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April 4, 2023

MEDICAID INFORMATION RELEASE MA23-08

To: Ambulatory Surgical Centers

From: Juliet Charron, Administrator

Subject: Dental Services by Ambulatory Surgical Centers

Idaho Medicaid is updating billing requirements and reimbursement for Ambulatory Surgical Centers (ASC) providing dental services. Idaho Medicaid is adopting the use of the Code on Dental Procedures and Nomenclature (CDT)[®] by the American Dental Association (ADA)[®] for ASC providers for billing and reimbursement purposes. Services must be medically necessary and meet all other requirements to be eligible for reimbursement.

ASC providers will continue to bill the appropriate Current Procedural Terminology (CPT)[®] code when one is applicable to the dental service provided. Effective May 1, 2023, dental procedures without a CPT code will no longer be submitted using T1015, Clinic visit/encounter, all-inclusive. When a service is not represented by a CPT code, ASC providers will instead bill the appropriate CDT code.

Some services may have limitations that require a prior authorization if the amount is exceeded. Prior authorizations for dental services are requested through Idaho Smiles, administered by MCNA Dental. Please call 1 (855) 235-6262 or visit the [Idaho Smiles](#) website for more information.

Codes that always require a prior authorization by Idaho Smiles regardless of amount do not require the ASC to directly obtain an authorization. However, to be eligible for reimbursement, ASCs are required to verify the provider performing the procedure has an approved prior authorization. If no prior authorization was obtained for a procedure requiring one, neither the dental provider or the ASC are eligible for reimbursement.

The following dental procedures represented by CDT codes are allowed to be performed in an ASC for Medicaid reimbursement. Providers wishing to request additional dental procedures added to coverage for ASC providers may contact MCPT@dhw.idaho.gov with documentation showing the service is appropriate for an ASC setting.

CDT Codes Eligible for Medicaid Reimbursement			
Procedure Code	Description	Reimbursement	Limitations
D0120	Periodic oral evaluation - established patient	\$19.24	1 per 6 months.
D0120	Periodic oral evaluation - established patient	\$19.24	1 per 6 months.
D0120	Periodic oral evaluation - established patient	\$19.24	1 per 12 months.
D0140	Limited oral evaluation - problem focused	\$27.15	1 per 6 months.
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$27.90	1 per 6 months.
D0150	Comprehensive oral evaluation - new or established patient	\$27.90	1 per 6 months.
D0150	Comprehensive oral evaluation - new or established patient	\$27.90	1 per 6 months.
D0150	Comprehensive oral evaluation - new or established patient	\$27.90	1 per 12 months.
D0210	Intraoral - comprehensive series of radiographic images	\$59.17	1 per 36 months.
D0220	Intraoral - periapical first radiographic image	\$9.22	N/A
D0230	Intraoral - periapical each additional radiographic image	\$8.19	N/A
D0240	Intraoral - occlusal radiographic image	\$8.70	2 per 24 months.
D0270	Bitewing - single radiographic image	\$8.93	1 per 6 months.
D0270	Bitewing - single radiographic image	\$8.93	1 per 12 months.
D0272	Bitewings - two radiographic images	\$15.87	1 per 6 months.
D0272	Bitewings - two radiographic images	\$15.87	1 per 12 months.
D0273	Bitewings - three radiographic images	20.84	1 per 6 months.
D0273	Bitewings - three radiographic images	20.84	1 per 12 months.
D0274	Bitewings - four radiographic images	\$23.82	1 per 6 months.
D0274	Bitewings - four radiographic images	\$23.82	1 per 12 months.
D1110	Prophylaxis - adult	\$41.68	1 per 6 months.
D1120	Prophylaxis - child	\$29.17	1 per 6 months.
D1206	Topical application of fluoride varnish	\$13.55	1 per 6 months.

