



MEDICAL ASSISTANCE BULLETIN

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF PUBLIC WELFARE

ISSUE DATE	EFFECTIVE DATE	NUMBER
July 11, 2007	July 11, 2007	27-07-04

SUBJECT

Discontinuance of the Prior Authorization Requirement for Dental Procedure Codes D7140 and D7210

By Michael Nardone, Acting Deputy Secretary
Office of Medical Assistance Programs

PURPOSE:

The purpose of this bulletin is to notify all dentists enrolled in the Medical Assistance (MA) Program that effective July 9, 2007, the Department of Public Welfare (Department) will no longer require prior authorization for dental procedure codes D7140 and D7210.

SCOPE:

This bulletin applies to all dentists enrolled in the MA Program who render services in the fee-for-service delivery system. Dentists who render services in the managed care delivery system should direct questions regarding prior authorization requirements for extractions to the appropriate managed care organization.

BACKGROUND/ DISCUSSION:

Act 2005-42, effective July 7, 2005, amended several provisions of the Public Welfare Code, 62 P.S. § 443.6(b)(5) (relating to reimbursement for certain MA items and services). Specifically, Act 42 amended section 443.6(b)(5) to remove the requirement that all extractions related to dental prostheses and appliances, as well as other extractions, be prior authorized. As a result, the Department may determine which, if any, dental procedures, including extractions, must be prior authorized.

As required by section 443.6(b)(5) before Act 42 the Department requires prior authorization for procedure code D7140 (extraction, erupted tooth or exposed root (elevation and/or forceps removal)) under any one the following conditions:

- 1) When more than one tooth will be extracted for the insertion of a prosthetic device (excluding primary teeth); or
- 2) When six or more teeth will be extracted during one visit or period of hospitalization (excluding primary teeth).

See 55 Pa.Code § 1149.52(j)(5),(6) (relating to payment conditions for various dental services).

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll-free number for your provider type.

Visit the Office of Medical Assistance Programs website at www.dpw.state.pa.us/omap

The Department also currently requires prior authorization for all surgical extractions, including procedure code D7210 (surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth). See 55 Pa.Code, § 1149.52(j)(7).

Given the flexibility afforded under Act 42, the Department reviewed requests to prior authorize procedure codes D7140 and D7210 and, based on that review, has determined that prior authorization is no longer necessary or cost effective for those procedure codes. Therefore, effective with dates of service on or after July 9, 2007, prior authorization will no longer be required for those procedure codes.

Prior authorization will continue to be required for the following surgical extraction and surgical procedure codes: D7220 (removal of impacted tooth – soft tissue); D7230 (removal of impacted tooth - partial bony); D7240 (removal of impacted tooth – complete bony); D7250 (surgical removal of residual tooth roots (cutting procedure)); D7280 (surgical access of an unerupted tooth); and D7283 (placement of device to facilitate eruption of impacted tooth).

PROCEDURE:

Effective with dates of services on or after July 9, 2007, providers will no longer be required to submit a prior authorization request for procedure codes D7140 and D7210. To receive payment for extraction procedures with these procedure codes, providers should submit the appropriate paper claim invoice or electronic claim form as specified in the PROMISe™ Provider Handbook 837 Dental/ADA - Version 2000 Claim Form.

The following sections of the PROMISe™ Dental Provider Handbook- 837 Dental/ADA-Version 2000 Claim, located at:

http://www.dpw.state.pa.us/omap/provinf/promhb/omapprom_ADADentalhb_TOC.asp have been updated:

- Section 6 – Prior Authorization: 6.1 General Information
- 6.3 Services Requiring Prior Authorization
- 6.4 Special Guidelines

The Dental Fee Schedule Narrative, located at <http://www.dpw.state.pa.us/Business/FeeSchedules/>, has been updated to reflect that prior authorization is no longer needed for procedure codes D7140 and D7210.

The Department will be amending the regulation at 55 Pa.Code, § 1149.52(j) to conform to these changes.

Dental providers may request a printed copy of the Dental Fee Schedule Narrative and/or the on-line version of the PROMISe™ Provider Handbook 837 Dental/ADA - Version 2000 Claim Form by calling the OMAP's Bureau of Fee-for-Service Programs at (717) 772-6181.