

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 November 12, 2018 and may be found online at https://www.emedny.org/ProviderManuals/Dental/PDFS/Dental_Policy_and_Procedure_Manual.pdf

NYS Dental Policy and Procedure Manual: 11/12/2018 Revisions Table

Page Number	1/1/2018 Manual (previous)	Action	Page Number	11/12/2018 Manual (updated/current)
Pg. 9	➤ Dental implants and related services;	Deleted	NA	NA
Pg. 30	D0350 2D oral/facial photographic image obtained intra-orally or extra-orally Reimbursement is allowed once per year and is limited to enrolled orthodontists or oral and maxillofacial surgeons. For orthodontic cases, the images comprising this procedure code are defined on page 59 under section <u>XI. ORTHODONTICS</u> . Primarily, photographs are taken for the annual review of active orthodontic cases as required by the Department of Health. Claims for photographs exceeding the frequency limitation may be submitted on paper with a narrative report using procedure code D89999. Photographs taken solely for the provider's records <u>will not be reimbursed.</u>	Changed	Pg. 30	D0350 2D oral/facial photographic image obtained intra-orally or extra-orally Photographs are reimbursable when associated with procedures described under sections: ➤ <u>VIII. IMPLANTS</u> ; ➤ <u>XI. ORTHODONTICS</u> ; and, ➤ When requested by the Department Health
Pg. 30	D0367 Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium Includes axial, coronal and sagittal data. Includes all interpretation. Reimbursement is limited to enrolled oral and maxillofacial surgeons once per five	Changed	Pg. 30	D0367 Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium ➤ Includes axial, coronal and sagittal data. ➤ Includes all interpretation. ➤ There is no professional reimbursement for facility place of service. Facility reimbursement is through APG. ➤ For treatment not involving implants or implanted-related services, a panoramic radiograph

	(5) years in an office-based setting. There is no professional reimbursement for facility place of service. Facility reimbursement is through APG. A panoramic radiograph (D0330) or similar film, along with documentation of medical necessity, must be submitted with requests for prior approval. Approval is limited to those cases demonstrating significant risk for a complication such as nerve injury or jaw fracture as well as pathology or trauma workups.			(D0330) or similar film, along with documentation of medical necessity, must be submitted with requests for prior approval. Approval is limited to those cases demonstrating significant risk for a complication such as nerve injury or jaw fracture as well as pathology or trauma workups. ➤ For treatment involving implants or implanted-related services, refer to section <u>VIII. IMPLANTS</u> .
Pg. 38	(e.g. radiographic images, photographs)	Changed example	Pg. 38	(e.g. radiographic images)
Pg. 42	NA	Added Statement	Pg. 42	<i>For details regarding the “PERIODONTICS” codes that are associated with the implant and implant-related services benefit <u>ONLY</u> (D4245, D4266, D4267, D4273, D4275, D4277, D4278, D4283, D4285), see section VIII. IMPLANTS.</i>
Pg. 44	Full and/or partial dentures are covered when they are required to alleviate a serious health condition or one that affects employability. Complete dentures and partial dentures will not be replaced for a minimum of eight (8) years from initial placement except when they become unserviceable through trauma, disease or extensive physiological change. Prior approval requests for premature replacement will not be reviewed without supporting documentation of medical necessity. Dentures which are lost, stolen or broken will not be replaced unless there exists a serious health condition that has been verified and documented.	Changed Statement	Pg. 44	Full and /or partial dentures are covered by Medicaid when they are required to alleviate a serious health condition or one that affects employability. This service requires prior approval. Complete dentures and partial dentures whether unserviceable, lost, stolen, or broken will not be replaced for a minimum of eight years from initial placement except when determined medically necessary by the Department or its agent. Prior approval requests for replacement dentures prior to eight years must include a letter from the patient’s physician and dentist. A letter from the patient’s dentist must explain the specific circumstances that necessitates replacement of the denture. The letter from the physician must explain how dentures would alleviate the patient’s serious health condition or improve employability. If replacement dentures are requested within the eight-year period after they have already been replaced once, then supporting documentation must include an explanation of preventative measures instituted to alleviate the need for further replacements.
Pg. 44	The use of dental implants and implant related prosthetic services are considered	Deleted 5 th Bullet	Pg. 44	NA

