

Illinois HFS Dental Program 2009 Dental Office Reference Manual

Benefit Changes:

Benefit limitations have changed for the following codes:

- D0120 – Periodic Oral Exam. Once per 6 months in an *office* setting for beneficiaries under the age of 21. The school benefit remains at once per year. Attachment AA, Page 2.
- D01206 – Fluoride Varnish. Three (3) per year in an office setting for children under age 3. Attachment AA; Page 4.
- D0210 – Intraoral Complete Series;
D0277 – Vertical Bitewings – 7 to 8 Films; and
D0330 – Panoramic Film.
Only one of the above services allowed per member per 36 month period, per provider or office. Attachment AA; Pages 2 - 3; Attachment BB; Pages 1 – 2.
- D0272 – Two Bitewings and D0274 – Four Bitewings. Only one of these two codes allowed once per twelve months for the same teeth. Per provider or dental group. Attachment AA; Page 2; Attachment BB; Page 2.
- D2740 – Crown – Porcelain/Ceramic Substrate. Teeth 1 -32. Attachment AA; Page 6; Attachment BB; Page 3.
- D2391 – Resin-based Composite – One Surface, Posterior. Language added to the Code Description - “Used to restore a carious lesion into the dentin or a deeply eroded area into the dentin. Not a preventive procedure.” Attachment AA; Page 6; Attachment BB; Page 3.
- D2915 – Recement Cast or Prefabricated Post and Core. Not allowed within 6 months of D2954 (Prefabricated Post and Core in Addition to Crown) by the same provider. Attachment AA; Page 7; Attachment BB; Page 4.
- D2920 – Recement Crown. Not allowed within 6 months of D2740-D2792, by the same provider. Attachment AA; Page 7; Attachment BB; Page 4.
- D2940 – Sedative Filling. Not allowed within any 2000 or 3000 series code other than D3110 or D3120. (D3110 and D3120 not covered services). Attachment AA; Page 8; Attachment BB; Page 4.
- D4210 through D4261 – One per 24 months. One full mouth service is covered every 24 months. Attachment AA; Page 11.
- D5130/D5140 – Immediate Dentures. Once per lifetime. Attachment AA; Page 13; Attachment BB; Page 7.
- D6930 – Recement Fixed Partial Denture. Not billable by same provider within 6 months of placement. Attachment AA; Page 20; Attachment BB; Page 11.

- D7510 – Incision and Drainage of Abscess – Intraoral Soft Tissue. Not allowed on the same date of service as D7140-D7250 (extractions). Attachment AA; Page 22; Attachment BB; Page 13.
- D9220 – Deep Sedation/General Anesthesia – First 30 Minutes. Not allowed on the same date of service as D9230, D9241, D9242, or D9248. Attachment AA; Page 27; Attachment BB; Page 16.
- D9230 – Analgesia, Anxiolysis, Inhalation of Nitrous Oxide. Not allowed on the same date of service as D9220, D9221, D9241, D9242, or D9248. Attachment AA; Page 27; Attachment BB; Page 16.
- D9241 – Intravenous Conscious Sedation/Analgesia – First 30 Minutes. Not allowed on same date of service as D9220, D9221, D9230, or D9248. Attachment AA; Page 27; Attachment BB; Page 16.
- D9248 – Non-Intravenous Conscious Sedation/Analgesia. Not allowed on same date of service as D9220, D9221, D9230, D9241, or D9242. Attachment AA; Page 27; Attachment BB; Page 16.

