

**Affected Programs:** BadgerCare Plus, Medicaid

**To:** Dentists, Federally Qualified Health Centers, HealthCheck Providers, Nurse Practitioners, Physician Assistants, Physician Clinics, Physicians, Rural Health Clinics, HMOs and Other Managed Care Programs

## New Policy and Procedure Codes for Certain Dental Services and Appliances

### New Policy Regarding Unlisted Procedure Code Use

To align with current policy regarding unlisted procedure codes, ForwardHealth is requiring dental providers to indicate specific procedure codes on prior authorization (PA) requests and claims and has updated coverage policy for:

- Inhalation of nitrous oxide.
- Occlusal guards.
- Oral devices/appliances.
- Sealants.
- Custom preparation of maxillofacial prosthetics.
- Frenulectomy procedures.

With the addition of specific code policy for these services and appliances, coverage policy has also been updated.

Dental providers may no longer use unlisted *Current Dental Terminology* (CDT) procedure codes D5999 (unspecified maxillofacial prosthesis, by report) and D7999 (unspecified oral surgery procedure, by report) on PA requests for these services and appliances. Effective on and after October 1, 2017, all new PA requests for these services or appliances that are submitted with procedure codes D5999 or D7999 will be returned to the provider.

ForwardHealth will not be converting PAs that were previously approved with unlisted codes D5999 or D7999 to the allowable specific procedure codes, nor should providers

with existing PAs submit amendments. All claims for services and appliances with a corresponding PA must be submitted with the same procedure code that was indicated and approved on the PA. Effective for dental claims submitted on and after October 1, 2017, claims with the specific procedure code will be subject to the updated coverage policy outlined in this *ForwardHealth Update*.

*Note:* When services are required in an emergency situation, ForwardHealth may waive PA requirements or consider a retroactive PA. Refer to the Emergency Services topic (topic #429) in the Emergent and Urgent Situations chapter of the Prior Authorization section, the Backdating topic (topic #439) in the Grant and Expiration Dates chapter of the Prior Authorization section, and the Emergencies topic (topics #85 and #2804) in the Covered Services and Requirements chapter of the Covered and Noncovered Services section of the Dental service area of the ForwardHealth Online Handbook for further information.

### Inhalation of Nitrous Oxide

#### ***Coverage Policy and PA Criteria for Members 20 Years of Age and Younger***

ForwardHealth covers inhalation of nitrous oxide for members 20 years of age and younger when one of the following criteria is met:

- An emergency extraction is needed to treat infection (e.g., space infection, moderate to severe pericoronitis) or after trauma.
- An extraction has been requested for the member in conjunction with ForwardHealth-approved orthodontic treatment.
- The member has been medically diagnosed with a permanent physical, developmental, or intellectual disability, or has a documented medical condition that impairs their ability to maintain oral hygiene. Refer to Wis. Admin. Code § DHS 101.03(122m) and 101.03(41) for definitions of physical disability and developmental disability.
- The member has been medically diagnosed with an anxiety disorder by a qualified health care professional. (*Note:* Throughout this *Update*, references to anxiety disorders include, but are not limited to, panic disorders [episodic paroxysmal anxiety] without agoraphobia, generalized anxiety disorders, other mixed anxiety disorders, other specified anxiety disorders, and unspecified anxiety disorders.)
- The member has documented behavioral issues or failed behavioral interventions.
- The member's third molars have diagnosed pathology.

PA is required for all providers except when the service is rendered by an oral surgeon or pediatric dentist. When requesting PA for inhalation of nitrous oxide, one of the above criteria must be indicated on the **PA request form**. In all cases, when inhalation of nitrous oxide is performed for members 20 years of age and younger, the provider is required to document one of the above criteria in the dental record.

ForwardHealth does not cover inhalation of nitrous oxide for the express purpose of controlling apprehension or when not medically necessary, pursuant to Wis. Admin. Code § DHS 101.03(96m).

### ***Coverage Policy and PA Criteria for Members 21 Years of Age and Older***

ForwardHealth covers inhalation of nitrous oxide for members 21 years of age and older with PA.

When requesting PA for inhalation of nitrous oxide one of the following criteria must be indicated on the **PA request form** for inhalation of nitrous oxide to be approved:

- An emergency extraction is needed to treat infection (e.g., space infection, moderate to severe pericoronitis) or after trauma.
- The member has been medically diagnosed with a permanent physical, developmental, or intellectual disability, or has a documented medical condition that impairs their ability to maintain oral hygiene. Refer to Wis. Admin. Code § DHS 101.03(122m) and 101.03(41) for definitions of physical disability and developmental disability.
- The member has been medically diagnosed with an anxiety disorder by a qualified health care professional.

Up to four units of inhalation of nitrous oxide may be allowed per PA request. Providers are required to indicate if more than one unit is requested. If additional units beyond four are medically necessary, providers may submit another PA request once the original four units have been used.

