wisconsin Medicaid update
and BadgerCare
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Wisconsin Medicaid and BadgerCare Information for Providers

To:
Dentists
HMOs and Other Managed Care Programs

Dental maximum fees increased and coverage expanded

The state biennial budget, 1999 Wisconsin Act 9, recently signed into law significantly increases Wisconsin Medicaid maximum fees for dental services. The budget also allows two prophylaxes per year without prior authorization (PA) for recipients age 13 through 20.

Fee increases

The 1999-2001 Biennial Budget authorizes the Department of Health and Family Services to establish new maximum allowable fees for dental services for state fiscal year 2000. The fees for adult dental services are equal to 65% of the statewide average of fees filed by dental providers to Medicaid in calendar year 1998, and the fees for children's dental services are equal to 69% of the statewide average of fees filed by dental providers to Medicaid in calendar year 1998.

This substantial fee increase is effective for dates of service on and after July 1, 1999. For dental claims paid prior to November 28, 1999, for dates of service beginning July 1, 1999, providers will receive adjustment payments in spring 2000. Claims paid after November 29, 1999, for dates of service beginning July 1, 1999, have been paid at the new rates, which are included in Attachment 1 of this Update.

Providers are required to bill their usual and customary charges for services provided. The usual and customary charge is the amount charged by the provider for the same service when provided to non-Medicaid patients. For providers using a sliding fee scale for specific services, the usual and customary charge is the median of the individual provider's charge for the service when provided to non-Medicaid patients.

See Attachment 1 for a maximum fee schedule of American Dental Association (ADA) codes, which describes those services covered by the Medicaid dental program for adults and children. *This schedule replaces your current maximum fee schedule.*

The copayments for some services have changed due to increases in Medicaid maximum allowable fees. Please verify that you are charging the correct copayment.

Children can now have two prophylaxes within a 12-month period without prior authorization

Effective for dates of service on and after July 1, 1999, recipients ages 13 through 20 may receive two prophylaxes within a 12-month

period without prior authorization (PA). This means that *all* children 0 through 20 years of age may receive two prophylaxes within a 12-month period without PA. Previously only one prophylaxis was allowed per 12 months without PA for persons 13 through 20 years of age.

This change is noted in the "Preventive Services" section within Attachment 2.

- **Procedure code 01110, "Prophylaxis – adult,":** A second cleaning within a 12-month period will be allowed for children 13 through 20 years of age without PA effective July 1, 1999.

Because this expansion of coverage is authorized by provisions of the biennial budget, this Update could not be published until the budget had been signed into law. Therefore, any second cleaning performed on or after July 1, 1999, would be eligible for reimbursement if previously denied or unbilled.

Quick-reference charts

Attachment 2 is a table of dental services currently covered by Wisconsin Medicaid. These quick-reference charts were designed to supplement your dental handbook. They were developed in consultation with a focus group of dental billing agents. Please continue to refer to your handbook for specific information about coverage, prior authorization, and billing.

Each table includes the following four elements for each service:

- Procedure code.
- Description.
- Prior authorization requirements.
- Limitations.

This Update applies to fee-for-service Medicaid providers only. If you are a Medicaid HMO network provider, contact your managed care organization for more information about their fees and procedures. Wisconsin Medicaid HMOs are required to provide at least the same benefits provided under fee-for-service arrangements.

The *Wisconsin Medicaid Update* is the first source for provider information including Medicaid policy and billing information.

Wisconsin Medicaid is administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For provider questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our web site at: *www.dhfs.state.wi.us/medicaid*.

Attachment 1
Dental Maximum Fee Schedule

Diagnostic Services

Procedure Code	Description of Service	FY 00 Children's Max Fee (0-20 yrs)	FY 00 Adult Max Fee (21+ yrs)	FY 00 Copayment (18 yrs +)
Clinical Oral Examinations:				
00120	Periodic Oral Examination	$15.42	$12.73	$1.00
00150	Comprehensive Oral Evaluation	$20.52	$19.33	$1.00
00160	Detailed and extensive oral evaluation-problem focused, by report	$52.61	$44.10	$2.00
W7130	TMJ Office Visit	$44.81	$39.68	$2.00
Radiographs:				
00210	Intraoral, complete series (including bitewings)	$44.67	$42.08	$2.00
00220	Intraoral - periapical, first film	$7.80	$7.35	$0.50
00230	Intraoral - periapical, each additional film	$5.70	$5.34	$0.50
00240	Intraoral - occlusal film	$10.89	$8.35	$0.50
00250	Extraoral - first film	$17.35	$12.35	$1.00
00260	Extraoral - each additional film	$18.19	$7.37	$0.50
00270	Bitewing - single film	$7.88	$6.86	$0.50
00272	Bitewings - two films	$12.97	$12.22	$1.00
00274	Bitewings - four films	$17.41	$16.54	$1.00
00330	Panoramic Film	$39.20	$36.92	$2.00
00340	Cephalometric Film	$29.95	$28.21	$2.00
Tests and Laboratory Examinations:				
00470	Diagnostic Casts	$31.32	$29.50	$2.00

Preventive Services

Procedure Code	Description of Service	FY 00 Children's Max Fee (0-20 yrs)	FY 00 Adult Max Fee (21+ yrs)	FY 00 Copayment (18 yrs +)
Dental Prophylaxis:				
01110	Prophylaxis - adult, payable for allowable ages greater than 12	$27.69	$26.08	$2.00
01120	Prophylaxis - child, payable for allowable ages less than 13	$22.61	$22.61	$2.00
Topical Fluoride Treatment (Office Procedure):				
01201	Topical application of fluoride (including prophylaxis) - child	$33.63	$33.63	$2.00
01203	Topical application of fluoride (prophylaxis not included) - child	$12.48	$11.76	$1.00
01204	Topical application of fluoride (prophylaxis not included) - adult	$13.04	$11.40	$1.00
01205	Topical application of fluoride (including prophylaxis) - adult	$37.78	$34.73	$2.00
Other Preventive Services:				
01351	Sealant - per tooth	$16.62	$15.99	$1.00
Space Maintenance (Passive Appliances):				
01510	Space maintainer - fixed - unilateral	$96.28	$90.70	$3.00
01515	Space maintainer - fixed - bilateral	$159.94	$149.65	$3.00
01550	Recementation of space maintainer	$23.01	$19.70	$1.00

Restorative Services

Procedure Code	Description of Service	FY 00 Children's Max Fee (0-20 yrs)	FY 00 Adult Max Fee (21+ yrs)	FY 00 Copayment (18 yrs +)
Amalgam Restorations (Including Polishing):				
02110	Amalgam - 1 surface, primary	$31.80	$29.95	$2.00
02120	Amalgam - 2 surfaces, primary	$41.20	$38.81	$2.00
02130	Amalgam - 3 surfaces, primary	$46.98	$44.26	$2.00
02140	Amalgam - 1 surface, permanent	$33.84	$31.88	$2.00
02150	Amalgam - 2 surfaces, permanent	$43.60	$41.07	$2.00
02160	Amalgam - 3 surfaces, permanent	$54.73	$51.55	$3.00
Resin Restorations:				
02330	Resin - 1 surface, anterior	$40.04	$37.72	$2.00
02331	Resin - 2 surfaces, anterior	$50.85	$47.90	$2.00
02332	Resin - 3 surfaces, anterior	$61.40	$57.84	$3.00
02335	Resin - 4 or more surfaces or involving incisal angle (anterior)	$71.76	$67.60	$3.00
02380	Resin - 1 surface, posterior primary	$42.50	$40.03	$2.00
02381	Resin - 2 surfaces, posterior primary	$51.35	$48.38	$2.00
02382	Resin - 3 or more surfaces, posterior primary	$59.05	$55.63	$3.00
02385	Resin - 1 surface, posterior permanent	$44.14	$41.58	$2.00
02386	Resin - 2 surfaces, posterior permanent	$58.01	$54.65	$3.00
02387	Resin - 3 or more surfaces, posterior permanent	$73.51	$69.25	$3.00
Other Restorative Services:				
02910	Recement inlay	$26.85	$25.01	$2.00
02920	Recement crown	$27.32	$25.74	$2.00
02930	Prefabricated stainless steel crown (SSC) primary tooth	$85.45	$80.49	$3.00
02931	Prefabricated stainless steel crown (SSC) permanent tooth	$93.26	$87.53	$3.00
02932	Prefabricated resin crown	$113.07	$97.88	$3.00
02933	Prefabricated stainless steel crown with resin window	$114.75	$106.40	$3.00
Upgraded Cast Crown:				
W7126	Upgraded crown	$352.24	$331.82	$3.00
02940	Sedative filling	$28.43	$24.53	$1.00
02951	Pin retention - per tooth, in addition to restoration	$14.29	$13.34	$1.00