Age limitations have changed for the following codes:

- D0210 – Intraoral Complete Series. Ages 6 – 20. Attachment AA; Page 2.
- D0272 – Bitewings – Two Films. Ages 2 and up. Attachment AA; Page 2.
- D0274 – Bitewings - Four Films. Ages 10 – 20. Attachment AA; Page 2.
- D0277 – Vertical Bitewings – 7 to 8 Films. Ages 6 – 20. Attachment AA; Page 3.
- D0330 – Panoramic Film. Ages 6 – 20. Attachment AA; Page 3;

The following codes have been added as program benefits:

- D2950 – Core Buildup; Including any Pins. Service is covered only after a root canal has been performed on the same tooth. The reimbursement for this service is \$58.05. Attachment AA; Page 8.
- D8680 – Removal of Appliances, Construction, and Placement of Retainers. Must receive prior authorization. Allowed once per lifetime per orthodontic case. The reimbursement for this service is \$150.00. Attachment AA; Page 25.
- D9221 – Deep Sedation/General Anesthesia – Each Additional 15 Minutes. Must receive prior authorization. Prior authorization requirements are the same as D9220. Maximum of 4 per date of service. Not allowed on the same date of service with D9230, D9241, D9242 or D9248. The reimbursement for this service is \$38.35. Attachment AA; Page 27; Attachment BB; Page 16.
- D9242 – Intravenous Conscious Sedation/Analgesia – Each Additional 15 Minutes. Must receive prior authorization. Prior authorization requirements are the same as D9241. Maximum of 4 per date of service. Not allowed on the same date of service with D9220, D9221, D9230, or D9248. The reimbursement for this service is \$38.35. Attachment AA; Page 27; Attachment BB; Page 16.



Reimbursement Changes:

The following orthodontia codes will be reimbursed at the following rates for all dates of service on or after July 1, 2009:

Code	Procedure	Old Fee	New Fee
D8080	Initial Orthodontic Appliance Placement	\$588.05	\$900.00
D8660	Initial Examination, Records, Radiographs & Facial Photographs	\$75.30	\$100.00
D8670	Monthly Adjustments	\$89.90	\$110.00
D8670	Removal of Appliances, Construction, and Placement of Retainers	-	\$150.00
D8999	Initial Orthodontic Evaluation/Study Models	\$47.05	\$47.05

To ensure the higher reimbursement on monthly adjustments on current orthodontia cases, ensure that you enter the new, higher rate on your claims for all dates of service on or after July 1, 2009.

The following periodontal codes will be reimbursed at a higher rate for dates of service on or after July 1, 2009 for beneficiaries under the age of 21:

Code	Procedure	Old Fee	New Fee
D4341	Periodontal Scaling and Root Planing – 4+ Teeth, Per Quadrant	\$80.00	\$122.00
D4342	Periodontal Scaling and Root Planing – 1 – 3 Teeth, Per Quadrant	\$40.00	\$77.00
D4910	Periodontal Maintenance	\$47.05	\$67.00

In addition to the above, the following codes will be reimbursed at the following rates for all dates of service on or after July 1, 2009 for all HFS Dental Program beneficiaries:

Code	Procedure	Old Fee	New Fee
D9110	Palliative (emergency) Treatment of Dental Pain-Minor Procedures	\$14.10	\$55.00
D9220	General Anesthesia – Require Dental Sedation Permit B to bill	\$59.30	\$76.70
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	\$12.20	\$26.00
D9241	Intravenous Sedation – Require Dental Sedation Permit A to bill	\$59.30	\$76.70
D9248	Non-intravenous conscious sedation – Require Dental Sedation Permit A to bill	\$35.00	\$48.00



DORM Enhancements:

Language has been added to the DORM to define program processes regarding the following topics:

- Electronic Funds Transfer Program – Page 22.

The following changes have been made to make information more accessible within the DORM:

- The Provider Enrollment Process – Page 29. This information was previously included in the attachments, but is now in the body of the DORM.
- The Patient Record – Page 32. This information was previously included in the attachments, but is now in the body of the DORM.

The following attachments have been added:

- Electronic Funds Authorization Form – Attachment E, page 67. Completion of this form is necessary in order for claims payments to be deposited directly into the provider's bank account.
- Provider Appeal Form – Attachment F, page 68. Providers are encouraged to use this form when filing appeals.
- Agreement to Pay for Non-Covered Services – Attachment P, page 99. This form may be used to document a patient's commitment to be held financially responsible for services not covered by the HFS Dental Program. This form is a sample and may be used by the provider office, but its use is not required.