



State of New Jersey  
Department of Human Services  
Division of Medical Assistance & Health Services

# NEWSLETTER

---

Volume 27 No. 11

August 2017

---

**To:** Dental Providers - For Action  
Managed Care Organizations – For information

**Subject:** New Information and Reminders for Dental Services

**Effective:** September 1, 2017

**Purpose:** To notify providers with the Division of Medical Assistance and Health Services (DMAHS) of new policies and regulations, updates, guidelines, clinical criteria and requirements for providing and billing certain dental services.

**Action:** **Dental Services to Beneficiaries in Long Term Care facilities:**

Beneficiaries in Long Term Care (LTC) facilities have the same comprehensive dental benefit package as all beneficiaries in NJ FamilyCare (NJFC).

- Dentures have a 7½ year frequency limitation. In cases where extenuating circumstances and/or medical necessity can be documented, replacements can be considered for approval. Repairs and relines do not require prior authorization (PA). Rebasings requires PA with a narrative and photographs to document medical necessity.
- All dental treatment must be completed prior to denture fabrication as required in (N.J.A.C. 10:56-2.13(a)8). Treatment services for dental caries and periodontal disease should be provided as needed and tolerated.
- Oral evaluations and preventive services are allowed 2 times within a rolling year; when needed more frequently, prior authorization with documentation of medical necessity is required.
- **It is the responsibility of the LTC facility to provide daily oral hygiene care to their residents. This includes denture hygiene.**
- If the beneficiary cannot provide their own oral hygiene, the LTC facility should assign staff the responsibility of being trained and providing the needed care. If modifications are needed to the toothbrush, assistance should be sought from the LTC facility staff to accomplish this task.

- The beneficiary's name/ ID must be placed in the denture. In addition a denture container with the beneficiary's name should be provided so all beneficiaries with denture(s) can safely store their prosthetic devices.

### **Dental Records:**

Dental treatment record requirements can be found in NJAC 10:56-1.9 and must follow the requirements of the NJ State Board of Dentistry.

- They shall include but are not limited to the following: beneficiary's name and contact information (or that of the parent or guardian, for a minor), medical and dental history, detailed clinical evaluation findings, chief complaint(s), radiographs and other diagnostic tools and rationale used, diagnoses and differential diagnoses, carious lesions by tooth, missing teeth, abnormalities and complete treatment plan.
- Treatment notes should include treatment description to include diagnosis and treatment rationale, services provided, tooth number and surfaces for fillings, materials used, all medications used and prescribed, lab slips for applicable services, next appointment and timeframe for recalls. Explanations for duplication of services, referrals, discontinuation, broken or cancelled appointments, outreach to patient, non-compliance and any pertinent discussions should also be included.
- The following forms should be in the records: referrals, consultations, prescriptions for medications and dental laboratory procedures, informed consents and releases from treatment when applicable.

### **Dental Treatment Plan:**

- In accordance with the ethical and professional standards of dental practice and in conformity with the Dental Service Manual (N.J.A.C. 10:56, Subchapter 2), managed care organizations (MCOs) and providers are reminded that there are many factors which influence dental treatment plans.
- Consideration for prior authorization shall be based on a comprehensive treatment plan, long-term prognosis, age of the beneficiary, demonstrated level of oral hygiene, ability to maintain dentition, number of restorable teeth, the existing occlusion, periodontally stable teeth and overall physical and mental health of the patient.
- They include, but are not limited to: treatment which is adequate to address the dental needs of the beneficiary and restore form and function, treatment that has a good long- term prognosis and can be expected to last for an extended period of time or can accept revisions, if needed.
- Beneficiaries with special health care needs (SHCN) will also have their individual disabilities taken into consideration.

- Finally, *cost shall not be the sole factor*. The dental treatment plan and services provided shall meet the same high standard of quality normally provided to the community at large while restoring the dentition and function. MCOs and providers are reminded that cost is only one factor in the creation of a treatment plan.

### **Continuity of Care:**

- If a change in MCO or Fee-for-Service (FFS) enrollment occurs, approved dental services on an active PA will be honored with a new PA for the services given by the MCO of new enrollment, even if the services have not been initiated until a new evaluation occurs by a dentist following the enrollment change.
- This PA shall be honored for as long as it is active, or for a period of six months, whichever is longer. If the PA has expired, a new PA will be required.
- If coverage by FFS or MCO is lost, approved treatment that requires multiple visits that is in progress can be completed within specific time limits.
- If provider participates with FFS, and not with the MCO of assignment, FFS will provide reimbursement for those dental services approved to and initiated by a NJFC FFS dental provider prior to enrollment change and completed within 90 days of change to NJFC MCO enrollment. The beneficiary must contact Member Services to locate a participating provider with the MCO of assignment to provide future dental treatment.

