

General Assistance Guidelines for Emergency Dental Treatment

General Assistance Vouchers are issued by The Economic Services Division (ESD) of The Department for Children and Families (DCF) as a means of providing emergency treatment to relieve pain, bleeding and/or infection. Payment for covered services is based on the current Department of Vermont Health Access (DVHA) Dental Procedure/Fee Schedule.

The dental procedures listed on the attached document are the **ONLY** procedures that are considered covered services for the treatment of individuals with valid General Assistance Vouchers. All other procedures are **NOT** considered to be emergency in nature and will not be covered by General Assistance.

Please note that General Assistance Vouchers are **NOT** to be used for any of the following dental services:

1. Routine Dental Care
2. Placement of any type of Permanent Restoration (filling)
3. Definitive Root Canal Therapy
4. Fabrication of Dentures
5. Extraction of Non-Infected Teeth
6. Dental Cleanings
7. Periodontal Therapy

Claims submitted for non-covered services will be denied and the individual may not be billed for these services.

Dental providers should forward all General Assistance dental claims to HP Enterprise Services for processing and payment of covered services. Claims are quickly and efficiently processed when the date of service and provider numbers on the dental claim exactly match the corresponding information on the Voucher. Note the following:

- The individual should have an appointment scheduled at a dental office before applying for a Voucher at the ESD office.
- The date range on the Voucher issued by ESD Office must correspond with the date of the appointment scheduled at the dental office. If the voucher was issued incorrectly, please contact the ESD office that issued the Voucher to request a corrected Voucher
- The Voucher must be issued to a provider group number if the dental provider is associated with a group practice; and the corresponding dental claim must indicate the provider group number and the individual provider number of the treating dentist in the appropriate fields. If the Voucher was issued incorrectly, please contact the ESD office that issued the Voucher to request a corrected Voucher.
- The Voucher must be issued to an individual provider number only if the dental provider is not associated with a group practice; and the corresponding claim must indicate the individual provider number of the treating dentist in the appropriate fields.
- Please read the Voucher carefully. If the Voucher indicates that the patient is responsible for a portion of the treatment, please collect the payment from the patient. When submitting for payment, please indicate the patient payment on the claim the same way you report a payment by another insurance carrier.
- If a Vermont Medicaid adult patient has exhausted or is close to exhausting their dental benefit for a particular calendar year, and obtains a Voucher for emergency dental treatment, please note that procedures not subject to The Adult Program maximum benefit should be billed to HP for payment separately from the procedures being billed to General Assistance. Examples of such procedures include a Limited Oral Evaluation (procedure code D0140) and a Re-Evaluation-Limited (procedure code D0170).

Please contact HP Provider Services at (802) 879-4450 or (800) 925-1706 with questions regarding claims processing and payment for General Assistance covered services.

General Assistance Procedure Codes for Emergency Dental Treatment Effective 01/01/2008

