



**EXPANDED DENTAL SERVICES FOR PREGNANT WOMEN (EDSPW) PROGRAM
Rate Increases, Policy Revisions and Additional Reimbursable Code Information
Effective for Dates of Service On or After November 1, 2006**

RATE INCREASES

Effective for **dates of service on and after November 1, 2006**, all EDSPW Program covered services will receive a reimbursement rate increase. Please refer to the EDSPW Program Fee Schedule (revision date November 1, 2006) which is located at www.lamedicaid.com for complete fee information.

POLICY REVISIONS

The following policy revisions are effective for **dates of service on and after November 1, 2006**. The policy revisions replace current policy and apply only to the specific information provided below. Additional EDSPW Program policy as stated in the 2006 Dental Provider Training Packet still applies.

Referral Requirement – BHSF Form 9-M (Mandatory)

Current Policy: The recipient is required to obtain the original completed BHSF Form 9-M from the medical professional providing her pregnancy care and give it to the dentist prior to receiving dental services. Prior to rendering any services, the dental provider must have the original BHSF form 9-M with the signature of the medical professional providing the pregnancy care. Facsimile copies are not acceptable. The original form must be kept in the recipient's dental record. A copy of this form must be submitted to the Dental Medicaid Unit when requesting prior authorization for any of the EDSPW program services that require prior authorization.

Revised Policy: The recipient may either obtain the original completed BHSF Form 9-M from the medical professional providing her pregnancy care and give it to the dentist prior to receiving dental services or have the medical professional send the completed form to the dental provider via facsimile prior to the initial dental visit. Prior to rendering any services, the dental provider must be in receipt of the BHSF Form 9-M with the signature of the medical professional providing the pregnancy care. The completed original or faxed form must be kept in the recipient's dental record. A copy of this form must be submitted to the Dental Medicaid Unit when requesting prior authorization for any of the EDSPW program services that require prior authorization.

Note: A copy of the BHSF Form 9-M must not be sent with a claim for payment as the attachment will delay processing of the claim.

Restorative Services

D2140 Amalgam, One Surface, Primary or Permanent

D2150 Amalgam, Two Surfaces, Primary or Permanent
D2160 Amalgam, Three Surfaces, Primary or Permanent
D2161 Amalgam, Four or More Surfaces, Permanent
D2330 Resin-based Composite, One Surface, Anterior
D2331 Resin-based Composite, Two Surfaces, Anterior
D2332 Resin-based Composite, Three Surfaces, Anterior
D2951 Pin Retention, Per Tooth, In Addition To Restoration

Current Policy: All Medicaid-covered restorative services, including those identified above, require prior authorization.

Revised Policy: Restorative services D2140, D2150, D2160, D2161, D2330, D2331, D2332, and D2951 will no longer require Medicaid prior authorization.

Note: All other remaining Medicaid-covered restorative services (D2335, D2390, D2930 (code added effective November 1, 2006 - refer to the information below), D2931, and D2932) will require prior authorization by Medicaid.

ADDITIONAL REIMBURSABLE DENTAL CODE AND RELATED POLICY

Effective for dates of service on and after November 1, 2006, the following dental procedure code is reimbursable in the EDSPW Program. The related policy for this code is described below. Please refer to the EDSPW Program Fee Schedule (revision date November 1, 2006) which is located at www.lamedicaid.com for fee information.

Non-Laboratory Crowns

Procedure Code D2930 (Prefabricated Stainless Steel Crown, Primary Tooth) will be included for Medicaid coverage and reimbursable by Medicaid effective for dates of service on or after November 1, 2006.

The revised policy for Medicaid-covered non-laboratory crowns which includes procedure code D2930 is as follows:

D2930 Prefabricated Stainless Steel Crown, Primary Tooth
D2931 Prefabricated Stainless Steel Crown, Permanent Tooth
D2932 Prefabricated Resin Crown – Primary or Permanent Tooth

Procedure codes D2930, D2931 and D2932 represent final restorations. These restorations must be in direct contact with the periodontally affected gingival tissue. Non-laboratory or chair-side full coverage restorations such as stainless steel and polycarbonate crowns are available but should only be considered when other conventional chair-side types of restorations such as complex amalgams and composite resins are unsuitable.