Endodontic Services

Procedure Code	Description of Service	FY 00 Children's Max Fee (0-20 yrs)	FY 00 Adult Max Fee (21+ yrs)	FY 00 Copayment (18 yrs +)
Pulpotomy				
03220	Therapeutic pulpotomy (excluding final restoration)	$46.56	$43.86	$2.00
Root Canal Therapy (including Treatment Plan, Clinical Procedures, and Follow-Up Care):				
03310	Anterior (excluding final restoration)	$203.14	$191.37	$3.00
03320	Bicuspid (excluding final restoration)	$250.29	$235.78	$3.00
03330	Molar (excluding final restoration)	$320.68	$302.09	$3.00
03351	Apexification/recalcification - (apical closure/calcific repair of perforations, root resorption, etc.)	$80.48	$75.81	$3.00
W7116	Open tooth for drainage	$39.05	$36.78	$2.00
Periapical Services:				
03410	Apicoectomy/periradicular surgery - anterior	$214.12	$201.71	$3.00
03430	Retrograde filling - per root	$63.76	$58.18	$3.00

Periodontic Services

Procedure Code	Description of Service	FY 00 Children's Max Fee (0-20 yrs)	FY 00 Adult Max Fee (21+ yrs)	FY 00 Copayment (18 yrs +)
Surgical Services (including Usual Postoperative Services):				
04210	Gingivectomy or gingivoplasty - per quadrant	$268.66	$224.11	$3.00
04211	Gingivectomy or gingivoplasty, per tooth	$58.43	$49.08	$2.00
04341	Periodontal scaling and root planing, per quadrant	$79.14	$74.55	$3.00
04355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis	$72.04	$67.86	$3.00
04910	Periodontal maintenance procedures (following active therapy)	$46.20	$42.53	$2.00
W7117	Treat ANUG (acute necrotizing ulcerative gingivitis/Vincent's disease)	$36.79	$34.66	$2.00
W7118	Treat periodontal abscess	$29.99	$28.25	$2.00

Removable Prosthodontic Services

Procedure Code	Description of Service	FY 00 Children's Max Fee (0-20 yrs)	FY 00 Adult Max Fee (21+ yrs)	FY 00 Copayment (18 yrs +)
Complete Dentures (including Routine Post-Delivery Care):				
05110	Complete denture - maxillary	$453.75	$424.50	$3.00
05120	Complete denture - mandibular	$456.20	$424.79	$3.00
Partial Dentures (including Routine Post-Delivery Care):				
05211	Maxillary partial denture - resin base (including any conventional clasps, rests, and teeth)	$393.55	$343.88	$3.00
05212	Mandibular partial denture - resin base (including any conventional clasps, rests, and teeth)	$409.28	$364.25	$3.00
W7127	Upgraded upper partial denture (including any conventional clasps, rests, and teeth)	$508.61	$479.12	$3.00
W7128	Upgraded lower partial denture (including any conventional clasps, rests, and teeth)	$495.92	$467.17	$3.00
Repairs to Complete Dentures:				
05510	Repair broken complete denture base	$47.28	$44.54	$2.00
05520	Repair missing or broken teeth - complete denture (each tooth)	$39.36	$36.82	$2.00
Repairs to Partial Dentures:				
05610	Repair resin denture base	$50.99	$48.04	$2.00
05620	Repair cast framework	$68.88	$65.40	$3.00
05630	Repair or replace broken clasp	$66.47	$57.24	$3.00
05640	Replace broken teeth - per tooth	$47.18	$44.44	$2.00
05650	Add tooth to existing partial denture	$59.78	$56.32	$3.00
05660	Add clasp to existing partial denture	$70.73	$66.63	$3.00
Denture Reline Procedures:				
05750	Reline complete maxillary denture (laboratory)	$150.53	$133.66	$3.00
05751	Reline complete mandibular denture (laboratory)	$150.81	$133.04	$3.00
05760	Reline maxillary partial denture (laboratory)	$151.50	$124.07	$3.00
05761	Reline mandibular partial denture (laboratory)	$148.80	$131.79	$3.00
Maxillofacial Prosthetics:				
05932	Obturator prosthesis, definitive	$514.48	$449.28	$3.00
05955	Palatal lift prosthesis, definitive	$1,276.50	$1,202.50	$3.00
05999	Unspecified maxillofacial prosthesis, by report	61J	61J	$3.00

Fixed Prosthodontic Services

Procedure Code	Description of Service	FY 00 Children's Max Fee (0-20 yrs)	FY 00 Adult Max Fee (21+ yrs)	FY 00 Copayment (18 yrs +)
Other Fixed Prosthetic Services				
06545	Retainer - cast metal for resin-bonded fixed prosthesis	$149.21	$140.56	$3.00
06930	Recement fixed partial denture	$44.32	$41.75	$2.00
06940	Stress breaker	61J	61J	$3.00
06980	Fixed partial denture repair, by report	$155.25	$146.25	$3.00
W7310	Fixed prosthodontic retainer	$354.57	$334.01	$3.00
W7320	Fixed prosthodontic pontic	$344.66	$324.68	$3.00

Oral and Maxillofacial Surgery Services

Procedure Code	Description of Service	FY 00 Children's Max Fee (0-20 yrs)	FY 00 Adult Max Fee (21+ yrs)	FY 00 Copayment (18 yrs +)
Extractions (includes Local Anesthesia and Routine Postoperative Care):				
07110	Single tooth	$40.91	$38.53	$2.00
Surgical Extractions (includes Local Anesthesia and Routine Postoperative Care):				
07210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	$88.88	$83.72	$3.00
07220	Removal of impacted tooth - soft tissue	$102.38	$96.44	$3.00
07230	Removal of impacted tooth - partial bony	$155.93	$144.32	$3.00
07240	Removal of impacted tooth - completely bony	$179.39	$168.75	$3.00
07250	Surgical removal of residual tooth roots (cutting procedure)	$81.18	$75.97	$3.00
Other Surgical Procedures:				
07260 or CPT[2]	Oroantral fistula closure	$300.84	$283.40	$3.00
07270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth and/or alveolus	$95.91	$95.91	$3.00
07280	Surgical exposure of impacted or unerupted tooth for orthodontic reasons (including orthodontic attachments)	$205.01	$193.12	$3.00
07281	Surgical exposure of impacted or unerupted tooth to aid eruption	$132.69	$111.54	$3.00
07285 or CPT[2]	Biopsy of oral tissue - hard	$95.91	$95.91	$3.00
07286 or CPT[2]	Biopsy of oral tissue - soft	$102.26	$96.33	$3.00
Removal of Tumors, Cysts, and Neoplasms:				
07430 or CPT[2]	Excision of benign tumor - lesion diameter up to 1.25 cm	$152.59	$131.99	$3.00
07431 or CPT[2]	Excision of benign tumor - lesion diameter greater than 1.25 cm	$185.81	$185.81	$3.00
07440 or CPT[2]	Excision of malignant tumor - lesion diameter up to 1.25 cm	61J	61J	$3.00
07441 or CPT[2]	Excision of malignant tumor - lesion diameter greater than 1.25 cm	61J	61J	$3.00
07450 or CPT[2]	Removal of odontogenic cyst or tumor - lesion diameter up to 1.25 cm	$189.35	$151.48	$3.00
07451 or CPT[2]	Removal of odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	$374.94	$299.95	$3.00
07460 or CPT[2]	Removal of nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	$170.25	$136.21	$3.00
07461 or CPT[2]	Removal of nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	61J	61J	$3.00

