



## DIVISION OF MEDICAL SERVICES PROVIDER BULLETIN

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### DENTAL BULLETIN

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#### DENTAL HYGIENISTS

Effective July 1, 2004 Missouri Medicaid/MC+ will cover certain dental services delivered by a duly registered and currently licensed dental hygienist who has been in practice **at least three years and who is practicing in a public health setting**. A dental hygienist who meets these requirements may provide fluoride treatments, teeth cleaning, and sealants, if appropriate, to Medicaid/MC+ eligible children ages 0-20 without the supervision of a dentist, as authorized by section 332.311, RSMo.

A Missouri Medicaid enrolled dental hygienist will only be allowed to practice in a public health setting. In accordance with 19 CSR 10-4.040, a "public health setting" is defined as a location where dental services authorized by section 332.311, RSMo are performed so long as the delivery of services are sponsored by a governmental health entity which includes:

- (A) Department of Health and Senior Services;
- (B) A county health department;
- (C) A city health department operating under a city charter;
- (D) A combined city/county health department; or
- (E) A nonprofit community health center qualified as exempt from a federal taxation under section 501(c)(3) of the *Internal Revenue Code* including a community health center that receives funding authorized by sections 329, 330, and 340 of the United States Public Health Services Act.

#### DENTAL HYGIENIST ENROLLMENT INFORMATION

A dental hygienist must be licensed for at least three (3) years and who is practicing in a public health setting. The dental hygienist must enroll using the payment name and tax ID of the public health entity. Each dental hygienist must enroll individually and bill under their individual provider number. Dental hygienists must apply for a separate provider number for each public health entity at which they provide Medicaid/MC+ services. Each application and its required attachments must be faxed separately.

For further information about enrolling as a dental hygienist, contact the Provider Enrollment Unit at [providerenrollment@mail.medicaid.state.mo.us](mailto:providerenrollment@mail.medicaid.state.mo.us).

### **COVERED CDT PROCEDURE CODES**

The procedure codes covered under the Dental Hygienist program are:

**D1110** (Prophylaxis-adult both arches ages 13-20)

**D1120** (Prophylaxis-child-both arches ages 0-12)

**D1201** (Topical application of fluoride-including prophylaxis-child)

**D1203** (Topical application of fluoride-prophylaxis not included-child)

**D9999** (Unspecified adjunctive procedure) Office notes, invoice of costs or operative report is required with claim. ***Prophylaxis more often than every six months***, or panorex more often than 24 months, ***requires office notes with claim, explaining medical necessity or emergency nature of the service.***

### **PROCEDURE CODE CORRECTION**

The allowable fee of \$33.00 for procedure code D7140 (Extraction, Erupted Tooth or Exposed Root, Elevation and/or Forceps Removal) listed in the Missouri Division of Medical Services bulletin, Volume 25, No. 2, dated June 30, 2003 is incorrect. The correct allowable fee is \$33.50. Please adjust your fee schedule accordingly.

**Provider Bulletins** are available on the DMS Website at <http://www.dss.mo.gov/dms/pages/bulletins.htm>. Bulletins will remain on this site only until incorporated into the [provider manuals](#) as appropriate, then deleted.

**Missouri Medicaid News:** Providers and other interested parties are urged to go to the DMS Website at <http://dss.missouri.gov/dms/subscribe/MedNewsSubscribe.htm> to subscribe to the listserve to receive automatic notifications of provider bulletins, provider manual updates, and other official Missouri Medicaid communications via e-mail.

**MC+ Managed Care:** The information contained in this bulletin applies to coverage for:

- MC+ Fee-for-Service
- Medicaid Fee-for-Service
- Services not included in MC+ Managed Care

Questions regarding MC+ Managed Care benefits should be directed to the patient's MC+ Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MC+ card or by calling the Interactive Voice Response (IVR) System at 1-800-392-0938 and using Option One.

**Provider Communications Hotline**  
**800-392-0938 or 573-751-2896**