

Updated versions of the New York State (NYS) Medicaid Dental Policy and Procedure Code Manual and the NYS Dental Fee Schedule have been published. These updated guidance documents include the changes outlined below. The revised documents are effective January 1, 2020 and may be found online at

[https://www.emedny.org/ProviderManuals/Dental/PDFS/Dental\\_Policy\\_and\\_Procedure\\_Manual.pdf](https://www.emedny.org/ProviderManuals/Dental/PDFS/Dental_Policy_and_Procedure_Manual.pdf)

NYS Dental Policy and Procedure Manual: 1/1/2020 Revisions Table

Page Number	1/1/2019 Manual (previous)	Action	Page Number	1/1/2020 Manual (updated/current)
Pg. 4	<p>General anesthesia and parenteral conscious sedation are reimbursable only when provided by a qualified dental provider who has the appropriate level of certification in dental anesthesia by the NYSED. The NYSED issues certificates in three titles:</p> <ul style="list-style-type: none"> <li>i. Dental <b><u>General Anesthesia</u></b>, which authorizes a licensed dentist to employ general anesthesia, deep sedation, or conscious sedation (parenteral or enteral route with or without inhalation agents); and</li> <li>ii. Dental <b><u>Parenteral Conscious Sedation</u></b>, which authorizes a licensed dentist to employ conscious sedation (parenteral or enteral route with or without inhalation agents); and</li> <li>iii. Dental <b><u>Enteral Conscious Sedation</u></b>, which authorizes a licensed dentist to employ conscious sedation (enteral route only with or without inhalation agents).</li> </ul>	Changed	Pg. 4-5	<p>General anesthesia, parenteral and enteral conscious sedation are reimbursable only when provided by a qualified dental provider who has the appropriate level of certification in dental anesthesia by the NYSED. The NYSED issues five separate certificates:</p> <ul style="list-style-type: none"> <li>i. <b>General Anesthesia Certificate</b>, which authorizes a licensed dentist to employ conscious (moderate) sedation (enteral or parenteral route with or without inhalation agents), deep sedation, and general anesthesia;</li> <li>ii. <b>Dental Parenteral Conscious (Moderate) Sedation for patients 13 years old and older</b>, which authorizes a licensed dentist to employ conscious (moderate) sedation (enteral or parenteral route with or without inhalation agents) on all patients 13 years old and older;</li> <li>iii. <b>Dental Parenteral Conscious (Moderate) Sedation for patients 12 years old and younger</b>, which authorizes a licensed dentist to employ conscious (moderate) sedation (enteral or parenteral route with or without inhalation agents) on all patients;</li> <li>iv. <b>Dental, Enteral Conscious (Moderate) Sedation for patients 13 years old and older</b>, which authorizes a licensed dentist to employ conscious (moderate) sedation (enteral route only with or without inhalation agents) on all patients 13 years old and older; and</li> <li>v. <b>Dental Enteral Conscious (Moderate) Sedation for patients 12 years old and younger</b>, which authorizes a licensed dentist to employ conscious (moderate) sedation (enteral route only with or without inhalation agents) on all patients.</li> </ul>
Pg. 16	Third-party insurers (including Medicare) provide reimbursement for various dental procedures. Since Medicaid is the payer of last resort, the provider must bill the	Changed	Pg. 16	Third-party insurers (including Medicare) provide reimbursement for various dental procedures. Since Medicaid is the payer of last resort, the provider must bill the member's third-party payers prior to requesting payment from Medicaid.