CDT Codes Eligible for Medicaid Reimbursement			
Procedure Code	Description	Reimbursement	Limitations
D1351	Sealant-per tooth	\$20.83	16 per 36 months
D1510	Space maintainer - fixed, unilateral - per quadrant	\$103.20	4 per lifetime.
D1516	Space maintainer - fixed - bilateral, maxillary	\$174.66	1 per lifetime.
D1517	Space maintainer - fixed - bilateral, mandibular	\$174.66	1 per lifetime.
D1520	Space maintainer - removable, unilateral - per quadrant	\$76.41	4 per lifetime.
D1526	Space maintainer - removable, bilateral, maxillary	\$143.50	1 per lifetime.
D1527	Space maintainer - removable, bilateral, mandibular	\$143.50	1 per lifetime.
D2140	Amalgam-one surface, primary or permanent	\$51.25	32 per 12 months.
D2150	Amalgam-two surfaces, primary or permanent	\$67.22	32 per 12 months.
D2160	Amalgam-three surfaces, primary or permanent	79.22	32 per 12 months.
D2161	Amalgam-four or more surfaces, primary or permanent	\$70.15	32 per 12 months.
D2330	Resin-one surface, anterior	\$66.56	32 per 12 months.
D2331	Resin-two surfaces, anterior	\$86.53	32 per 12 months.
D2332	Resin-three surfaces, anterior	\$105.17	32 per 12 months.
D2335	Resin-four or more surfaces or involving incisal angle (anterior)	\$94.20	32 per 12 months.
D2391	Resin-based composite - one surface, posterior	\$57.16	32 per 12 months.
D2392	Resin-based composite - two surfaces, posterior	\$74.98	32 per 12 months.
D2393	Resin-based composite - three surfaces, posterior	\$88.36	32 per 12 months.
D2394	Resin-based composite - four or more surfaces, posterior	\$70.15	32 per 12 months.
D2710	Crown - resin-based composite (indirect)	\$233.18	32 per 84 months
D2721	Crown-resin with predominantly base metal	\$148.84	32 per 84 months
D2740	Crown - porcelain/ceramic	\$362.86	32 per 84 months
D2750	Crown-porcelain fused to high noble metal	\$362.86	32 per 84 months

CDT Codes Eligible for Medicaid Reimbursement			
Procedure Code	Description	Reimbursement	Limitations
D2751	Crown-porcelain fused to predominantly base metal	\$362.86	32 per 84 months
D2920	Re-cement or re-bond crown	\$30.75	32 per 60 months.
D2930	Prefabricated stainless steel crown-primary tooth	\$101.84	32 per 60 months.
D2931	Prefabricated stainless steel crown-permanent tooth	\$107.84	32 per 60 months.
D2932	Prefabricated resin crown	\$108.41	32 per 60 months.
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	\$108.41	32 per 60 months.
D2940	Protective restoration	\$29.76	N/A
D2950	Core build-up, including any pins when required	\$70.44	32 per 72 months.
D2954	Prefabricated post and core in addition to crown	\$79.38	32 per 72 months.
D2980	Crown repair necessitated by restorative material failure	\$59.54	32 per lifetime.
D3110	Pulp cap-direct (excluding final restoration)	\$19.85	N/A
D3220	Therapeutic pulpotomy (excluding final restoration) removal of pulp coronal to the dentinocemental junction and application of medicament	\$49.61	32 per lifetime.
D3221	Pulpal debridement, primary and permanent teeth	\$49.61	32 per lifetime.
D3230	Pulpal therapy (resorbable filling)-anterior, primary tooth (excluding final restoration)	\$59.53	32 per lifetime.
D3240	Pulpal therapy (resorbable filling)-posterior, primary tooth (excluding final restoration)	\$59.53	32 per lifetime.
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$208.37	12 per lifetime.
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$267.91	8 per lifetime.
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$312.56	12 per lifetime.
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	\$41.68	1 per 36 months.
D4910	Periodontal maintenance	\$43.01	2 per 12 months.
D7111	Extraction, coronal remnants - primary tooth	\$42.66	N/A
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$57.24	N/A

CDT Codes Eligible for Medicaid Reimbursement			
Procedure Code	Description	Reimbursement	Limitations
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$102.51	N/A
D7220	Removal of impacted tooth-soft tissue	\$98.31	N/A
D7230	Removal of impacted tooth-partially bony	\$114.68	N/A
D7240	Removal of impacted tooth-completely bony	\$148.49	N/A
D7241	Removal of impacted tooth-completely bony, with unusual surgical complications	\$149.50	N/A
D7250	Removal of residual tooth roots (cutting procedure)	\$78.85	N/A
D7280	Exposure of an unerupted tooth	\$153.60	N/A
D7510	Incision and drainage of abscess-intraoral soft tissue	\$42.66	N/A
D9230	Inhalation of nitrous oxide/anxiolysis, analgesia	\$24.46	1 per day
D9420	Hospital or ambulatory surgical center call	\$92.27	1 per day

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The content of this guidance document is not new law, but is an interpretation of existing law prepared by the Idaho Department of Health and Welfare to provide clarity to the public regarding existing requirements under the law. This document does not bind the public, except as authorized by law or as incorporated into a contract. For additional information or to provide input on this document, contact the Idaho Division of Medicaid by emailing medicaidcommunications@dhw.idaho.gov or by calling 208-334-5747.