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Oral and Maxillofacial Surgery Services

Procedure Code	Description of Service	FY 00 Children's Max Fee (0-20 yrs)	FY 00 Adult Max Fee (21+ yrs)	FY 00 Copayment (18 yrs +)
Excision of Bone Tissue:				
07470 or CPT[2]	Removal of exostosis - maxilla or mandible	61J	61J	$3.00
07480 or CPT[2]	Partial ostectomy (guttering or saucerization)	61J	61J	$3.00
07490 or CPT[2]	Radical resection of mandible with bone graft	61J	61J	$3.00
Surgical Incision:				
07510 or CPT[2]	Incision and drainage of abscess - intraoral soft tissue	61J	61J	$3.00
07520 or CPT[2]	Incision and drainage of abscess - extraoral soft tissue	61J	61J	$3.00
07530 or CPT[2]	Removal of foreign body, skin, or subcutaneous areolar tissue	61J	61J	$3.00
07540 or CPT[2]	Removal of reaction-producing foreign bodies - musculoskeletal system	61J	61J	$3.00
07550 or CPT[2]	Sequestrectomy for osteomyelitis	61J	61J	$3.00
07560 or CPT[2]	Maxillary sinusotomy for removal of tooth fragment or foreign body	61J	61J	$3.00
Treatment of Fracture - Simple:				
07610 or CPT[2]	Maxilla - open reduction (teeth immobilized, if present)	61J	61J	$3.00
07620 or CPT[2]	Maxilla - closed reduction (teeth immobilized, if present)	61J	61J	$3.00
07630 or CPT[2]	Mandible - open reduction (teeth immobilized, if present)	61J	61J	$3.00
07640 or CPT[2]	Mandible - closed reduction (teeth immobilized, if present)	61J	61J	$3.00
07650 or CPT[2]	Malar and/or zygomatic arch - open reduction	61J	61J	$3.00
07660 or CPT[2]	Malar and/or zygomatic arch - closed reduction	61J	61J	$3.00
07670 or CPT[2]	Alveolus - stabilization of teeth, open reduction splinting	61J	61J	$3.00
07680 or CPT[2]	Facial bones - complicated reduction with fixation and multiple surgical approaches	61J	61J	$3.00

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Oral and Maxillofacial Surgery Services

Procedure Code	Description of Service	FY 00 Children's Max Fee (0-20 yrs)	FY 00 Adult Max Fee (21+ yrs)	FY 00 Copayment (18 yrs +)
Treatment of Fractures - Compound:				
07710 or CPT[2]	Maxilla - open reduction	61J	61J	$3.00
07720 or CPT[2]	Maxilla - closed reduction	61J	61J	$3.00
07730 or CPT[2]	Mandible - open reduction	61J	61J	$3.00
07740 or CPT[2]	Mandible - closed reduction	$1,441.93	$1,358.34	$3.00
07750 or CPT[2]	Malar and/or zygomatic arch - open reduction	61J	61J	$3.00
07760 or CPT[2]	Malar and/or zygomatic arch - closed reduction	61J	61J	$3.00
07770 or CPT[2]	Alveolus - stabilization of teeth, open reduction splinting	61J	61J	$3.00
07780 or CPT[2]	Facial bones - complicated reduction with fixation and multiple surgical approaches	61J	61J	$3.00
Reduction of Dislocation and Management of Other TMJ Dysfunctions:				
07810 or CPT[2]	Open reduction of dislocation	61J	61J	$3.00
07820 or CPT[2]	Closed reduction of dislocation	$419.51	$152.15	$3.00
07830 or CPT[2]	Manipulation under anesthesia	61J	61J	$3.00
07840 or CPT[2]	Condylectomy	61J	61J	$3.00
07850 or CPT[2]	Surgical discectomy; with/without implant	61J	61J	$3.00
07860 or CPT[2]	Arthrotomy	$2,192.57	$2,010.45	$3.00
W7995	Initial consultation, TMJ (TMJ multi-disciplinary evaluation program use only)	$58.46	$55.07	$3.00
W7996	Follow-up consultation, TMJ (TMJ multidisciplinary evaluation program use only)	$42.09	$39.65	$2.00
W7998 or CPT[2]	TMJ assistant surgeon	61J	61J	$3.00
Repair of Traumatic Wounds:				
07910 or CPT[2]	Suture of recent small wounds up to 5 cm	$84.03	$79.16	$3.00

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Oral and Maxillofacial Surgery Services

Procedure Code	Description of Service	FY 00 Children's Max Fee (0-20 yrs)	FY 00 Adult Max Fee (21+ yrs)	FY 00 Copayment (18 yrs +)
Complicated Suturing (Reconstruction Requiring Delicate Handling of Tissues and Wide Undermining for Meticulous Closure):				
07911 or CPT[2]	Complicated suture - up to 5 cm	$247.23	$197.79	$3.00
07912 or CPT[2]	Complicated suture - greater than 5 cm	$351.42	$223.32	$3.00
Other Repair Procedures				
07940 or CPT[2]	Osteoplasty - for orthognathic deformities	$2,370.37	$2,290.02	$3.00
07950 or CPT[2]	Osseous, osteo-periosteal, or cartilage graft of the mandible or facial bones - autogenous or nonautogenous, by report	$501.25	$501.25	$3.00
07960 or CPT[2]	Frenulectomy (frenectomy or frenotomy) - separate procedure	$153.03	$144.16	$3.00
07970 or CPT[2]	Excision of hyperplastic tissue - per arch	$195.97	$160.55	$3.00
07980 or CPT[2]	Sialolithotomy	61J	61J	$3.00
07991 or CPT[2]	Coronoidectomy	$1,060.61	$1,060.61	$3.00
07999 or CPT[2]	Unspecified oral surgery procedure, by report	61J	61J	$3.00

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Orthodontic Services

Procedure Code	Description of Service	FY 00 Children's Max Fee (0-20 yrs)	FY 00 Adult Max Fee (21+ yrs)	FY 00 Copayment (18 yrs +)
08110	Removable appliance therapy, minor treatment for tooth guidance	61J	61J	$3.00
08120	Fixed appliance therapy, minor treatment for tooth guidance	61J	61J	$3.00
08210	Removable appliance therapy	61J	61J	$3.00
08220	Fixed appliance therapy	61J	61J	$3.00
08360	Interceptive orthodontic treatment, removable appliance therapy	61J	61J	$3.00
08370	Fixed appliance therapy, interceptive orthodontic treatment	61J	61J	$3.00
08560	Monthly treatment - comprehensive orthodontic treatment - permanent dentition, Class I malocclusion	61J	61J	$3.00
08570	Monthly treatment - comprehensive orthodontic treatment - permanent dentition, Class II malocclusion	61J	61J	$3.00
08580	Monthly treatment - comprehensive orthodontic treatment - permanent dentition, Class III malocclusion	61J	61J	$3.00
08650	Monthly treatment of atypical or extended skeleton cases, orthodontic	61J	61J	$3.00
W7910	Examination, models, consultation - orthodontic	$59.04	$55.62	$3.00
W7920	Initial orthodontic treatment - banding service	61J	61J	$3.00
08750	Post-treatment stabilization	61J	61J	$3.00

Adjunctive/General Services

Procedure Code	Description of Service	FY 00 Children's Max Fee (0-20 yrs)	FY 00 Adult Max Fee (21+ yrs)	FY 00 Copayment (18 yrs +)
Unclassified Treatment:				
09110	Palliative (emergency) treatment of dental pain - minor procedure	$23.41	$23.41	$1.00
Anesthesia:				
09220	General anesthesia	$114.24	$107.62	$3.00
09240	Intravenous sedation	$108.22	$101.95	$3.00
Professional Visits:				
09420	Hospital call	$95.46	$89.93	$3.00
Miscellaneous Services:				
09910	Application of desensitizing medicament	$17.75	$16.63	$1.00

