



July 2006

ATTENTION PROVIDERS

Dental Bulletin
06-001

New Adult Dental Services Beginning 07/01/06

The Wyoming Legislature has recently approved funding for an expanded EqualityCare Adult Dental Program.

The existing EqualityCare dental benefit for adults 21 years and over was previously limited to:

- Limited oral evaluation twice every twelve (12) months for emergency treatment of dental pain.
- Emergency treatment of dental pain twice every twelve (12) months.
- Extractions, incision and drainage when determined by a dentist to be medically necessary during an emergency exam.
- Diagnostic x-ray (s)
- Anesthesia (including general anesthesia) when medically necessary.

Under the new dental program beginning 07/01/06, eligible adults may also receive:

- One preventive visit per year with examination, x-rays and prophylaxis
- Restorations, except for crowns and bridges and full or partial dentures (Covered restoration codes are attached.)

In addition, treatment determined by the treating dentist to be “medically necessary” as described in the enclosed EqualityCare policy, is also covered. This would allow the dentist to offer endodontic treatment, for example, as an alternative to tooth extraction. While prior approval will not be required, post-treatment review may occur as it is presently done with the EqualityCare Program.



We hope that you will consider providing expanded adult dental services to eligible EqualityCare patients. This program is a significant “up-grade” from the existing program and will offer important dental care to many uninsured adults. The treatment codes which will be reimbursed are enclosed. If you have questions about this program, please call us at 1-800-251-1268.

“Medically Necessary” or “Medical Necessity”

A health care service that is required to:

- Diagnose
- Treat
- Cure
- Prevent an illness, injury or disease which has been diagnosed
- Or is reasonably suspected to:
 - Relieve pain
 - Improve and preserve health
 - Be essential to life

The service must be:

1. Consistent with the diagnosis and treatment of the patient's condition.
2. In accordance with standards of good medical practice.
3. Required to meet the medical needs of the patient and undertaken for reasons other than the convenience of the patient or his/her physician.
4. Performed in the least costly setting required by the patient's condition.

Documentation, which substantiates that the client's condition meets the coverage criteria, must be on file with the provider.

PLEASE REFER TO YOUR PROVIDER MANUAL FOR REQUIREMENTS ON RECORD KEEPING, RETENTION, AND ACCESS.

All claims are subject to both pre-payment and post-payment review for medical necessity by EqualityCare. Should the review determine that services do not meet all the criteria listed above, payment will be denied, or, if the claim has been paid, action will be taken to recoup the payment for those services.

COVERED DENTAL CODES—DIAGNOSTIC

- D0120 Periodic Oral Evaluation
- D0140 Limited Oral Eval-problem focused
- D0150 Comprehensive oral evaluation
- D0210 Intraoral- complete series
- D0220 Intraoral- periapical first film
- D0230 Intraoral- periapical each additional film
- D0270 Bitewing- single film
- D0272 Bitewing- two films
- D0274 Bitewing- four films
- D0330 Panoramic film

COVERED DENTAL CODES—PREVENTIVE

- D1110 Prophylaxis- adult (12 years and older)

COVERED DENTAL CODES—RESTORATIVE



- D2140 Amalgam- one surface
- D2150 Amalgam- two surfaces
- D2160 Amalgam- three surfaces
- D2161 Amalgam- four or more surfaces
- D2330 Resin-based composite- 1 surface anterior
- D2331 Resin-based composite- 2 surfaces anterior
- D2332 Resin-based composite- 3 surfaces anterior
- D2335 Resin-based composite- 4 or more anterior
- D2391 Resin-based composite-1 surface posterior
- D2392 Resin-based composite-2 surface posterior
- D2393 Resin-based composite-3 surface posterior
- D2394 Resin-based composite-4 or more
- D2931 Prefabricated Stainless Crown
- D2932 Prefabricated Resin Crown

COVERED DENTAL CODES—ENDODONTICS

- D3110 Pulp cap- direct
- D3120 Pulp cap- indirect
- D3220 Therapeutic pulpotomy
- D3221 Pulpal Debridement
- D3310 Anterior (excluding final restoration)
- D3320 Bicuspid (excluding final restoration)
- D3330 Molar (excluding final restoration)



Wyoming Department of Health
Public Health Insurance Program



Pharmacy
Group
6530

Important Changes! Please read!



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We're on the Web!

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