### ***Allowable Procedure Code***

Providers are required to indicate inhalation of nitrous oxide using CDT procedure code D9230 (Inhalation of nitrous oxide/analgesia, anxiolysis) on all PA requests and claims.

### ***Claims***

Inhalation of nitrous oxide is billable as one unit per date of service (DOS).

### ***Occlusal Guards***

Occlusal guards are removable dental appliances designed to minimize the effects of bruxism (grinding of teeth) and other occlusal factors.

### ***Coverage Policy***

ForwardHealth covers occlusal guards with PA.

Coverage is limited to one occlusal guard per year.

*Note:* Occlusal guards are different from sports guards (procedure code D9941) and temporomandibular joint (TMJ) splints (procedure code D7880). ForwardHealth does not cover either sports guards or TMJ splints.

### ***PA Criteria for Members 20 Years of Age and Younger***

#### *Initial Occlusal Guard*

Members 20 years of age and younger must meet the following criteria in order for a PA request for an initial occlusal guard to be approved:

- The member has a para-functional habit (e.g., clenching, bruxism), per the provider's statement.
- The member is able to tolerate the prosthesis, per the provider's statement and the consultant's review.

#### *Subsequent Occlusal Guard*

Members 20 years of age and younger must meet the following criteria in order for a PA request for a subsequent occlusal guard to be approved:

- The member has a para-functional habit (e.g., clenching, bruxism), per the provider's statement.
- The member is able to tolerate the prosthesis, per the provider's statement and the consultant's review.
- The existing prosthesis cannot be repaired, per the provider's statement.

### ***PA Criteria for Members 21 Years of Age and Older***

#### *Initial Occlusal Guard*

Members 21 years of age and older must meet **all** of the following criteria in order for a PA request for an initial occlusal guard to be approved:

- The member has been medically diagnosed with a permanent physical, developmental, or intellectual disability, or has a documented medical condition that impairs their ability to maintain oral hygiene. Refer to Wis. Admin. Code § DHS 101.03(122m) and 101.03(41) for definitions of physical disability and developmental disability.

- The member has a para-functional habit (e.g., clenching, bruxism), per the provider's statement.
- The member is able to tolerate the prosthesis, per the provider's statement and the consultant's review.

#### *Subsequent Occlusal Guard*

Members 21 years of age and older must meet **all** of the following criteria in order for a PA request for a subsequent occlusal guard to be approved:

- The member has been medically diagnosed with a permanent physical, developmental, or intellectual disability, or has a documented medical condition that impairs their ability to maintain oral hygiene. Refer to Wis. Admin. Code § DHS 101.03(122m) and 101.03(41) for definitions of physical disability and developmental disability.
- The member has a para-functional habit (e.g., clenching, bruxism), per the provider's statement.
- The member is able to tolerate the prosthesis, per the provider's statement and the consultant's review.
- The existing prosthesis cannot be repaired, per the provider's statement.

### ***Allowable Procedure Code***

Providers are required to indicate the fabrication and dispensing of occlusal guards using CDT procedure code D9940 (occlusal guards, by report) on all PA requests and claims.

### ***Oral Devices/Appliances***

An oral device/appliance reduces upper airway collapsibility and is used to treat sleep apnea.

### ***Coverage Policy***

ForwardHealth covers oral devices/appliances for members 20 years of age and younger with PA. In order to be eligible for these services, the member must have received a HealthCheck screening within the last 365 days. Refer to the HealthCheck "Other Services" chapter of the Covered and Noncovered Services section of the Dental service area of the Online Handbook for further information regarding HealthCheck "Other Services."

Coverage is limited to one oral device/appliance per year.

### ***PA Criteria***

All of the following criteria must be met in order for a PA request for an oral device/appliance to be approved:

- The member received a referral for mild or moderate obstructive sleep apnea.
- The member completed a sleep study/polysomnogram.
- Documentation shows that other modalities failed.

### ***Allowable Procedure Code***

Providers are required to indicate the fabrication and dispensing of oral devices/appliances using Healthcare Common Procedure Coding System procedure code E0486 (Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment) and modifier EP (Services provided as part of the Medicaid early and periodic screening diagnosis and treatment [EPSDT] program) on all PA requests and claims.

### **Sealants**

The application of sealants is a method of preventing tooth decay.

### ***Coverage Policy***

ForwardHealth covers the application of sealants for the following:

- Members 20 years of age and younger **without** PA. Sealants are covered for tooth numbers/letters 2, 3, 4, 5, 12, 13, 14, 15, 18, 19, 20, 21, 28, 29, 30, 31, A, B, I, J, K, L, S, and T and are allowable for members 20 years of age and younger once every three years per tooth, per provider.
- Members 21 years of age and older **with** PA. Sealants are covered for tooth numbers 2, 3, 14, 15, 18, 19, 30, and 31 and are allowable for members 21 years of age and older once every three years per tooth, per provider.

Sealants on teeth numbers 4, 5, 12, 13, 20, 21, 28, and 29 or tooth letters A, B, I, J, K, L, S, and T are not allowed for routine preventative reasons. Providers are required to document the high-risk condition, oral health factors, or

disability affecting the member's ability to perform daily oral health care in the dental record.

