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 in this 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:

- Routine Dental Care
- Placement of any type of Permanent Restoration (filling)
- Definitive Root Canal Therapy
- Fabrication of Dentures
- Extraction of Non-Infected Teeth
- Dental Cleanings
- 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 Gainwell 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 Gainwell 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 Gainwell Provider Services at 800.925.1706 with questions regarding claims processing and payment for General Assistance covered services.

General Assistance Procedure Codes for Emergency Dental Treatment
Effective 01/01/2018

Procedure Code	Description
D0140	Limited Oral Evaluation - Problem Focused
D0150	Comprehensive Oral Evaluation
D0170	Re-evaluation - Limited, Problem Focused
D0220	Intraoral-Periapical – First Radiographic Image
D0230	Intraoral-Periapical – Each Additional Radiographic Image
D0240	Intraoral-Occlusal Radiographic Image
D0250	Extra-oral – 2D Projection Radiographic Image
D0251	Extra-oral Posterior Dental Radiographic Image
D0270	Bitewing-Single Radiographic Image
D0272	Bitewings-2 Radiographic Images
D0274	Bitewings-4 Radiographic Images
D0330	Panoramic Radiographic Image
D2940	Protective Restoration
D3220	Therapeutic Pulpotomy (Excluding Final Restoration)
D3221	Pulpal Debridement, Primary and Permanent Teeth
D7111	Extraction, Coronal Remnants – Deciduous Tooth
D7140	Extraction, Erupted Tooth or Exposed Root
D7210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap
D7220	Removal of Impacted Tooth – Soft Tissue
D7230	Removal of Impacted Tooth – Partially Bony
D7240	Removal of Impacted Tooth – Completely Bony
D7241	Removal of Impacted Tooth – Completely Bony, With Unusual Surgical Complications
D7250	Surgical Removal of Residual Tooth Roots (Cutting Procedure)
D7260	Oral Antral Fistula Closure
D7261	Primary Closure of a Sinus Perforation
D7270	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth
D7285	Incisional Biopsy of Oral Tissue – Hard (Bone, Tooth)
D7286	Incisional Biopsy of Oral Tissue – Soft
D7410	Excision of Benign Lesion up to 1.25 cm
D7411	Excision of Benign Lesion greater than 1.25 cm
D7412	Excision of Benign Lesion, Complicated
D7413	Excision of Malignant Lesion up to 1.25 cm
D7414	Excision of Malignant Lesion greater than 1.25 cm
D7415	Excision of Malignant Lesion, Complicated
D7440	Excision of Malignant Tumor – Lesion Diameter up to 1.25 cm

Procedure Code	Description
D7441	Excision of Malignant Tumor – Lesion Diameter greater than 1.25 cm
D7450	Removal of Benign Odontogenic Cyst or Tumor – Lesion Diameter up to 1.25 cm
D7451	Removal of Benign Odontogenic Cyst or Tumor – Lesion Dia. greater than1.25 cm
D7460	Removal of Benign Nonodontogenic Cyst or Tumor – Lesion Diameter up to 1.25 cm
D7461	Removal of Benign Nonodontogenic Cyst or Tumor – Lesion Dia. greater than 1.25cm
D7465	Destruction of Lesion(s) by Physical or Chemical Methods, By Report
D7510	Incision and Drainage of Abscess – Intraoral Soft Tissue
D7560	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body
D7910	Suture of Recent Small Wounds up to 5 cm
D7911	Complicated Suture – up to 5 cm
D7912	Complicated Suture – greater than 5 cm
D9110	Palliative (Emergency) Treatment of Dental Pain – Minor Procedures
D9222	Deep Sedation/General Anesthesia – First 15 Minutes
D9223	Deep Sedation/General Anesthesia – Each 15 Minute Increment
D9230	Inhalation of Nitrous Oxide/ Analgesia, Anxiolysis
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia – First 15 Minutes
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia – Each 15 Minute Increment
D9248	Non-intravenous Conscious Sedation
D9920	Behavior Management