



MEDICAL ASSISTANCE BULLETIN
COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE

SUBJECT

Addition of Selected Periodontal Services to the Medical Assistance Program Fee Schedule

BY

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NUMBER:

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ISSUE DATE:

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EFFECTIVE DATE:

March 1, 2001

PURPOSE:

The purpose of this bulletin is to announce the addition of selected periodontal services to the Medical Assistance (MA) Program Fee Schedule, effective March 1, 2001.

SCOPE:

This bulletin applies to all dentists enrolled in the MA Program and all physical health managed care organizations (PH MCOs), both mandatory and voluntary, under contract with the Department.

BACKGROUND:

The General Appropriations Act of 2000 provided funds for the addition of selected periodontal services for all adults eligible to receive dental services. The Department previously covered periodontal services for children under 21 years of age through the Program Exception process.

DISCUSSION:

Effective March 1, 2001, the following periodontal services will be added to the MA Program Fee Schedule for all recipients eligible for dental services:

Type of Service	Procedure Code	Description	MA Fee
21	D4210	gingivectomy or gingivoplasty - per quadrant	\$125.00
OC	D4341	periodontal scaling and root planing - per quadrant	\$75.00
OC	D4355	full mouth debridement to enable comprehensive periodontal evaluation and diagnosis	\$60.00

OC

D4910

periodontal maintenance procedures (following active treatment)

\$44.00

For children under 21 years of age, additional medically necessary periodontal services, not included on the MA Program Fee Schedule, will continue to be reviewed on a case-by-case basis through the Program Exception process.

All periodontal services, except Procedure Code D4355 (full mouth debridement to enable comprehensive periodontal evaluation and diagnosis), require prior authorization. Procedure Code D4355 will require post-operative review through the prior authorization program. Dentists participating in one of the State-contracted voluntary or mandatory PH MCOs must adhere to any specific additional participation and billing requirements from the individual managed care organizations.

PROCEDURE:

The following attachments will assist you in obtaining prior authorization for periodontal services:

- **Attachment 1 - Medical Necessity Authorization Criteria for Periodontal Services** - This attachment identifies the clinical criteria that will be used to review requests for prior authorization.
- **Attachment 2 - How to Complete the Dental Prior Authorization Request (MA 98) for Periodontal Services** - This attachment provides specific instructions for completion of the Dental Prior Authorization Request form.

Revised Medical Assistance Program Fee Schedule for Dental Services pages are attached for your information. Please replace the January 1, 2001 fee schedule included with Medical Assistance Bulletins 03-00-03, issued December 29, 2000, and 03 - 01 - 02, issued February 1, 2001.

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.