office setting and no such fee shall be billed to SCDHHS, the member or to the member's representative.

Sedation or anesthesia services administered by a dental anesthesiologist, a licensed physician or a certified registered nurse anesthetist, under the direction of the treating dentist who holds the sedation permit for the dental office, must be billed on a dental claim under the treating dental provider's National Provider Identifier (NPI). The patient's health records must indicate the NPI and the name of the provider who administered the sedation or anesthesia services.

#### **Updates to the Policy on the Caries Arresting Medicament Application**

Effective for dates of service on or after Jan. 1, 2024, SCDHHS is updating its policy regarding the application of caries arresting medicament. Below is a summary of the updates:

- The frequency of application of caries arresting medicament is allowed on a per "date of application" basis per patient. Date of application is a date of service during which the provider applies caries arresting medicament on at least one tooth. Providers may apply caries arresting medicament to as many teeth as necessary during the date of application. Reimbursement for caries arresting medicament will be on a per tooth basis, not to exceed a total of \$60 per date of application.
- The first and second date of application of caries arresting medicament must be billed in conjunction with or within six months of a consultation or periodic or comprehensive exam performed by the same provider, provider location or billing entity.
- The subsequent dates of application of caries arresting medicament must be billed in conjunction with a consultation, a periodic or comprehensive exam or at least six months apart.

#### **Updates to the Handicapping Labio-Lingual Deviation (HLD) Assessment Form**

Effective on or after Jan. 1, 2024, SCDHHS is updating the HLD assessment form used for submission of prior authorization requests for orthodontic services. The updated form is available in the forms section of the [Dental Services provider manual](#).

The updated policies will be available in the [Dental Services provider manual](#) by Jan. 1, 2024.

Providers should direct any questions related to this bulletin to the DentaQuest Provider Service Center at (888) 307-6553 or [carolinaproviders@dentaquest.com](mailto:carolinaproviders@dentaquest.com) from 8 a.m.-6 p.m. Monday-Friday.

**Resources Providers Can Use to Help with Medicaid Member Annual Reviews**

As SCDHHS continues its federally required review of Medicaid member eligibility, a process frequently referred to as “unwinding,” it is reminding providers of resources available to them that can help with this process. SCDHHS has produced several member-facing communications and marketing items and is encouraging providers to post its “submit your review, when it’s time to renew” flyer in patient-facing areas. The flyer is available for download from SCDHHS’ website in [English](#) and in [Spanish](#) along with other [provider resources](#) on [SCDHHS’ annual reviews website](#).

The Centers for Medicare and Medicaid Services have also produced outreach and educational resources about this process that are [available on their website](#).

Thank you for your continued support of the South Carolina Healthy Connections Medicaid program.

/s/

Robert M. Kerr