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MEMORANDUM

DENTAL M09-01

TO: Dental Providers and Federally Qualified Health Centers (FQHC)

FROM: Kenneth S. Fink, MD, MGA, MPH 
Med-QUEST Division Administrator

SUBJECT: DENTAL PROGRAM AMENDMENTS

The Med-QUEST Division (MQD) is constantly evaluating the Dental Program to respond to the concerns of the providers. In collaboration with Cyrca Dental, the following amendments have been implemented:

1. **D2391; D2392; D2393; and D2394 (Posterior composite restorations):** Policy has been amended to cover these services. Reimbursement for these codes will be the same as that of amalgam fillings. For example: D2391 (1 surface posterior composite) will be reimbursed the same fee as D2140 (1 surface amalgam) and D2392 (2 surface posterior composite) will be reimbursed for the same fee as D2150 (2 surface amalgam composite).
2. **Dentures and Crowns:** If applicable, the Cyrca 1144 Prior Authorization Form requesting authorization for dentures and crowns shall have Section 17 (prior history of previous restoration) completed. If applicable and Section 17 is left blank or incomplete, the 1144 Form will be returned to the provider for completion.
3. **Prior Authorizations (PA):** Cyrca Dental will return a PA, without review, for a procedure which does not require a PA and for which no explanation is provided as to the reason for the PA submission.
4. **D9241; and D9242 [Intravenous (IV) Sedations]:** Providers must attach supporting clinical documentation (including medical history, sedation record, diagnosis, pre-surgical radiographs, and post-operative reports) to the claim to justify the IV sedation. These

services are covered when the following conditions listed below are met. Please refer to MQD Provider Manual Chapter 14 for further details.

- a. The patient's medical/dental condition is such that IV sedation can be safely performed in the office setting.
 - b. The medical/dental management of the patient requires that the patient be sedated to safely perform the dental procedure.
 - c. Supporting clinical documentation must be submitted with the claim that clearly and legibly substantiates: 1) that the patient is combative; or 2) that the patient is uncooperative and that in the provider's judgment, the dental procedure cannot be performed safely without sedation.
5. **Sealants (Applies to permanent 1st and 2nd molars):** Policy has been amended to cover sealants for the following:
- a. Teeth previously restored; and
 - b. Sealants performed on the same day as a restoration on the same tooth.
6. **Oral Evaluation for Infants and Toddlers:** Providers should use D0140 for knee to knee examination of a toddler. There is no teeth requirement for this code.
7. **D3310; D3320; D3330; D3351; D3352; and D3353 (Endodontic related procedures):** Radiographs are no longer required to be submitted with these claims unless requested by Cyrca Dental.
8. **Prior Authorization Form for Dentures:** Field 12 of the Cyrca Dental PA Form 1144 must be completed to provide justification that the request for dentures is medically necessary. Examples: meeting the requirements of medical necessity include the following listed below. Please refer to MQD Provider Manual Chapter 14 for further details.
- a. Oral cancer with tooth loss;
 - b. Poor oral intake and documented weight loss in persons unable to receive adequate nutrition related to tooth loss; and
 - c. Traumatic injury to oral complex with tooth loss resulting in inability to receive adequate nutrition.

The above coverage changes and clarifications are effective immediately. If there are any questions related to this memo, please contact Ms. Lydia Hemmings at (808) 692-8121.