Attachment 2
Dental Covered Services and Their Limitations

Diagnostic Services

Proc. Code	Description of Service	PA?	Limitations
Clinical Oral Examinations:			
00120	Periodic Oral Examination	No	One per 12-month period, per provider for ages 13 and older. One per six months, per provider for ages 0 - 12.
00150	Comprehensive Oral Evaluation	No	One per three years, per provider.
00160	Detailed and extensive oral evaluation-problem focused, by report	No	One per three years, per provider.
W7060	Periodic Oral Exam (Additional) - HealthCheck other services	Yes	Up to two additional oral exams per year with a HealthCheck referral. Age limitation 13 - 20.
W7130	TMJ Office Visit	No	One per year, per provider.
Radiographs:			
00210	Intraoral, complete series (including bitewings)	No*	One per three years, per provider. Not payable within six months of other X-rays including 00220, 00230, 00240, 00270, 00272, 00274, 00330 except in an emergency.[1] (Panorex plus bitewings may be billed under 00210.)^
00220	Intraoral - periapical, first film	No	One per day. Not payable for same date as, or six months after, 00210.^
00230	Intraoral - periapical, each additional film	No	Up to three per day. Must be billed with 00220. Not payable for same date as, or six months after, 00210.^
00240	Intraoral - occlusal film	No	Up to two per day. Not payable for same date as 00210.
00250	Extraoral - first film	No	*Emergency only*, one per day.[1]
00260	Extraoral - each additional film	No	*Emergency only*, only two per day.[1] Not payable unless billed with 00250.
00270	Bitewing - single film	No	One per day, up to two per six-month period, per provider. Not payable for same day as, and for six months after, 00210, 00270, 00272, or 00274.^
00272	Bitewings - two films	No	One set of bitewings per six-month period, per provider. Not payable for same day as, and for six months after, 00210, 00270, 00272, or 00274.^
00274	Bitewings - four films	No	One set of bitewings per six-month period, per provider. Not payable for same day as, and for six months after, 00210, 00270, 00272, or 00274.^

See Part B, the dental handbook, Appendix 9, "Diagnostic Services," pages B53-B56, for more information about coverage, prior authorization, and billing.

KEY: 1 - Retain records in recipient files regarding nature of emergency.
* - Frequency limitation may be exceeded only with prior authorization.
^ - Six-month limitation may be exceeded in an emergency as indicated by "E" in Element 37, "For Administrative Use Only", on the ADA claim form. The same date of service limitation may not be exceeded in an emergency.

Diagnostic Services

Proc. Code	Description of Service	PA?	Limitations
00330	Panoramic Film	No*	*Emergency only*, or orthodontia diagnostic only with prior authorization.[1] One per day when another radiograph is insufficient for proper diagnosis. Not payable with 00210, 00270, 00272, or 00274.
00340	Cephalometric Film	Yes	Orthodontia diagnosis only.
Tests and Laboratory Examinations:			
00470	Diagnostic Casts	Yes	Only upon DHFS request.

See Part B, the dental handbook, Appendix 9, "Diagnostic Services," pages B53-B56, for more information about coverage, prior authorization, and billing.

KEY: 1 - Retain records in recipient files regarding nature of emergency.
* - Frequency limitation may be exceeded only with prior authorization.

Preventive Services

NOTE: Local anesthesia is included in the fee for procedures requiring anesthesia and is not separately payable. When charging for anesthesia, include the charge in the amount billed for the procedure.

Proc. Code	Description of Service	PA ?	Limitations
Dental Prophylaxis:			
01110	Prophylaxis - adult, payable for allowable ages greater than 12	No* (see limitations)	One per 12-month period, per provider, age greater than 20. Three additional per year allowable with prior authorization for permanently disabled recipients. Two per 12-month period, per provider, ages 13 - 20. Two additional per year allowable with prior authorization for permanently disabled recipients. Not payable with periodontal scaling and root planing or periodontal maintenance procedure. (Prior authorization may be granted for up to five years for permanently disabled recipients.) Allowable age greater than 12.
01120	Prophylaxis - child, payable for allowable ages less than 13	No* (see limitations)	One (01120 or 01201) per six months, per provider. Up to two additional per year allowable with prior authorization for permanently disabled recipients. Not payable with 01201. (Prior authorization may be granted for up to five years for permanently disabled recipients.) Allowable age less than 13.
Topical Fluoride Treatment (Office Procedure):			
01201	Topical application of fluoride (including prophylaxis) - child	No* (see limitations)	One (01120 or 01201) per six months, per provider. Up to two additional allowable per year with prior authorization for permanently disabled recipients. Not payable with 01120. (Prior authorization may be granted for up to five years for permanently disabled recipients.) Allowable age less than 13.
01203	Topical application of fluoride (prophylaxis not included) - child	Yes (see limitations)	Up to four per year with prior authorization for permanently disabled recipients. (Prior authorization may be granted for up to five years for permanently disabled recipients.) Allowable age less than 13.
01204	Topical application of fluoride (prophylaxis not included) - adult	Yes (see limitations)	Up to four per year with prior authorization for permanently disabled recipients. (Prior authorization may be granted for up to five years for permanently disabled recipients.) Allowable age greater than 12.

See Part B, the dental handbook, Appendix 10, "Preventive Services," pages B57-B63, for more information about coverage, prior authorization, and billing.

KEY: * - Frequency limitation may be exceeded only with prior authorization.

Preventive Services

Proc. Code	Description of Service	PA?	Limitations
01205	Topical application of fluoride (including prophylaxis) - adult	Yes (see limitations)	Up to four per year with prior authorization for permanently disabled recipients. Not payable with periodontal scaling and root planing. (Prior authorization may be granted for up to five years for permanently disabled recipients.) One per six-month period, per provider. Allowable age greater than 12.
Other Preventive Services:			
01351	Sealant - per tooth	Yes (see limitations)	Prior authorization *is not* required for tooth numbers 2, 3, 14, 15, 18, 19, 30, 31. Prior authorization *is* required for tooth numbers 1, 4-13, 16, 17, 20-29, 32, A-T, SN. Narrative required in order to exceed once per three-year limitation on permanent first and second molars. Allowable age less than 21.
Space Maintenance (Passive Appliances):			
01510	Space maintainer - fixed - unilateral	No	First and second primary molar only (tooth letters A, B, I, J, K, L, S, T only). Limited to four per day; once per year, per tooth. A narrative is required to exceed the limitation. Allowable age less than 21.
01515	Space maintainer - fixed - bilateral	Yes (see limitations)	Once per year, per arch. Prior authorization is required only for ages 13-20. Narrative required to exceed frequency limitation, before age 13. Allowable age less than 21.
01550	Recementation of space maintainer	No	Limited to two per day. Allowable age less than 21.

See Part B, the dental handbook, Appendix 10, "Preventive Services," pages B57-B63, for more information about coverage, prior authorization, and billing.

Restorative Services

NOTE: Local anesthesia is included in the fee for procedures requiring anesthesia and is not separately payable. When charging for anesthesia, include the charge in the amount billed for the procedure.