Crown services require radiographs (unless contraindicated).

Indications such as extensive caries, extensive cervical caries, fractured teeth, replacing a missing cusp, etc. must be radiographically evident and/or documented in the recipient's treatment records if radiographs are medically contraindicated. The documentation that supports the need for crown services must be available for review by the Bureau or its designee upon request.

Prior authorization is required.

Procedure code D2930 is reimbursable only for Tooth Letters A, B, C, H, I, J, K, L, M, R, S, and T. The appropriate tooth letter must be identified in the "Tooth Number(s) or Letter(s)" column of the ADA Claim Form when requesting prior authorization or reimbursement for this procedure.

Procedure code D2931 is reimbursable for Tooth Numbers 1 through 32. The appropriate tooth number must be identified in the "Tooth Number(s) or Letter(s)" column of the ADA Claim Form when requesting prior authorization or reimbursement for this procedure.

Procedure code D2932 is reimbursable for Tooth Numbers 6 through 11 and 22 through 27; and Tooth Letters C, H, M AND R. The appropriate tooth number or letter must be identified in the "Tooth Number(s) or Letter(s)" column of the ADA Claim Form when requesting prior authorization or reimbursement for this procedure.

EDSPW PROGRAM POLICY CLARIFICATION

The EDSPW Program does not cover root canal therapy; however, it is possible for Medicaid to cover a final restoration following completed root canal therapy when the final restoration is one covered in the EDSPW Program. The prior authorization request, when required, for a final restoration following root canal therapy should be submitted to Medicaid only after completion of the root canal therapy. The prior authorization request for the final restoration following root canal therapy must contain documentation which confirms completion of the root canal therapy for the specified tooth. If the documentation submitted does not confirm the completion of the root canal therapy for the specified tooth, the prior authorization request for the final restoration will be denied.

EDSPW PROGRAM POLICY REMINDERS:

General Policy Reminders

- A Medicaid recipient is eligible for the services covered in the EDSPW Program if she is 1) pregnant (as verified by BHSF Form 9-M); 2) Medicaid eligible; and 3) ages 21 through 59 years of age on each date of service. *Note: If a Medicaid recipient is pregnant, Medicaid eligible and under 21 years of age, the patient is eligible for services covered in the Medicaid EPSDT Dental Program. The BHSF Form 9-M is not required in the EPSDT Dental Program.*
- Eligibility for the EDSPW Program ends at the conclusion of the pregnancy (no exceptions). The recipient must be pregnant on each date of service in order to be eligible for EDSPW Program services.
- Prior to rendering any dental service that is covered in the EDSPW Program, the dental provider must obtain a Form 9-M which has been completed and signed by the professional providing the patient's pregnancy care which verifies that the patient is pregnant and which indicates an estimated date of delivery as well as other important information.
- The date of service on a claim for payment must reflect the actual date that the service was completed/delivered.

- Providers must not bill Medicaid for services that are covered in the EDSPW program unless the services being rendered are in compliance with Medicaid policy.

- Medicaid regulations require that all services provided are documented. Services not adequately documented are considered not to have been delivered. Providers must maintain radiographs, and treatment records of all appointments that should reflect all procedures performed on those appointments for at least five (5) years.

Restoration Policy Reminders:

- Procedure codes D2140 and D2330 are payable only for Class V type restorations on the buccal or lingual surface in direct contact with the periodontally affected gingival tissue. **Occlusal surfaces and buccal, lingual, and occlusal pits are specifically excluded from reimbursement for codes D2140 and D2330.**

- In order to request reimbursement from Medicaid, the location of the caries to be restored must be in an area that would impact the gingival integrity and affect the periodontal health of the woman.

- Radiograph(s), unless contraindicated, that support the need for the restoration to maintain the gingival integrity (e.g. significant subgingival decay, etc.) must be taken and must be submitted with the request for prior authorization when prior authorization is required.

- Restoration of dental caries that do not penetrate the dentin is not covered by Medicaid and must not be submitted for prior authorization and/or reimbursement.