| Procedure Code: | Description: |
|------------------------|--|
| <u>D0140</u> | <u>Limited Oral Evaluation-Problem Focused</u> |
| <u>D0150</u> | <u>Comprehensive Oral Evaluation</u> |
| <u>D0170</u> | <u>Re-Evaluation - Limited, Problem Focused</u> |
| <u>D0220</u> | <u>Intraoral-Periapical-First Film</u> |
| <u>D0230</u> | <u>Intraoral-Periapical-Each Additional Film</u> |
| <u>D0240</u> | <u>Intraoral-Occlusal Film</u> |
| <u>D0250</u> | <u>Extraoral-First Film</u> |
| <u>D0260</u> | <u>Extraoral-Each Additional Film</u> |
| <u>D0270</u> | <u>Bitewing-Single Film</u> |
| <u>D0272</u> | <u>Bitewings-2 Films</u> |
| <u>D0274</u> | <u>Bitewings-4 Films</u> |
| <u>D0330</u> | <u>Panoramic Film</u> |
| <u>D2940</u> | <u>Sedative Filling</u> |
| <u>D3220</u> | <u>Therapeutic Pulpotomy</u> |
| <u>D3221</u> | <u>Pulpal Debridement, Primary and Permanent Teeth</u> |
| <u>D7111</u> | <u>Extraction of Coronal Remnants - Deciduous Tooth</u> |
| <u>D7140</u> | <u>Extraction, Erupted Tooth or Exposed Root</u> |
| <u>D7210</u> | <u>Surgical Removal of Erupted Tooth Requiring Elevation of Muco-Periosteal Flap</u> |
| <u>D7220</u> | <u>Removal of Soft Tissue Impaction</u> |
| <u>D7230</u> | <u>Removal of Partially Bone Impacted Tooth</u> |
| <u>D7240</u> | <u>Removal of Completely Bone Impacted Tooth</u> |
| <u>D7241</u> | <u>Removal of Completely Bone Impacted Tooth with Unusual Surgical Complications</u> |
| <u>D7250</u> | <u>Surgical Removal of Residual Tooth Roots</u> |
| <u>D7260</u> | <u>Oroantral Fistula Closure</u> |
| <u>D7261</u> | <u>Primary Closure of a Sinus Perforation</u> |
| <u>D7270</u> | <u>Tooth Reimplantation and/or Stabilization</u> |
| <u>D7285</u> | <u>Biopsy of Oral Tissue-Hard</u> |
| <u>D7286</u> | <u>Biopsy of Oral Tissue-Soft</u> |
| <u>D7410</u> | <u>Excision of Benign Lesion - Diameter up to 1.25 cm</u> |
| <u>D7411</u> | <u>Excision of Benign Lesion - Diameter greater than 1.25 cm</u> |
| <u>D7412</u> | <u>Excision of Benign Lesion - Complicated</u> |
| <u>D7413</u> | <u>Excision of Malignant Lesion - Diameter up to 1.25 cm</u> |
| <u>D7414</u> | <u>Excision of Malignant Lesion - Diameter greater than 1.25 cm</u> |
| <u>D7415</u> | <u>Excision of Malignant Lesion, Complicated</u> |
| <u>D7440</u> | <u>Excision of Malignant Tumor Intra-Osseous Diameter up to 1.25 cm</u> |
| <u>D7441</u> | <u>Excision of Malignant Tumor Intra-Osseous Diameter greater than 1.25 cm</u> |
| <u>D7450</u> | <u>Removal of Odontogenic Cyst or Tumor-Lesion Diameter up to 1.25 cm</u> |
| <u>D7451</u> | <u>Removal of Odontogenic Cyst or Tumor-Lesion Diameter greater than 1.25 cm</u> |
| <u>D7460</u> | <u>Removal of NonOdontogenic Cyst or Tumor-Lesion Diameter up to 1.25 cm</u> |
| <u>D7461</u> | <u>Removal of NonOdontogenic Cyst or Tumor-Lesion Diameter greater than 1.25 cm</u> |
| <u>D7465</u> | <u>Destruction of lesion(s) by physical or chemical method</u> |
| <u>D7510</u> | <u>Incision and Drainage of Abscess</u> |
| <u>D7560</u> | <u>Maxillary Sinusotomy for removal of tooth fragment or foreign body</u> |
| <u>D7910</u> | <u>Suture of Recent Small Wounds up to 5 cm</u> |
| <u>D7911</u> | <u>Complicated Suture-up to 5 cm</u> |
| <u>D7912</u> | <u>Complicated Suture-greater than 5 cm</u> |
| <u>D9110</u> | <u>Palliative Treatment of Dental Pain-Minor Procedures</u> |
| <u>D9220</u> | <u>General Anesthesia-First 30 Minutes</u> |
| <u>D9221</u> | <u>General Anesthesia-Each Additional 15 Minutes</u> |
| <u>D9230</u> | <u>Analgesia, Anxiolysis, Inhalation of Nitrous Oxide</u> |
| <u>D9241</u> | <u>Intravenous Sedation/Analgesia-First 30 Minutes</u> |
| <u>D9242</u> | <u>Intravenous Sedation/Analgesia-Each Additional 15 Minutes</u> |
| <u>D9248</u> | <u>Non-Intravenous Conscious Sedation</u> |
| <u>D9920</u> | <u>Behavior Management</u> |