Proc. Code	Description of Service	PA?	Limitations
Amalgam Restorations (Including Polishing):			
02110	Amalgam - 1 surface, primary	No	Once per tooth, per year, per provider + (tooth letters A-T, SN only).
02120	Amalgam - 2 surfaces, primary	No	Once per tooth, per year, per provider + (tooth letters A-T, SN only).
02130	Amalgam - 3 surfaces, primary	No	Once per tooth, per year, per provider + (tooth letters A-T, SN only). (Four surface amalgams may be billed under this code.)
02140	Amalgam - 1 surface, permanent	No	Once per tooth, per 3 years, per provider + (tooth numbers 1-32, SN only).
02150	Amalgam - 2 surfaces, permanent	No	Once per tooth, per 3 years, per provider + (tooth numbers 1-32, SN only).
02160	Amalgam - 3 surfaces, permanent	No	Once per tooth, per 3 years, per provider + (tooth numbers 1-32, SN only). (Four surface amalgams may be billed under this code.)
Resin Restorations:			
02330	Resin - 1 surface, anterior	No	Once per three years, per provider, per permanent tooth.+ Once per year, per provider, per primary tooth.+ Allowed for Class I and Class V only (tooth numbers 6-11, 22-27, C-H, M-R, SN only).
02331	Resin - 2 surfaces, anterior	No	Once per three years, per provider, per permanent tooth.+ Once per year, per provider, per primary tooth.+ Allowed for Class III only (tooth numbers 6-11, 22-27, C-H, M-R, SN only).
02332	Resin - 3 surfaces, anterior	No	Once per three years, per provider, per permanent tooth.+ Once per year, per provider, per primary tooth.+ Allowed for Class III and Class IV only (tooth numbers 6-11, 22-27, C-H, M-R, SN only).
02335	Resin - 4 or more surfaces or involving incisal angle (anterior)	No	Once per three years, per provider, per permanent tooth.+ Once per year, per provider, per primary tooth.+ Allowed for Class IV only (tooth numbers 6-11, 22-27, C-H, M-R, SN only). Must include incisal angle. Four surface resins may be billed under 02332, unless an incisal angle is included.
02380	Resin - 1 surface, posterior primary	No	Once per year, per provider, per tooth + (tooth letters A, B, I, J, K, L, S, T, SN).
02381	Resin - 2 surfaces, posterior primary	No	Once per tooth, per year, per provider + (tooth letters A, B, I, J, K, L, S, T, SN only). This resin code will be paid at the same rate as an equivalent amalgam.

See Part B, the dental handbook, Appendix 11, "Restorative Services," pages B65-B70, for information on coverage, prior authorization, and billing.

KEY: + - Limitation may be exceeded if narrative on claim demonstrates medical necessity for replacing a properly completed filling, crown, or adding a restoration on any tooth surface. Limitation may be exceeded for non-prior authorized crowns by indicating medical necessity in a narrative on the claim.

Restorative Services

Proc. Code	Description of Service	PA?	Limitations
02382	Resin - 3 or more surfaces, posterior primary	No	Once per tooth, per year, per provider + (tooth letters A, B, I, J, K, L, S, T, SN only). This resin code will be paid at the same rate as an equivalent amalgam.
02385	Resin - 1 surface, posterior permanent	No	Once per three years, per provider, per tooth + (tooth numbers 1-5, 12-21, 28-32, SN).
02386	Resin - 2 surfaces, posterior permanent	No	Once per tooth, per 3 years, per provider [1] (tooth numbers 1-5, 12-21, 28-32, SN). This resin code will be paid at the same rate as an equivalent amalgam.
02387	Resin - 3 or more surfaces, posterior permanent	No	Once per tooth, per 3 years, per provider [1] (tooth numbers 1-5, 12-21, 28-32, SN). This resin code will be paid at the same rate as an equivalent amalgam.
Other Restorative Services:			
02910	Recement inlay	No	Tooth numbers 1-32, SN only.
02920	Recement crown	No	Tooth numbers 1-32, A-T, SN.
02930	Prefabricated stainless steel crown (SSC) primary tooth	No	Tooth letters A-T, SN only (once per year, per tooth).+
02931	Prefabricated stainless steel crown (SSC) permanent tooth	No	Tooth numbers 1-32, SN only (once per five years, per tooth).+
02932	Prefabricated resin crown	Yes, if greater than age 20	Tooth numbers 6-11, 22-27, D-G, SN (once per year, per primary tooth; once per five years, per permanent tooth). (Composite crown may be billed under this code). Limitation exceeded with narrative for children+, and with prior authorization for adults greater than age 20.*
02933	Prefabricated stainless steel crown (SSC) with resin window	Yes, if greater than age 20	Tooth numbers 6-11, D-G, SN only (once per year, per primary tooth; once per five years, per permanent tooth). Limitation exceeded with narrative for children+, and with prior authorization for adults greater than age 20.*
Upgraded Cast Crown:			
W7126	Upgraded crown	Yes	Tooth numbers 1-32, A-T, SN (once per year, per primary tooth; once per five years, per permanent tooth*). Reimbursement is limited to code 02933. Page B163, Appendix 25, "Provision of Upgraded Partial Denture and Crowns to Medicaid Recipients," of part B, the dental handbook, must be completed.
02940	Sedative filling	No	Not allowed with pulpotomies, permanent restorations, or endodontic procedures (tooth numbers 1-32, A-T, SN only).
02951	Pin retention - per tooth, in addition to restoration	No	Tooth numbers 1-32, SN only (once per three years, per tooth).+

See Part B, the dental handbook, Appendix 11, "Restorative Services," pages B65-B70, for information on coverage, prior authorization, and billing.

KEY: * - Frequency limitation may be exceeded only with prior authorization.
+ - Limitation may be exceeded if narrative on claim demonstrates medical necessity for replacing a properly completed filling, crown, or adding a restoration on any tooth surface. Limitation may be exceed for non-prior authorized crowns by indicating medical necessity in a narrative on the claim.

Endodontic Services

NOTE: Local anesthesia is included in the fee for procedures requiring anesthesia and is not separately payable. When charging for anesthesia, include the charge in the amount billed for the procedure.

Proc. Code	Description of Service	PA?	Limitations
Pulpotomy:			
03220	Therapeutic pulpotomy (excluding final restoration)	No	Once per tooth, per lifetime. Primary teeth only (tooth letters A-T, SN only).
Root Canal Therapy (including Treatment Plan, Clinical Procedures, and Follow-up Care):			
03310	Anterior (excluding final restoration)	Yes, if greater than age 20	Normally for permanent anterior teeth. May be used to bill a single canal on a bicuspid or molar (tooth numbers 2-15, 18-31, SN only, once per tooth, per lifetime). Not allowed with sedative filling.
03320	Bicuspid (excluding final restoration)	Yes, if greater than age 20	Normally for permanent bicuspid teeth. May be used for two canals on a molar (tooth numbers 2-5, 12-15, 18-21, 28-31, SN only, once per tooth, per lifetime). Not allowed with sedative filling.
03330	Molar (excluding final restoration)	Yes	Not covered for third molars. Permanent teeth only (tooth numbers 2, 3, 14, 15, 18, 19, 30, 31, SN only, once per tooth, per lifetime). Not allowed with sedative filling.
03351	Apexification/recalcification - (apical closure/calcific repair of perforations, root resorption, etc.)	No	Permanent teeth only (tooth numbers 2-15, 18-31, SN only). Not allowable with root canal therapy. Bill the entire procedure under this code. Allowable age less than 21.
W7116	Open tooth for drainage	No	Tooth numbers 2-15, 18-31, SN. *Emergency only.* Limit of $50.00 reimbursement per day for all emergency procedures done on a single day. Narrative required to override the limitations. Not payable with root canal therapy or pulpotomy on same date of service. Should be followed with a prior authorization request for a root canal.
Periapical Services:			
03410	Apicoectomy/periradicular surgery - anterior	Yes, unless provided to a hospital inpatient	Permanent anterior teeth only (tooth numbers 6-11, 22-27, SN only). Not payable with root canal therapy on the same date of service. Code does not include retrograde filling. Include retrograde filling on prior authorization request for apicoectomy and on claim for billing.
03430	Retrograde filling - per root	Yes, unless provided to a hospital inpatient	Permanent anterior teeth only (tooth numbers 6-11, 22-27, SN only). Not payable with root canal therapy on the same date of service. Include retrograde filling on prior authorization request for apicoectomy and on claim for billing. Apicoectomy does not include retrograde filling.

See part B, the dental handbook, Appendix 12, "Endodontic Services," pages B71-B77, for information about coverage, prior authorization, and billing.

Periodontic Services

NOTE: Local anesthesia is included in the fee for procedures requiring anesthesia and is not separately payable. When charging for anesthesia, include the charge in the amount billed for the procedure.