	beyond the scope of the program;	Point		
Pg. 49	Implants and all related services are considered beyond the scope of the NYS Medicaid program.	Changed Section	Pg. 49 - 53	<p>Dental implants will be covered by Medicaid when medically necessary. Prior approval requests for implants must have supporting documentation from the patient's physician and dentist. A letter from the patient's physician must explain how implants will alleviate the patient's medical condition. A letter from the patient's dentist must explain why other covered functional alternatives for prosthetic replacement will not correct the patient's dental condition and why the patient requires implants.</p> <p>General Guidelines:</p> <ul style="list-style-type: none"> ➤ A complete treatment plan addressing all phases of care is required and should include the following: <ul style="list-style-type: none"> • Accurate pretreatment charting; • Complete treatment plan addressing all areas of pathology; • Inter-arch distances; • Number, type and location of implants to be placed; • Design and type of planned restoration(s); • Sufficient number of current, diagnostic radiographs allowing for the evaluation of the entire dentition. ➤ If bone graft augmentation is needed there must be a 4 to 6-month healing period before a dental implant can be placed ➤ Dental implant code D6010 will be re-evaluated via intraoral radiographs or CT scans prior to the authorization of abutments, crowns, or dentures four to six months after dental implant placement. ➤ Treatment on an existing implant / implant prosthetic will be evaluated on a case-by-case basis. ➤ Implant and implant related codes not listed will be considered on a case-by-case basis. ➤ Physician's documentation must include a list of all medications currently being taken and all conditions currently being treated. ➤ All cases will be considered based upon supporting documentation and current standard of care. <p>For procedure codes D6010 and D6013 the following must be submitted:</p> <ul style="list-style-type: none"> ➤ Full mouth radiographs or a diagnostic panorex including periapicals of site requesting dental implant(s). <p><u>D6010</u> Surgical placement of implant body (TOOTH) (PA REQUIRED) (POST OPERATIVE</p>

			<p>CARE: 90 DAYS) \$1000.00 Full mouth radiographs or diagnostic panorex including periapicals of site requesting dental implant(s) must be provided.</p> <p><u>D6013</u> Surgical placement of mini implant (TOOTH) (PA REQUIRED) (POST OPERATIVE CARE: 90 DAYS) \$500.00 Full mouth radiographs or diagnostic panorex including periapicals of site requesting dental implant(s) must be provided.</p> <p>For procedure codes D6052 – D6057 the following must be submitted:</p> <ul style="list-style-type: none"> ➤ Periapical radiograph of integrated implant ➤ Panorex or sufficient number of radiographs showing the complete arch and the placed implant(s) <p><u>D6052</u> Semi-precision attachment abutment (ARCH) (PA REQUIRED) \$250.00 <u>D6055</u> Connecting bar – implant supported or abutment supported (ARCH) (PA REQUIRED) \$400.00 <u>D6056</u> Prefabricated abutment – includes modification and placement (TOOTH) (PA REQUIRED) \$400.00 <u>D6057</u> Custom fabricated abutment – includes placement (TOOTH) (PA REQUIRED) \$400.00</p> <p>For procedure codes D6058 – D6067, D6094 the following must be submitted:</p> <ul style="list-style-type: none"> ➤ Periapical radiograph of integrated implant with abutment ➤ Intra-oral photograph of healed abutment showing healthy gingiva <p><u>D6058</u> Abutment supported porcelain/ceramic crown (TOOTH) (PA REQUIRED) \$800.00 <u>D6059</u> Abutment supported porcelain fused to metal crown (high noble metal) (TOOTH) (PA REQUIRED) \$800.00 <u>D6060</u> Abutment supported porcelain fused to metal crown (predominantly base metal) (TOOTH) (PA REQUIRED) \$800.00 <u>D6061</u> Abutment supported porcelain fused to metal crown (noble metal) (TOOTH) (PA REQUIRED) \$800.00 <u>D6062</u> Abutment supported cast metal crown (high noble metal) (TOOTH) (PA REQUIRED) \$800.00 <u>D6063</u> Abutment supported cast metal crown (predominately base metal) (TOOTH) (PA REQUIRED) \$800.00 <u>D6064</u> Abutment supported cast metal crown (noble metal) (TOOTH) (PA REQUIRED) \$800.00 <u>D6065</u> Implant supported porcelain/ceramic crown (TOOTH) (PA REQUIRED) \$800.00</p>
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				<p>The augmentation of the sinus cavity to increase alveolar height for reconstruction of edentulous portions of the maxilla. This procedure is performed via a lateral open approach. This includes obtaining the bone or bone substitutes. Placement of a barrier membrane if used should be reported separately.</p> <p><u>D7953</u> Bone replacement graft for ridge preservation – per site (TOOTH) (PA REQUIRED) (POST OPERATIVE CARE: 10 DAYS) \$250.00 Graft is placed in an extraction or implant removal site at the time of the extraction or removal to preserve ridge integrity (e.g., clinically indicated in preparation for implant reconstruction or where alveolar contour is critical to planned prosthetic reconstruction). Does not include obtaining graft material. Membrane, if used should be reported separately.</p>
Pg. 52	NA	Added Statement	Pg. 56	<p><i>For details regarding the “ORAL AND MAXILLOFACIAL SURGERY” codes that are associated with the implant and implant-related services benefit <u>ONLY</u> (D7951, D7953), see section VIII. IMPLANTS.</i></p>

❖ Please contact dentalpolicy@health.ny.gov should you have any questions regarding this document.