	member's third-party payers prior to requesting payment from Medicaid. Medicaid will reimburse the <b>difference</b> only if the total third party payment(s) is (are) less than the lesser of the provider's usual and customary fee charged to the general public or the fee developed by the DOH for that specific procedure code.			If the third party is a commercial plan, Medicaid will reimburse the <b>difference</b> only if the total third-party payment(s) is (are) less than the lesser of the provider's fee charged to the general public or the fee developed by the DOH for the specific procedure code. If the third party is a Medicare Advantage plan, Medicaid will reimburse eighty-five percent (85%) of the patient responsibility. Prior to initiating treatment which has been approved by a third-party insurance plan, the provider should obtain a prior approval from Medicaid to ensure that the treatment plan falls within the current guidelines of the Medicaid Program. Failure to do so may result in the denial of Medicaid benefits for these services.								
Pg. 17	All prior approval requests should include <b>accurate pretreatment charting</b> clearly depicting all existing restorations and missing natural teeth.	Changed	Pg. 17	All prior approval requests must include <b>accurate pretreatment charting</b> clearly depicting all existing restorations and missing natural teeth.								
Pg. 18	NA	Added	Pg. 18	If a change is needed or there exists a disagreement with a prior approval review and you would like to challenge a determination rendered by the DOH on an existing finalized prior approval, a request may be submitted with supporting documentation and a detailed report using a "Prior Approval Change Request Form". This form may be submitted pre-operatively or post-operatively. If the requested change is submitted post-operatively a copy of the treatment notes should be included with the request.  The Prior Approval Change Request Form can be obtained by clicking on the link below or by calling eMedNY at 1-800-343-9000. <a href="#">eMedNY: Information: Paper Forms</a>								
Pg. 18	Radiographic images are not routinely required to obtain prior approval for full dentures, sealants, denture re-base etc.	Changed	Pg. 18	Radiographic images are not routinely required to obtain prior approval for replacement full dentures, sealants, denture re-base etc.								
Pg. 18	The following file formats are currently supported: JPEG; TIF; PNG; and GIF.	Changed	Pg. 19	The following file formats are currently supported: JPEG; TIF; PDF; PNG; and GIF.								
Pg. 22	Miscellaneous Procedures T1013		Pg. 22	Miscellaneous Procedures Q3014								
Pg. 26	<table border="1"> <tr> <td>Space Maintainers</td> <td>D1510, D1515</td> </tr> <tr> <td>Crowns</td> <td>D2710-D2792 D2952</td> </tr> </table>	Space Maintainers	D1510, D1515	Crowns	D2710-D2792 D2952	Updated Codes in Decisive Appointment Table	Pg. 26	<table border="1"> <tr> <td>Space Maintainers</td> <td>D1510, D1516, D1517, D1575</td> </tr> <tr> <td>Crowns, Posts</td> <td>D2710-D2792 D2794, D2952</td> </tr> </table>	Space Maintainers	D1510, D1516, D1517, D1575	Crowns, Posts	D2710-D2792 D2794, D2952
Space Maintainers	D1510, D1515											
Crowns	D2710-D2792 D2952											
Space Maintainers	D1510, D1516, D1517, D1575											
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Pg. 26	<table border="1"> <tr> <td>Partial Dentures</td> <td>D5211-D5214</td> </tr> </table>	Partial Dentures	D5211-D5214	Updated Codes in Decisive Appointment Table	Pg. 26	<table border="1"> <tr> <td>Partial Dentures</td> <td>D5211-D5214 D5225, D5226</td> </tr> </table>	Partial Dentures	D5211-D5214 D5225, D5226								
Partial Dentures	D5211-D5214															
Partial Dentures	D5211-D5214 D5225, D5226															
Pg. 26	<table border="1"> <tr> <td>Fixed Prosthetics</td> <td>D6210-D6252 D6545-D6792</td> </tr> <tr> <td>Orthodontic Retention</td> <td>D8680</td> </tr> <tr> <td>Occlusal Guards</td> <td>D9940</td> </tr> </table>	Fixed Prosthetics	D6210-D6252 D6545-D6792	Orthodontic Retention	D8680	Occlusal Guards	D9940	Updated Codes in Decisive Appointment Table	Pg. 26	<table border="1"> <tr> <td>Fixed Prosthetics</td> <td>D6210-D6252 D6545-D6792 D6794</td> </tr> <tr> <td>Orthodontic Retention</td> <td>D8680</td> </tr> <tr> <td>Occlusal Guards</td> <td>D9944, D9945, D9946</td> </tr> </table>	Fixed Prosthetics	D6210-D6252 D6545-D6792 D6794	Orthodontic Retention	D8680	Occlusal Guards	D9944, D9945, D9946
Fixed Prosthetics	D6210-D6252 D6545-D6792															
Orthodontic Retention	D8680															
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Fixed Prosthetics	D6210-D6252 D6545-D6792 D6794															
Orthodontic Retention	D8680															
Occlusal Guards	D9944, D9945, D9946															
Pg. 28	All images taken should be medically necessary and of diagnostic quality, properly identified and dated. Some claims for dental radiographs will be pended for professional review and are subject to denial unless there is a documentation of medical necessity.	Changed	Pg. 28	All images taken should be medically necessary and of diagnostic quality, properly identified and dated. Claims for dental radiographs may be pended for professional review and are subject to denial unless there is a documented need of medical necessity.												
Pg. 28	<p><b>D0210 Intraoral - complete series of radiographic images</b>  Minimum of 14 periapical radiographic images and posterior bitewing images. Reimbursable every three years if clinically indicated. A provider will not be reimbursed for an intraoral complete series prior to the complete eruption of a member's permanent second molars. Exceptions may be situations including orthodontic consultation, juvenile periodontitis, and other suspected, extensive pathological conditions, which require documentation that should accompany a claim as an attachment. An attachment should contain the clinical findings including the nature and complexity of the member's condition indicating that additional radiographic images would have</p>	Changed	Pg. 28	<p><b>D0210 Intraoral - complete series of radiographic images</b>  A radiographic survey of the whole mouth, usually consisting of 14-22 periapical and posterior bitewing images intended to display the crowns and roots of all teeth, periapical areas and alveolar bone.</p>												