Proc. Code	Description of Service	PA?	Limitations
Surgical Services (including Usual Postoperative Services):			
04210	Gingivectomy or gingivoplasty - per quadrant	Yes	Per quadrant of six teeth or more.
04211	Gingivectomy or gingivoplasty, per tooth	Yes	Less than six teeth (tooth numbers 1-32, A-T, SN).
04341	Periodontal scaling and root planing, per quadrant	Yes	Per quadrant of eight teeth. (Limited in most circumstances to once per three years per quadrant.) Limited to two quadrants per day in place of service 0, 3, 4, 7, or 8, unless the PA request provides sound medical or other logical reasons, including long distance travel to the dentist or disability makes travel to dentist difficult. Up to four quadrants per day, per recipient in place of service 1, 2, or B. Not payable with prophylaxis. Allowable age greater than 12.
04355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis	Yes	Full mouth code. Excess calculus must be evident on X-ray. Billed on completion date only. Can be completed in one long appointment. No other periodontal treatment (04341 or 04910) can be authorized immediately after this procedure. Includes tooth polishing. Not payable with prophylaxis. (Once per three years in most circumstances.) Allowable age greater than 12.
04910	Periodontal maintenance procedures (following active therapy)	Yes	Prior authorization may be granted up to three years. Not payable with prophylaxis. Once per year in most cases. Allowable age greater than 12.
W7117	Treat ANUG (acute necrotizing ulcerative gingivitis/Vincent's disease)	No	Treatment for any or all portions of the mouth. Not tooth specific. *Emergency only.* Limit of $50.00 per day for all emergency procedures done on a single day.[3] Narrative required to override the limitation.
W7118	Treat periodontal abscess	No	Tooth numbers 1-32, A-T, SN. *Emergency only.* Limit of $50.00 per day for all emergency procedures done on a single day.[3] Narrative required to override limitation.

See Part B, the dental handbook, Appendix 13, "Periodontic Services," pages B79-83, for information on coverage, prior authorization, and billing.

KEY: [3] - $50 limitation per day for all emergency procedures applies to 09110, 09910, W7116, W7117, and W7118. Narrative required to override the limitations.

Removable Prosthodontic Services

Proc. Code	Description of Service	PA?	Limitations
Complete Dentures (including Routine Post-Delivery Care):			
05110	Complete denture - maxillary	Yes	Allowed once per five years.***@
05120	Complete denture - mandibular	Yes	Allowed once per five years.***@
Partial Dentures (including Routine Post-Delivery Care):			
05211	Maxillary partial denture - resin base (including any conventional clasps, rests, and teeth)	Yes	Allowed once per five years.***@
05212	Mandibular partial denture - resin base (including any conventional clasps, rests, and teeth)	Yes	Allowed once per five years.***@
W7127	Upgraded upper partial denture (including any conventional clasps, rests, and teeth)	Yes	Allowed once per five years.***@ Reimbursement limited to code 05211. Page B163, Appendix 25, "Provision of Upgraded Partial Denture and Crowns to Medicaid Recipients," of Part B, the dental handbook, must be completed and submitted.
W7128	Upgraded lower partial denture (including any conventional clasps, rests, and teeth)	Yes	Allowed once per five years.***@ Reimbursement limited to code 05212. Page B163, Appendix 25, "Provision of Upgraded Partial Denture and Crowns to Medicaid Recipients," of Part B, the dental handbook, must be completed and submitted.
Repairs to Complete Dentures:			
05510	Repair broken complete denture base	No	Combined maximum reimbursement limit per six months for repairs. Requires modifier (UU=Upper, LL=Lower) in Element 37 on ADA claim form.
05520	Repair missing or broken teeth - complete denture (each tooth)	No	Combined maximum reimbursement limit per six months for repairs. Requires modifier (UU=Upper, LL=Lower) in Element 37 on ADA claim form.
Repairs to Partial Dentures:			
05610	Repair resin denture base	No	Limited to once per day. Combined maximum reimbursement limit per six months for repairs. Requires modifier (UU=Upper, LL=Lower) in Element 37 on ADA claim form.
05620	Repair cast framework	No	Combined maximum reimbursement limit per six months for repairs. Requires modifier (UU=Upper, LL=Lower) in Element 37 on ADA claim form.
05630	Repair or replace broken clasp	No	Combined maximum reimbursement limit per six months for repairs. Requires modifier (UU=Upper, LL=Lower) in Element 37 on ADA claim form.

See Part B, the dental handbook, Appendix 14, "Removable Prosthodontic Services," pages B85-B93, for information on coverage, prior authorization, and billing.

KEY: *** - Frequency limitation may be exceeded in exceptional circumstances with written justification on prior authorization request.
@ - Healing period of six weeks required after last extraction prior to taking impressions for dentures, unless shorter period approved in prior authorization.

Removable Prosthodontic Services

Proc. Code	Description of Service	PA?	Limitations
05640	Replace broken teeth - per tooth	No	Combined maximum reimbursement limit per six months for repairs. Requires modifier (UU=Upper, LL=Lower) in Element 37 on ADA claim form.
05650	Add tooth to existing partial denture	No	Combined maximum reimbursement limit per six months for repairs. Requires modifier (UU=Upper, LL=Lower) in Element 37 on ADA claim form.
05660	Add clasp to existing partial denture	No	Combined maximum reimbursement limit per six months for repairs. Requires modifier (UU=Upper, LL=Lower) in Element 37 on ADA claim form.
Denture Reline Procedures:			
05750	Reline complete maxillary denture (laboratory)	Yes	Allowed once per three-year period.***
05751	Reline complete mandibular denture (laboratory)	Yes	Allowed once per three-year period.***
05760	Reline maxillary partial denture (laboratory)	Yes	Allowed once per three-year period.***
05761	Reline mandibular partial denture (laboratory)	Yes	Allowed once per three-year period.***
Maxillofacial Prosthetics:			
05932	Obturator prosthesis, definitive	Yes	Allowed once per six months.***
05955	Palatal lift prosthesis, definitive	Yes	Allowed once per six months.***
05999	Unspecified maxillofacial prosthesis, by report	Yes	For medically necessary removable prosthodontic procedures not listed on these tables. Lab bills and narrative required.

See Part B, the dental handbook, Appendix 14, "Removable Prosthodontic Services," pages B85-B93, for information on coverage, prior authorization, and billing.

KEY: *** - Frequency limitation may be exceeded in exceptional circumstances with written justification on prior authorization request.

Fixed Prosthodontic Services

NOTE: Local anesthesia is included in the fee for procedures requiring anesthesia and is not separately payable. When charging for anesthesia, include the charge in the amount billed for the procedure.

Proc. Code	Description of Service	PA?	Limitations
Other Fixed Prosthetic Services:			
06545	Retainer - cast metal for resin-bonded fixed prosthesis	Yes	Tooth numbers 1-32, SN only.
06930	Recement fixed partial denture	No	
06940	Stress breaker	Yes	Copy of lab bill required.
06980	Fixed partial denture repair, by report	Yes	Copy of lab bill required.
W7310	Fixed prosthodontic retainer	Yes	Tooth numbers 1-32, SN only.
W7320	Fixed prosthodontic pontic	Yes	Tooth numbers 1-32, SN only.

See Part B, the dental handbook, Appendix 15, "Fixed Prosthodontic Services," pages B95-B96, for information on coverage, prior authorization, and billing.

Oral and Maxillofacial Surgery Services

NOTE: Local anesthesia is included in the fee for procedures requiring anesthesia and is not separately payable. When charging for anesthesia, include the charge in the amount billed for the procedure.

