Benefit Update for THSteps Dental Diagnostic Services for Texas Medicaid

Effective for dates of service on or after April 1, 2009, benefit criteria for Texas Health Steps (THSteps) dental diagnostic services will change for Texas Medicaid.

Dental Home

Based on the American Academy of Pediatric Dentistry’s definition, Texas Medicaid defines a dental home as the dental provider who supports an ongoing relationship with the client that includes all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way. Establishment of a client’s dental home begins no later than one year of age and includes referrals to dental specialists when appropriate.

In providing a dental home for a client, the dental provider enhances the ability to assist clients and their parents in obtaining optimum oral health care. The first dental home visit can be initiated as early as six months of age and should include, but is not limited to, the following:

- Oral examination
- Oral hygiene instruction
- Dental prophylaxis, if appropriate
- Topical fluoride application using fluoride varnish, if appropriate
- Caries risk assessment
- Dental anticipatory guidance

Diagnostic services should be performed for all clients, preferably starting within the first six months of the eruption of the first primary tooth, but no later than one year of age. Dental home providers should record the oral and physical health history, perform a caries assessment, develop an appropriate preventive oral health regimen, and communicate with and counsel the client’s parent, legal guardian, or primary caregiver.

The dental home provider must retain supporting documentation for procedure code D0145 in the client’s record. The supporting documentation must include, but is not limited to, the following:

- Health history review
- Dental history review
- Primary caregiver’s oral health
- Oral evaluation
- Caries risk assessment
- Dental prophylaxis, which may include a toothbrush prophylaxis
- Oral hygiene instruction with parent/caregiver
- Anticipatory guidance to include the following:
  - Oral health and home care
  - Oral health of primary caregiver/other family members
  - Development of mouth and teeth
o Oral habits
o Diet, nutrition, and food choices
o Fluoride needs
o Injury prevention
o Medications and oral health
o Fluoride varnish application
o Any referrals, including dental specialist’s name

Procedure code D0145 is limited to the following:

- Individual dentists certified by the Department of State Health Services (DSHS) Oral Health Program to perform this service
- One service per day, any provider
- Minimum of 60 days between dates of service, any provider
- Ten services a lifetime, any provider

Effective for dates of service on or after April 1, 2009, procedure codes D0160, D0170, D0180, and D8660 will be denied when submitted for reimbursement on the same date of service as procedure code D0145 by any provider.

**Limited Oral Evaluations**

Documentation supporting medical necessity for procedure codes D0140, D0160, and D0170, must be maintained by the provider in the client’s medical record and must include the following:

- The client complaint supporting medical necessity for the examination.
- The specific area of the mouth that was examined or the tooth involved.
- A description of what was done during the visit.
- Supporting documentation of medical necessity which may include, but is not limited to, radiographs or photographs.

Documentation supporting medical necessity for procedure code D0180 must be maintained by the provider in the client’s medical record and must include the following:

- The client complaint supporting medical necessity for the examination.
- A description of what was done during the treatment.
- Supporting documentation of medical necessity which may include, but is not limited to, radiographs or photographs.

The following limitations apply for oral evaluations:

- Procedure codes D0120 and D0150 are used for periodic and comprehensive oral evaluations and are limited to once every six months for the same provider.
- Procedure code D8660 will be denied as part of another service when submitted for reimbursement on the same date of service by the same provider as procedure code D0120 or D0150.
- Procedure code D0140 is used only for the initial emergency examination of a specific tooth or area of the mouth and is limited to one per day by the same provider and two per day by any provider.

- Procedure code D0160 is used for a problem-focused, detailed, and extensive oral evaluation.

- Procedure code D0170 is used as a follow up of a problem-focused evaluation.

- Procedure codes D0160 and D0170 are limited to one per day by the same provider.

- Procedure code D0180 is used for extensive periodontal evaluation of pain or problems and is limited to once every six months by the same provider.

- Procedure code D0180 will be denied as part of another service when submitted for reimbursement on the same date of service by the same provider as procedure code D0120, D0140, D0145, D0150, D0160, or D0170.

- The provider must document medical necessity and the specific tooth or area of the mouth on the claim for procedure codes D0140, D0160, and D0170.

**Cone Beam Imaging**

Cone beam imaging is used to determine the best course of treatment for cleft palate repair, skeletal anomalies, post-trauma care, implanted or fixed prosthodontics, and orthodontic or orthognathic procedures. Cone beam imaging is limited to initial treatment planning, surgery, and postsurgical follow up.

Procedure codes D0360, D0362, and D0363 will be a benefit of Texas Medicaid with prior authorization. To obtain prior authorization, a THSteps Dental Mandatory Prior Authorization Request Form must be submitted with documentation supporting medical necessity and appropriateness. Required documentation includes, but is not limited to, the following:

- Presenting conditions
- Medical necessity
- Status of the client’s treatment

Procedure codes D0360, D0362, and D0363 will be limited to clients who are birth through 20 years of age, with a combined maximum of three services per year, any provider. Additional services may be considered with documentation of medical necessity.

**Photographic Images**

Oral/facial photographic images (procedure code D0350) will be accepted only when diagnostic-quality radiographs cannot be taken. Photographs are limited to clients who are birth through 20 years of age. Supporting documentation and photographs must be maintained in the client’s medical record when medical necessity is not evident on radiographs for dental caries or the following procedure codes:

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<thead>
<tr>
<th>Procedure Code</th>
<th>D4210</th>
<th>D4211</th>
<th>D4240</th>
<th>D4241</th>
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<td>D4276</td>
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Medical necessity must be documented on the electronic or paper claim.

**Age Limitations**

The following age limitations will change effective for dates of service on or after April 1, 2009:

- Procedure codes D0120, D0150, D0170, D0240, and D0350 will be limited to clients who are birth through 20 years of age. Procedure code D0273 will be limited to clients who are 1 year of age through 20 years of age.

**Benefit Limitations**

The following benefit limitations will change:

- Procedure codes D0272, D0273, D0274, D0277, D0340, and D0350 will be limited to one per day by the same provider.
- Procedure code D0240 will be limited to two per day by the same provider.
- Procedure code D0330 will be limited to one per day by any provider.
- Procedure code D0330 will be limited to one every three years by the same provider.
- Procedure codes D0340, D0350, and D0470 will be denied when billed with procedure code D8050 or D8080.
- Procedure code D0460 will not be payable for primary teeth and will be limited to one per day by the same provider.

For more information, call the TMHP Contact Center at 1-800-925-9126.