	high probability of affecting the diagnosis and treatment of a clinical problem			
NA	NA	Added	Pg. 30	<b>D0364 Cone beam CT capture and interpretation with limited field of view – less than one whole jaw (PA REQUIRED) \$279.00</b> <b>D0365 Cone beam CT capture and interpretation with field of view of one full dental arch - mandibular (PA REQUIRED) \$279.00</b> <b>D0366 Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium (PA REQUIRED) \$279.00</b>
NA	NA	Added	Pg. 30	<b>D0368 Cone beam CT capture and interpretation for TMJ series including two or more exposures (PA REQUIRED) \$279.00</b>
Pg. 36	<b>D1510 Space maintainer – fixed - unilateral (QUAD)</b>	Changed	Pg. 36	<b>D1510 Space maintainer – fixed, unilateral – per quadrant (QUAD)</b>
Pg. 36	<b>D1550 Re-cement or re-bond space maintainer \$19.00</b>	Deleted	NA	NA
NA	NA	Added	Pg. 36	<b>D1551 Re-cement or re-bond bilateral space maintainer - maxillary \$19.00</b> <b>D1552 Re-cement or re-bond bilateral space maintainer - mandibular \$19.00</b> <b>D1553 Re-cement or re-bond unilateral space maintainer – per quadrant \$19.00</b> <b>D1575 Distal shoe space maintainer – fixed, unilateral – per quadrant (QUAD) \$116.00</b> Fabrication and delivery of fixed appliance extending subgingivally and distally to guide the eruption of the first permanent molar.
Pg. 37	NA	Added	Pg. 37	<b>The cost of analgesic and anesthetic agents is included in the reimbursement for the dental service.</b> The administration of nitrous oxide is not separately reimbursable.
NA	NA	Added	Pg. 37	If a non-covered surgical procedure (e.g. crown lengthening, D4249) is required to properly restore a tooth, any associated restorative or endodontic treatment will <u>NOT</u> be considered for reimbursement.
NA	NA	Added	Pg. 38	<b>D2753 Crown – porcelain fused to titanium and titanium alloys (TOOTH) (PA REQUIRED) \$500.00</b>
Pg. 38	<b>D2794 Crown – Titanium</b>	Changed	Pg. 38	<b>D2794 Crown – Titanium and titanium alloys</b>
Pg. 46	<b>D5213 Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) (PA REQUIRED)</b>	Changed	Pg. 46	<b>D5213 Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) (PA REQUIRED)</b>