Proc. Code	Description of Service	PA?	Limitations
Extractions (includes Local Anesthesia and Routine Postoperative Care):			
07110	Single tooth	No	Allowed only once per tooth (tooth numbers 1-32, A-T, SN). Not payable same day as 07250 for the same tooth number.
Surgical Extractions (includes Local Anesthesia and Routine Postoperative Care):			
07210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	No	Allowed only once per tooth. Covered when performing an *emergency* service or with PA for orthodontia (tooth numbers 1-32, A-T, SN).[1] Not payable same day as 07250 for the same tooth number.
07220	Removal of impacted tooth - soft tissue	No	Allowed only once per tooth. Covered when performing an *emergency service* or with PA for orthodontia (tooth numbers 1-32, A-T, SN).[1] Not payable same day as 07250 for the same tooth number.
07230	Removal of impacted tooth - partial bony	No	Allowed only once per tooth. Covered when performing an *emergency service* or with PA for orthodontia (tooth numbers 1-32, A-T, SN).[1] Not payable same day as 07250 for the same tooth number.
07240	Removal of impacted tooth - completely bony	No	Allowed only once per tooth. Covered when performing an *emergency service* or with PA for orthodontia (tooth numbers 1-32, A-T, SN).[1] Not payable same day as 07250 for the same tooth number.
07250	Surgical removal of residual tooth roots (cutting procedure)	No	*Emergency only* (tooth numbers 1-32, A-T, SN).[1] Allowed only once per tooth. Not allowed on the same day as tooth extraction of same tooth number.
Other Surgical Procedures:			
07260 or CPT[2]	Oroantral fistula closure	No	
07270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth and/or alveolus	No	*Emergency only* (tooth numbers 1-32, C-H, M-R, SN).[1]
07280	Surgical exposure of impacted or unerupted tooth for orthodontic reasons (including orthodontic attachments)	Yes	HealthCheck referral is required. Not allowed for primary or wisdom teeth (tooth numbers 2-15, 18-31, SN only). Allowable age less than 21.
07281	Surgical exposure of impacted or unerupted tooth to aid eruption	Yes	HealthCheck referral is required. Not allowed for wisdom teeth (tooth numbers 2-15, 18-31, A-T, SN only). Allowable age less than 21.
07285 or CPT[2]	Biopsy of oral tissue - hard	No	Once per day.**

See Part B, the dental handbook, Appendix 16, "Oral and Maxillofacial Surgery Services," pages B97-B113, for information on coverage, prior authorization, and billing.

KEY:
[1] - Retain records in recipient files regarding nature of emergency.
[2] - Providers who are Wisconsin Medicaid certified as oral surgeons or oral pathologists or choose CPT billing must use a CPT code to bill for this procedure. Refer to Part B, Appendix 19, the dental handbook, for a list of covered CPT procedure codes.
** - Frequency limitation may be exceeded if a narrative on the claim demonstrates medical necessity for additional services.

Oral and Maxillofacial Surgery Services

Proc. Code	Description of Service	PA?	Limitations
07286 or CPT[2]	Biopsy of oral tissue - soft	No	Once per day.**
Removal of Tumors, Cysts, and Neoplasms:			
07430 or CPT[2]	Excision of benign tumor - lesion diameter up to 1.25 cm	No	Once per day.**
07431 or CPT[2]	Excision of benign tumor - lesion diameter greater than 1.25 cm	No	Once per day.**
07440 or CPT[2]	Excision of malignant tumor - lesion diameter up to 1.25 cm	No	Pathology report required.
07441 or CPT[2]	Excision of malignant tumor - lesion diameter greater than 1.25 cm	No	Pathology report required.
07450 or CPT[2]	Removal of odontogenic cyst or tumor - lesion diameter up to 1.25 cm	No	Pathology report required.
07451 or CPT[2]	Removal of odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	No	Pathology report required.
07460 or CPT[2]	Removal of nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	No	Pathology report required.
07461 or CPT[2]	Removal of nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	No	Pathology report required.
Excision of Bone Tissue:			
07470 or CPT[2]	Removal of exostosis - maxilla or mandible	Yes	Operative report required.
07480 or CPT[2]	Partial ostectomy (guttering or saucerization)	No	Operative report required.
07490 or CPT[2]	Radical resection of mandible with bone graft	No	Operative report required. Only allowable in place of service 0, 1, 2, or B.
Surgical Incision:			
07510 or CPT[2]	Incision and drainage of abscess - intraoral soft tissue	No	Operative report required. Not to be used for periodontal abscess - use W7118.
07520 or CPT[2]	Incision and drainage of abscess - extraoral soft tissue	No	Operative report required.

See Part B, the dental handbook, Appendix 16, "Oral and Maxillofacial Surgery Services," pages B97-B113, for information on coverage, prior authorization, and billing.

KEY: [2] - Providers who are Wisconsin Medicaid certified as oral surgeons or oral pathologists or choose CPT billing must use a CPT code to bill for this procedure. Refer to Part B, Appendix 19, the dental handbook, for a list of covered CPT procedure codes.

** - Frequency limitation may be exceeded if a narrative on the claim demonstrates medical necessity for additional services.

Oral and Maxillofacial Surgery Services

Proc. Code	Description of Service	PA?	Limitations
07530 or CPT[2]	Removal of foreign body, skin, or subcutaneous areolar tissue	Yes, unless provided to hospital inpatient	Not allowed for root fragments or bone spicules. Operative report required.
07540 or CPT[2]	Removal of reaction-producing foreign bodies - musculoskeletal system	Yes, unless provided to hospital inpatient	Not allowed for root fragments or bone spicules. Operative report required.
07550 or CPT[2]	Sequestrectomy for osteomyelitis	No	Operative report required.
07560 or CPT[2]	Maxillary sinusotomy for removal of tooth fragment or foreign body	No	Operative report required.
Treatment of Fracture - Simple:			
07610 or CPT[2]	Maxilla - open reduction (teeth immobilized, if present)	No	Only allowable in place of service 0, 1, 2, 3, or B. Operative report required.
07620 or CPT[2]	Maxilla - closed reduction (teeth immobilized, if present)	No	Operative report required.
07630 or CPT[2]	Mandible - open reduction (teeth immobilized, if present)	No	Only allowable in place of service 0, 1, 2, 3, or B. Operative report required.
07640 or CPT[2]	Mandible - closed reduction (teeth immobilized, if present)	No	Only allowable in place of service 0, 1, 2, 3, or B. Operative report required.
07650 or CPT[2]	Malar and/or zygomatic arch - open reduction	No	Only allowable in place of service 0, 1, 2, 3, or B. Operative report required.
07660 or CPT[2]	Malar and/or zygomatic arch - closed reduction	No	Only allowable in place of service 0, 1, 2, 3, or B. Operative report required.
07670 or CPT[2]	Alveolus - stabilization of teeth, open reduction splinting	No	Operative report required.
07680 or CPT[2]	Facial bones - complicated reduction with fixation and multiple surgical approaches	No	Only allowable in place of service 0, 1, 2, 3, or B. Operative report required.
Treatment of Fractures - Compound:			
07710 or CPT[2]	Maxilla - open reduction	No	Only allowable in place of service 0, 1, 2, 3, or B. Operative report required.

See Part B, the dental handbook, Appendix 16, "Oral and Maxillofacial Surgery Services,"pages B97-B113, for information on coverage, prior authorization, and billing.

KEY: [2] - Providers who are Wisconsin Medicaid certified as oral surgeons or oral pathologists or choose CPT billing must use a CPT code to bill for this procedure. Refer to Part B, Appendix 19, the dental handbook, for a list of covered CPT procedure codes.