Continuity of care until case completion will apply with continued NJFC eligibility in the event of change of Contractor enrollment or NJFC program plan. If a beneficiary loses eligibility, the Contractor shall be responsible for continuity of care and reimbursement for the following dental services approved and started during the period of enrollment:

- Endodontic, crown and prosthetic (both fixed and removable) services – the Contractor shall continue to provide coverage to completion of these services and any other associated services required for their successful completion after loss of eligibility when such endodontic, crown or prosthetic service(s) are approved and initiated under the Contractor’s plan for 90 days following the loss of eligibility.
- With loss of eligibility in which endodontic treatment and associated restorative services have been approved and endodontic treatment was started, all other services required to restore the tooth to form and function shall be covered for completion.
- Limited and interceptive orthodontics and treatment with habit appliances are reimbursed at the time of insertion and shall be covered for completion. This does not apply to comprehensive orthodontic treatment.

### **2017 CDT Codes for Billing Dental Services in NJFC:**

#### **D1575 - Distal shoe space maintainer– fixed – unilateral**

- Allowed once without PA to age ten (10)
- PA required for replacement

**D4346 - Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation**

- Allowed once in a floating year without prior authorization
- Additional units require PA with documentation of medical necessity
- Minimum age requirement of 10 years old
- Not allowed within 6 months of D4341, D4342, D4355, D4260, D4910

**D6081 - Scaling and debridement in the presence of inflammation or mucositis of single implant, including cleaning of the implant surfaces, without flap entry and closure**

- PA required
- PA requirements, documentation of medical necessity and frequency are based on those for scaling and root planing

**D9311 - Consultation with a medical health care professional**

- Annual limit of 2 units in a rolling year without PA
- Medical necessity must be documented in patient record

## **Updates for CDT Procedure Codes in the NJ FamilyCare Program**

**Diagnostic Procedures (D0000-D0999) and Preventive Procedures (D1000-D1999):**

The following services will continue to be allowed to all beneficiaries twice during a rolling year without PA, and a maximum of four times a year during a rolling year for SHCN beneficiaries:

- **D0120**-Periodic oral evaluation, established patient
- **D1110**-Prophylaxis adult or **D1120**-Prophylaxis child
- **D1208**-Topical application of fluoride-excluding varnish

The procedure for requesting additional units of the services noted above for SHCN beneficiaries remains unchanged and requires approval. The PA must be submitted, along with a medical diagnosis, to document medical necessity, along with photographs if recent periodontal charting and full mouth radiographs are unavailable.

Prophylaxes will not be reimbursed on the same date of service (DOS) as D4346, D4341, D4342, D4355, D4910 or any periodontal surgical code.

**D0171 – Re-evaluation post-operative office visit** – may be considered up to twice a year without prior authorization. Radiographs are the only additional services allowed on the same DOS.

**D0350 - Oro-facial images** – are a covered service and may be used to document medical necessity for SHCN beneficiaries, where appropriate.

**D0601, D0602, D0603** – Caries Risk Assessment and documentation with a finding of low, moderate or high risk

- Service must be provided at the time of an oral evaluation (**D0150** - Comprehensive oral evaluation new or established patient; **D0120** - Periodic oral evaluation, established patient; **D0145** - Oral evaluation for a patient less than three years of age and counseling with primary care giver).
- For beneficiaries through the age of 20 services can be provided once a year, with prior authorization needed for a second assessment.

**D1206-Topical fluoride varnish; therapeutic application for moderate to high caries risk patients, D1208-Topical application of fluoride-excluding varnish**

- Fluoride varnish and/or topical application of fluoride can be provided to beneficiaries through the age of 20 for a total of two treatments per rolling year.
- For SHCN beneficiaries fluoride varnish can be provided up to a total of four treatments per rolling year with approval based on documentation of medical necessity.

**D1353** – Sealant repairs per tooth and Sealants (**D1351**)

Sealant repairs and sealant per tooth may be provided every 3 years to the unrestored occlusal surface of permanent teeth of beneficiaries through the age of 16.

**Prescriptions for products containing fluoride** may be prescribed when indicated. These products include vitamins, toothpastes and gels containing 1.1% NaF and rinses containing NaF. Other therapeutic products, such as chlorhexidine gluconate rinse, are also covered by NJFC. Providers are advised to consult the various MCO formularies.