	<b><u>D5214</u> Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) (PA REQUIRED)</b>			<b><u>D5214</u> Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) (PA REQUIRED)</b>
Pg. 50	Dental implants will be covered by Medicaid when medically necessary.	Changed	Pg. 50	Dental implants and implant related services will be covered by Medicaid when medically necessary.
Pg. 51	For procedure codes D6052 – D6057 the following must be submitted: ➤ Periapical radiograph of integrated implant	Changed	Pg. 51	For procedure codes D6052 – D6057 the following must be submitted: ➤ Periapical radiograph of the integrated implant(s); and,
Pg. 51	<b><u>D6052</u> Semi-precision attachment abutment (ARCH) (PA REQUIRED)</b>	Changed	Pg. 51	<b><u>D6052</u> Semi-precision attachment abutment (ARCH or TOOTH) (PA REQUIRED)</b>
Pg. 51	<b><u>D6066</u> Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal) (TOOTH) (PA REQUIRED)</b> <b><u>D6067</u> Implant supported metal crown (titanium, titanium alloy, high noble metal) (TOOTH) (PA REQUIRED)</b>	Changed	Pg. 51	<b><u>D6066</u> Implant supported crown - porcelain fused to high noble alloys (TOOTH) (PA REQUIRED)</b> <b><u>D6067</u> Implant supported crown - high noble alloys (TOOTH) (PA REQUIRED)</b>
Pg. 52	<b><u>D6094</u> Abutment supported crown (titanium) (TOOTH) (PA REQUIRED)</b>	Changed	Pg. 52	<b><u>D6094</u> Abutment supported crown – titanium and titanium alloys (TOOTH) (PA REQUIRED)</b>
Pg.54	The following procedure codes are a covered benefit only when associated with an implant or an implant-related service: <b><u>D7951</u>, <u>D7953</u>.</b>	Changed	Pg. 54	The following procedure codes are a covered benefit only when associated with an implant or an implant-related service: <b><u>D7951</u>, <u>D7952</u>, <u>D7953</u>.</b>
NA	NA	Added	Pg. 54	<b><u>D7952</u> Sinus augmentation with bone or bone substitutes via a vertical approach (QUAD) (PA REQUIRED) (POST OPERATIVE CARE: 14 DAYS) \$800.00</b> The augmentation of the sinus to increase alveolar height by vertical access through the ridge crest by raising the floor of the sinus and grafting as necessary. This includes obtaining the bone or bone substitutes.
Pg. 55	<b><u>D6214</u> Pontic - titanium (TOOTH) (PA REQUIRED)</b>	Changed	Pg. 55	<b><u>D6214</u> Pontic - titanium and titanium alloys (TOOTH) (PA REQUIRED)</b>

NA	NA	Added	Pg. 55	<u>D6243</u> Pontic - porcelain fused to titanium and titanium alloys (TOOTH) (PA REQUIRED) \$400.00
NA	NA	Added	Pg. 56	<u>D6753</u> Retainer crown – porcelain fused to titanium and titanium alloys (TOOTH) (PA REQUIRED) \$500.00
NA	NA	Added	Pg. 56	<u>D6784</u> Retainer crown - ¾ titanium and titanium alloys (TOOTH) (PA REQUIRED) \$400.00
Pg. 56	<u>D6794</u> Retainer crown - titanium (TOOTH) (PA REQUIRED)	Changed	Pg. 56	<u>D6794</u> Retainer crown – titanium and titanium alloys (TOOTH) (PA REQUIRED)
Pg. 75	D8692 Replacement of lost or broken retainer (REPORT NEEDED) \$145.00	Deleted	NA	NA
Pg. 75	This procedure will be reimbursed once per lifetime and includes both arches, if necessary. Must be within one year of D8680 having been paid by Medicaid. Appliances which do not fit will not be replaced. The following documentation is required when submitting a claim for a replacement retainer (D8692): <ul style="list-style-type: none"> <li>➤ Copy of a signed statement from patient / parent detailing the circumstances of how the appliance was lost or broken;</li> <li>➤ Copy of patient’s treatment / progress notes indicating the date of insertion; and,</li> <li>➤ Copy of dental laboratory bill, if available.</li> </ul>	Changed	Pg. 76	<b><u>REPLACEMENT OF LOST OR BROKEN RETAINER</u></b> The following procedure codes (D8703 and D8704) will be reimbursed once per lifetime. Must be within one year of D8680 having been paid by Medicaid. Appliances which do not fit will not be replaced. The following documentation is required when submitting a claim for a replacement retainer: <ul style="list-style-type: none"> <li>➤ Copy of a signed statement from patient / parent detailing the circumstances of how the appliance was lost or broken;</li> <li>➤ Copy of patient’s treatment / progress notes indicating the date of insertion; and,</li> <li>➤ Copy of dental laboratory bill, if available.</li> </ul>
NA	NA	Added	Pg. 76	D8703 Replacement of lost or broken retainer – maxillary (REPORT NEEDED) \$72.50 D8704 Replacement of lost or broken retainer – mandibular (REPORT NEEDED) \$72.50
Pg. 77	The consulted provider must be enrolled in one of the dental specialty areas recognized by the NYS Medicaid Program. The referring provider cannot be from the same group as the consulting provider.	Changed	Pg. 78	The consulted provider must be enrolled in one of the dental specialty areas recognized by the NYS Medicaid Program. The referring provider cannot be from the same group as the consulting provider, although an exception can be made if the referral is from a general dentist to a specialist for an evaluation requiring the advanced skills and knowledge of that specialist.