Oral and Maxillofacial Surgery Services

Proc. Code	Description of Service	PA?	Limitations
07720 or CPT[2]	Maxilla - closed reduction	No	Only allowable in place of service 0, 1, 2, 3, or B. Operative report required.
07730 or CPT[2]	Mandible - open reduction	No	Only allowable in place of service 0, 1, 2, 3, or B. Operative report required.
07740 or CPT[2]	Mandible - closed reduction	No	Only allowable in place of service 0, 1, 2, 3, or B. Operative report required.
07750 or CPT[2]	Malar and/or zygomatic arch - open reduction	No	Only allowable in place of service 0, 1, 2, 3, or B. Operative report required.
07760 or CPT[2]	Malar and/or zygomatic arch - closed reduction	No	Only allowable in place of service 0, 1, 2, 3, or B. Operative report required.
07770 or CPT[2]	Alveolus - stabilization of teeth, open reduction splinting	No	Only allowable in place of service 0, 1, 2, 3, or B. Operative report required.
07780 or CPT[2]	Facial bones - complicated reduction with fixation and multiple surgical approaches	No	Only allowable in place of service 0, 1, 2, 3, or B. Operative report required.
Reduction of Dislocation and Management of Other TMJ Dysfunctions:			
07810 or CPT[2]	Open reduction of dislocation	No	Only allowable in place of service 0, 1, 2, 3, or B. Operative report required.
07820 or CPT[2]	Closed reduction of dislocation	No	Once per day.**
07830 or CPT[2]	Manipulation under anesthesia	No	Only allowable in place of service 0, 1, 2, 3, or B. Operative report required.
07840 or CPT[2]	Condylectomy	Yes	Multidisciplinary TMJ evaluation required. Only allowable in place of service 1, 2, or B. No operative report required.
07850 or CPT[2]	Surgical discectomy; with/without implant	Yes	Multidisciplinary TMJ evaluation required. Only allowable in place of service 1, 2, or B. No operative report required.
07860 or CPT[2]	Arthrotomy	Yes	Multidisciplinary TMJ evaluation required. Only allowable in place of service 1, 2, or B. No operative report required.
W7995	Initial consultation, TMJ (TMJ multi-disciplinary evaluation program use only)	No	Allowed once per year, per multidisciplinary TMJ evaluation program. Allowable in place of service 1, 2, or 3.
W7996	Follow-up consultation, TMJ (TMJ multidisciplinary evaluation program use only)	No	Allowed once per year, per multidisciplinary TMJ evaluation program. Allowable in place of service 1, 2, or 3.
W7998 or CPT[2]	TMJ assistant surgeon	Yes	Procedure must be included in PA request for the surgery itself. Only allowable in place of service 1, 2, or B.

See Part B, the dental handbook, Appendix 16, "Oral and Maxillofacial Surgery Services," pages B97-B113, for information on coverage, prior authorization, and billing.

KEY: [2] - Providers who are Wisconsin Medicaid certified as oral surgeons or oral pathologists or choose CPT billing must use a CPT code to bill for this procedure. Refer to Part B, Appendix 19, the dental handbook, for a list of covered CPT procedure codes.

** - Frequency limitation may be exceeded if a narrative on the claim demonstrates medical necessity for additional services.

Oral and Maxillofacial Surgery Services

Proc. Code	Description of Service	PA?	Limitations
Repair of Traumatic Wounds:			
07910 or CPT[2]	Suture of recent small wounds up to 5 cm	No	*Emergency only* - operative report required.
Complicated Suturing (Reconstruction Requiring Delicate Handling of Tissues and Wide Undermining for Meticulous Closure):			
07911 or CPT[2]	Complicated suture - up to 5 cm	No	Covered for *trauma (emergency) situations only.*[1] Operative report required.
07912 or CPT[2]	Complicated suture - greater than 5 cm	No	Covered for *trauma (emergency) situations* only.[1] Once per day.** No operative report required, unless same day as surgery.
Other Repair Procedures:			
07940 or CPT[2]	Osteoplasty - for orthognathic deformities	Yes	HealthCheck referral required. Only allowable in place of service 1, 2, 3, or B. No operative report required. Allowable age less than 21.
07950 or CPT[2]	Osseous, osteo-periosteal, or cartilage graft of the mandible or facial bones - autogenous or nonautogenous, by report	Yes	Multidisciplinary TMJ evaluation required. Only allowable in place of service 1, 2, 3, or B. No operative report needed.
07960 or CPT[2]	Frenulectomy (frenectomy or frenotomy) - separate procedure	Yes	HealthCheck referral required. No operative report needed. Allowable age less than 21.
07970 or CPT[2]	Excision of hyperplastic tissue - per arch	Yes	No operative report needed.
07980 or CPT[2]	Sialolithotomy	No	Only allowable in place of service 0, 1, 2, 3, or B. Operative report required.
07991 or CPT[2]	Coronoidectomy	Yes	Multidisciplinary TMJ evaluation required. Only allowable in place of service 1, 2, or B. No operative report needed.
07999 or CPT[2]	Unspecified oral surgery procedure, by report	Yes	For medically necessary oral and maxillofacial procedures not included on these tables. Does not include alveoplasty, vestibuloplasty, or other procedures not covered by Wisconsin Medicaid. Operative report required.

See Part B, the dental handbook, Appendix 16, "Oral and Maxillofacial Surgery Services,"pages B97-B113, for information on coverage, prior authorization, and billing.

KEY:
[1] - Retain records in recipient files regarding nature of emergency.
[2] - Providers who are Wisconsin Medicaid certified as oral surgeons or oral pathologists or choose CPT billing must use a CPT code to bill for this procedure. Refer to Part B, Appendix 19, the dental handbook, for a list of covered CPT procedure codes.
** - Frequency limitation may be exceeded if a narrative on the claim demonstrates medical necessity for additional services.

Orthodontic Services

Proc. Code	Description of Service	PA?	Limitations
08110	Removable appliance therapy, minor treatment for tooth guidance	Yes	HealthCheck referral required. Allowable age less than 21.
08120	Fixed appliance therapy, minor treatment for tooth guidance	Yes	HealthCheck referral required. Allowable age less than 21.
08210	Removable appliance therapy	Yes	HealthCheck referral required. Allowable age less than 21.
08220	Fixed appliance therapy	Yes	HealthCheck referral required. Allowable age less than 21.
08360	Interceptive orthodontic treatment, removable appliance therapy	Yes	HealthCheck referral required. Allowable age less than 21.
08370	Fixed appliance therapy, interceptive orthodontic treatment	Yes	HealthCheck referral required. Allowable age less than 21.
08560	Monthly treatment - comprehensive orthodontic treatment - permanent dentition, Class I malocclusion	Yes	HealthCheck referral required. Allowable age less than 21.
08570	Monthly treatment - comprehensive orthodontic treatment - permanent dentition, Class II malocclusion	Yes	HealthCheck referral required Allowable age less than 21.
08580	Monthly treatment - comprehensive orthodontic treatment - permanent dentition, Class III malocclusion	Yes	HealthCheck referral required. Allowable age less than 21.
08650	Monthly treatment of atypical or extended skeleton cases, orthodontic	Yes	HealthCheck referral required. Allowable age less than 21.
W7910	Examination, models, consultation - orthodontic	Yes	HealthCheck referral required. Allowable age less than 21.
W7920	Initial orthodontic treatment - banding service	Yes	HealthCheck referral required. Allowable age less than 21.
08750	Post-treatment stabilization	Yes	HealthCheck referral required. Allowable age less than 21.

See Part B, the dental handbook, Appendix 17, "Orthodontic Services," pages B115-B119, for information on coverage, prior authorization, and billing.

Adjunctive/General Services

NOTE: Local anesthesia is included in the fee for procedures requiring anesthesia and is not separately payable. When charging for anesthesia, include the charge in the amount billed for the procedure.

Proc. Code	Description of Service	PA?	Limitations
Unclassified Treatment:			
09110	Palliative (emergency) treatment of dental pain - minor procedure	No	Not payable immediately before or after surgery. *Emergency only.* Limit of $50 reimbursement per day for all emergency procedures done on a single day.[3]
Anesthesia:			
09220	General anesthesia	Yes	Prior authorization not required for place of service 1, 2, B. Prior authorization not required in an emergency.[1] Need "E" key. Not payable with 09240.
09240	Intravenous sedation	Yes	Prior authorization not required for place of service 1, 2, B. Prior authorization not required in an emergency.[1] Need "E" key. Not payable with 09220.
Professional Visits:			
09420	Hospital call	Yes	Up to two visits per stay. Only allowable in place of service 1, 2, B. Prior authorization not required in an emergency.[1] Need "E" key.
Miscellaneous Services:			
09910	Application of desensitizing medicament	No	Tooth numbers 1-32, A-T, SN. Limit of $50 reimbursement per day for all emergency procedures done on a single day.[3] Not payable immediately before or after surgery. Cannot be billed for routine fluoride treatment. *Emergency only.*

See Part B, the dental handbook, Appendix 18, "Adjunctive/General Services," pages B121-B123, for information on coverage, prior authorization, and billing.

KEY: [1] - Retain records in recipient files regarding nature of emergency.
[3] - $50 limitation per day for all emergency procedures applies to 09110, 09910, W7116, W7117, and W7118. Narrative required to override the limitations.