**Restorative Procedures (D2000-D2999):**

**Restorations and Crowns** – There is no limit to the frequency of necessary dental services for the placement or replacement of amalgam or composite restorations or crowns. The standard of practice requires a provider to eradicate pathology and to repair or replace defective restorations to restore form and function. Program benefits begin at birth and restorative services should not be delayed because it is felt a child is too young.

**Periodontal Procedures (D4000-D4999):**

Periodontal surgical procedures listed below will be allowed every 3 years.

- **D4210-Gingivectomy or gingivoplasty four or more contiguous teeth or tooth bounded spaces per quadrant;**
- **D4211-Gingivectomy or gingivoplasty one to three contiguous teeth or tooth bounded spaces per quadrant;**

- D4240-Gingival flap procedure, including root planing four or more contiguous teeth or tooth bounded spaces per quadrant;
- D4241-Gingival flap procedure, including root planing one to three contiguous teeth or tooth bounded spaces per quadrant;
- D4245-Apically positioned flap;
- D4260- Osseous surgery (including elevation of a full thickness flap and closure)- four or more contiguous teeth or tooth bounded spaces per quadrant;
- D4261- Osseous surgery (including elevation of a full thickness flap and closure)-one to three contiguous teeth or tooth bounded spaces per quadrant).

Exceptions to this limitation include but are not limited to: a change in periodontal health which can be documented by radiographs, periodontal charting and a narrative and Gingivectomies (**D4210** and **D4211**) for SHCN beneficiaries using medications causing gingival hyperplasia.

**Scaling and Root Planing** – will require prior authorization

- D4341-Periodontal scaling and root planing four or more teeth, per quadrant;
- D4342-Periodontal scaling and root planing one to three teeth, per quadrant.

Documentation of medical necessity is based on the number of periodontally-involved teeth in a quadrant. Depending on circumstances, documentation will include:

- Radiographs showing bone loss and calculus and full mouth periodontal charting (six probing points per tooth);
- Photos and detailed narrative if radiographs and charting are not possible to provide due to beneficiary's medical status, or if bone loss is not evident on radiographs;
- A narrative from the provider documenting the ability to maintain a healthy oral environment;
- Units reimbursable per DOS will be limited to 2 quadrants unless services are provided in an operating room or for a developmentally disabled or SHCN beneficiary;
- Four weeks is an acceptable time frame to allow for healing and periodontal reevaluation after scaling and root planing.

**D4355 - Full mouth debridement to enable comprehensive evaluation and diagnosis**

- May be reimbursed once in a rolling year and only on same DOS with an oral evaluation, as per ADA descriptor.
- Any prophylaxis or scaling needed must be provided on a different DOS.

**D4910 - Periodontal maintenance**

- Requires prior authorization and may be considered with documentation of recent provision of other periodontal therapy.

- Services may be provided twice a year and considered with PA for an additional 2 visits in a rolling year with documentation of medical necessity.

**D9920 Behavior management, by report** Units for additional time required to provide dental services

- Behavior Management **D9920** units must be billed in accordance with N.J.A.C. 10:56 -3.12 a): 2 per DOS in a skilled nursing facility or office and 4 per DOS if services are provided in a hospital.
- Any amount beyond 2 units per DOS requires PA, which will only be considered for:
  - Hospital providers with documentation of medical necessity;
  - For multi-visit dental services (root canals, crowns, dentures) for beneficiaries with SHCN that are provided in an office or SNF (skilled nursing facility) - these additional units of **D9920** must be included on the same PA with these services.
- Behavior management is not reimbursable on the same DOS as general anesthesia (**D9223**) or IV sedation services (**D9243**) per Newsletter Volume 18 No. 11.
- Up to 2 units per DOS of behavior management may be billed along with administration of nitrous oxide analgesia. To document medical necessity in these situations, the dental record must include medical diagnoses, behavioral health diagnoses, such as conduct disorders, disabilities, lack of beneficiary cooperation and level of beneficiary resistance.
- Dental treatment records must be legible and thoroughly document the medical necessity, and clinical presentation associated with the need for additional time. All dental treatment records must be kept in accordance with N.J.A.C. 10:56 1-9 and N.J. A.C. 13:30-8.7.

**Gold Foil Restorations**

As of 07/01/17 the following services will no longer be covered by NJFC:

- **D2410** Gold foil; one surface
- **D2420** Gold foil; two surfaces
- **D2430** Gold foil; three surfaces

Questions regarding this Newsletter should be directed to the Division of Medical Assistance and Health Services, Bureau of Dental Services at 609-588-7136.

**RETAIN THIS NEWSLETTER FOR FUTURE REFERENCE**