NA	NA	Added	Pgs. 81, 82	<p><b><u>TELEHEALTH / TELEDENTISTRY</u></b></p> <p>Telehealth is defined as “the use of electronic information and communication technologies to deliver health care to patients at a distance, which shall include the assessment, diagnosis, consultation, treatment, education, care management and/or self-management of a patient (Medicaid member)”.</p> <p><u>Originating Site</u> is defined as “a site at which a <b>patient</b> is located at the time health care services are delivered to him or her by means of telehealth.”</p> <p><u>Distant Site</u> is defined as “a site at which a telehealth <b>provider</b> is located while delivering health care services by means of telehealth.”</p> <ul style="list-style-type: none"> <li>➤ Originating and Distant sites must be located within the fifty United States or United States’ territories and may include: <ul style="list-style-type: none"> <li>○ Facilities licensed under Article 28 of the Public Health Law (PHL): hospitals, nursing homes and diagnostic and treatment centers;</li> <li>○ Facilities licensed under Article 40 of the PHL: hospice programs;</li> <li>○ Facilities as defined in subdivision 6 of Section 1.03 of the Mental Hygiene Law (MHL): clinics certified under Articles 16, 31 and 32;</li> <li>○ Certified and non-certified day and residential programs funded or operated by the Office of People with Developmental Disabilities (OPWDD);</li> <li>○ Private physician or dentist offices located within the State of New York;</li> <li>○ Adult care facilities licensed under Title 2 of Article 7 of the Social Security Law (SSL);</li> <li>○ Public, private and charter elementary and secondary schools located within the State of New York;</li> <li>○ School-age child care programs located within the State of New York;</li> <li>○ Child daycare centers located within the State of New York; and,</li> <li>○ The member's place of residence in New York State, or other temporary location in or out of state.</li> </ul> </li> <li>➤ Services provided by means of telehealth must be in compliance with the Health Insurance Portability and Accountability Act (HIPAA) and all other relevant laws and regulations governing confidentiality, privacy, and consent (including, but not limited to 45 CFR Parts 160 and 164 [HIPAA Security Rules]; 42 CFR Part 2; PHL Article 27-F; and MHL Section 33.13).</li> <li>➤ Dentists providing services via telehealth must be licensed and currently registered in accordance with NYS Education Law or other applicable law <u>and</u> enrolled in NYS Medicaid.</li> </ul>
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NA	NA	Added	Pg. 83	<p><b>D9995 Teledentistry – synchronous; real time encounter \$0.00</b></p> <ul style="list-style-type: none"> <li>➤ Procedure code D9995 may be used by the provider at the distant site;</li> <li>➤ Must be reported on claim line #1;</li> <li>➤ Report all services rendered on subsequent lines;</li> <li>➤ There is no reimbursement for procedure code D9995.</li> </ul> <p><b>D9996 Teledentistry – asynchronous; information stored and forwarded \$0.00</b></p> <p>Store-and-Forward Technology - involves the asynchronous, electronic transmission of a member's health information in the form of patient-specific pre-recorded videos and/or digital images from a provider at an originating site to a telehealth provider at a distant site.</p> <ul style="list-style-type: none"> <li>➤ Store-and-forward technology aids in diagnoses when live video or face-to-face contact is not readily available or not necessary.</li> <li>➤ Pre-recorded videos and/or static digital images (e.g., pictures), excluding radiology, must be specific to the member's condition as well as be adequate for rendering or confirming a diagnosis or a plan of treatment.</li> <li>➤ Procedure code D9996 may be used by the provider at the distant site;</li> <li>➤ Must be reported on claim line #1;</li> <li>➤ Report all services rendered on subsequent lines;</li> <li>➤ There is no reimbursement for procedure code D9996.</li> <li>➤ Accompanying payable services will be reimbursed at 75% of the requested fee, not exceeding 75% of the current Medicaid fee.</li> </ul> <p><b>Q3014 Telehealth originating site facility fee \$27.76</b></p> <ul style="list-style-type: none"> <li>➤ Procedure code Q3014 may be used by the provider at the originating site;</li> <li>➤ Must be reported on claim line #1;</li> </ul> <p>Report all services rendered on subsequent lines.</p>
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❖ Please contact [dentalpolicy@health.ny.gov](mailto:dentalpolicy@health.ny.gov) should you have any questions regarding this document.