In all cases, the provider is required to document the medical necessity for sealants in the member's dental record.

*Note:* ForwardHealth does not cover sealant repair (D1353 [sealant repair-per tooth]).

### ***Prior Authorization Criteria for Members 21 Years of Age and Older***

One of the following criteria must be met in order for a PA request for the application of sealants to be approved for members 21 years of age and older:

- The member has been medically diagnosed with a cognitive disability by a qualified health care professional.
- The member has high risk conditions, oral health factors, or a congenitally malformed tooth that justifies the application of sealants.

### ***Allowable Procedure Code***

Providers are required to indicate the application of sealants using CDT procedure code D1351 (sealant - per tooth) on all PA requests and claims.

### ***Claims***

Tooth numbers are required on claims and PA.

### **Custom Preparation of Maxillofacial Prosthetics**

The custom preparation of maxillofacial prosthetics is used to artificially replace the loss or absence of facial tissue or teeth due to disease, trauma, surgery, or a congenital defect.

### ***Coverage Policy***

ForwardHealth covers the custom preparation of maxillofacial prosthetics with PA when rendered in an office setting by oral surgeons, orthodontists, pediatric dentists, or prosthodontists.

Coverage is limited to once per six months.

## **PA**

PA requests for custom preparation of maxillofacial prosthetics will be approved for members who meet medical necessity as determined by defect and prognosis.

### ***Allowable Procedure Codes***

Providers are required to indicate custom preparation of maxillofacial prosthetics on PA requests and claims using the most appropriate *Current Procedural Terminology* (CPT) procedure code listed below:

- 21076 (Impression and custom preparation; surgical obturator prosthesis)
- 21077 (Impression and custom preparation; orbital prosthesis)
- 21079 (Impression and custom preparation; interim obturator prosthesis)
- 21080 (Impression and custom preparation; definitive obturator prosthesis)
- 21081 (Impression and custom preparation; mandibular resection prosthesis)
- 21082 (Impression and custom preparation; palatal augmentation prosthesis)
- 21083 (Impression and custom preparation; palatal lift prosthesis)
- 21084 (Impression and custom preparation; speech aid prosthesis)
- 21085 (Impression and custom preparation; oral surgical splint)
- 21086 (Impression and custom preparation; auricular prosthesis)
- 21087 (Impression and custom preparation; nasal prosthesis)
- 21088 (Impression and custom preparation; facial prosthesis)
- 21089 (Unlisted maxillofacial prosthetic procedure)

CDT procedure codes representing these services, including D5999, will no longer be reimbursed.

### **Frenulectomy Procedures**

Frenulectomy procedures involve the surgical removal or release of mucosal and muscle elements of a frenum

associated with a pathological condition or interference with proper oral development or treatment.

### ***Coverage Policy***

ForwardHealth covers frenulectomy procedures without PA.

### ***Coverage Criteria***

Members must meet **one** of the following criteria:

- The member's frenum creates a central incisor diastema.
- The member's frenum creates ankyloglossia.
- The member's frenum creates periodontal defects.
- The member's frenum requires removal to complete orthodontic services.
- The member's frenum interferes with denture stabilization, due to its high attachment on the ridge.

*Note:* An image of the obstructed frenum is not required to be submitted with claims but must be available in the medical or dental record. A dentist statement regarding the medical/dental need for the treatment is required to be available upon request.

### ***Allowable Procedure Code for Frenulectomy***

Providers are required to indicate frenulectomy procedures using CDT code D7960 (Frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure).

The following billing rules apply to the coverage of frenulectomy procedures when billed under CDT code D7960:

- Covered areas of the oral cavity for frenulectomy procedures are 01 (maxillary arch) and 02 (mandibular arch). The area of the oral cavity is required to be indicated on the claim.
- Up to two units of service per area of the oral cavity are allowed per DOS. A total of four units are allowed per DOS.
- CDT code D7960 is defined as a separate procedure, meaning that CDT code D7960 should not be separately billed when the frenulectomy is rendered in conjunction

with any other surgical procedure in the same surgical area, by the same provider.

### ***Allowable Procedure Code for Oral Surgeons***

Oral surgeons are required to indicate either CDT code D7960 or the following appropriate CPT codes:

- 40806 (Incision of labial frenum [frenotomy])
- 40819 (Excision of frenum, labial or buccal [frenumectomy, frenulectomy, frenectomy])
- 41010 (Incision of lingual frenum [frenotomy])
- 41115 (Excision of lingual frenum [frenectomy])

### **Information Regarding Managed Care Organizations**

This *Update* contains fee-for-service policy and applies to members who receive their dental benefits on a fee-for-service basis. For managed care policy, contact the appropriate managed care organization (MCO). MCOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Medicaid Services, the Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).

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This *Update* was issued on 8/25/17 and information contained in this *Update* was incorporated into the Online Handbook on 10/4/17.