

General Assistance Guidelines for Emergency Dental Treatment

General Assistance Vouchers are issued by The Economic Services Division (ESD) of The Department for Children and Families (DCF) as a means of providing emergency treatment to relieve pain, bleeding and/or infection. Payment for covered services is based on the current Office of Vermont Health Access (OVHA) Dental Procedure/Fee Schedule.

The dental procedures listed on the attached document are the **ONLY** procedures that are considered covered services for the treatment of individuals with valid General Assistance Vouchers. All other procedures are **NOT** considered to be emergency in nature and will not be covered by General Assistance.

Please note that General Assistance Vouchers are **NOT** to be used for any of the following dental services:

1. Routine Dental Care
2. Placement of any type of Permanent Restoration (filling)
3. Definitive Root Canal Therapy
4. Fabrication of Dentures
5. Extraction of Non-Infected Teeth
6. Dental Cleanings
7. Periodontal Therapy

Claims submitted for non-covered services will be denied and the individual may not be billed for these services.

Dental providers should forward all General Assistance dental claims to EDS for processing and payment of covered services. Claims are quickly and efficiently processed when the date of service and provider numbers on the dental claim exactly match the corresponding information on the Voucher. Note the following:

- The individual should have an appointment scheduled at a dental office before applying for a Voucher at the ESD office.
- The date range on the Voucher issued by the ESD office must correspond with the date of the appointment scheduled at the dental office. If the Voucher was issued incorrectly, please contact the ESD office that issued the Voucher to request a corrected Voucher.
- The Voucher must be issued to a provider group number if the dental provider is associated with a group practice; and the corresponding dental claim must indicate the provider group number and the individual provider number of the treating dentist in the appropriate fields. If the Voucher was issued incorrectly, please contact the ESD office that issued the Voucher to request a corrected Voucher.
- The Voucher must be issued to an individual provider number only if the dental provider is not associated with a group practice; and the corresponding claim must indicate the individual provider number of the treating dentist in the appropriate fields.
- Please read the Voucher carefully. If the Voucher indicates that the patient is responsible for a portion of the treatment, please collect the payment from the patient. When submitting for payment, please indicate the patient payment on the claim the same way you report a payment by another insurance carrier.
- If a Vermont Medicaid adult patient has exhausted or is close to exhausting their dental benefit for a particular calendar year, and obtains a Voucher for emergency dental treatment, please note that procedures not subject to The Adult Program maximum benefit should be billed to EDS for payment separately from the procedures being billed to General Assistance. Examples of such procedures include a Limited Oral Evaluation (procedure code D0140) and a Re-Evaluation-Limited (procedure code D0170).

Please contact The Office of Oral Health at (802) 863-7341 or (800) 464-4343, extension 7341 with questions regarding covered services for General Assistance. Please contact EDS Provider Services at (802) 879-4450 or (800) 925-1706 with questions regarding claims processing and payment for General Assistance covered services.

General Assistance Procedure Codes for Emergency Dental Treatment Effective 01/01/2008

Procedure Code:	Description:
D0140	Limited Oral Evaluation-Problem Focused
D0150	Comprehensive Oral Evaluation
D0170	Re-Evaluation - Limited, Problem Focused
D0220	Intraoral-Periapical-First Film
D0230	Intraoral-Periapical-Each Additional Film
D0240	Intraoral-Occlusal Film
D0250	Extraoral-First Film
D0260	Extraoral-Each Additional Film
D0270	Bitewing-Single Film
D0272	Bitewings-2 Films
D0274	Bitewings-4 Films
D0330	Panoramic Film
D2940	Sedative Filling
D3220	Therapeutic Pulpotomy
D3221	Pulpal Debridement, Primary and Permanent Teeth
D7111	Extraction of Coronal Remnants - Deciduous Tooth
D7140	Extraction, Erupted Tooth or Exposed Root
D7210	Surgical Removal of Erupted Tooth Requiring Elevation of Muco-Periosteal Flap
D7220	Removal of Soft Tissue Impaction
D7230	Removal of Partially Bone Impacted Tooth
D7240	Removal of Completely Bone Impacted Tooth
D7241	Removal of Completely Bone Impacted Tooth with Unusual Surgical Complications
D7250	Surgical Removal of Residual Tooth Roots
D7260	Oroantral Fistula Closure
D7261	Primary Closure of a Sinus Perforation
D7270	Tooth Reimplantation and/or Stabilization
D7285	Biopsy of Oral Tissue-Hard
D7286	Biopsy of Oral Tissue-Soft
D7410	Excision of Benign Lesion - Diameter up to 1.25 cm
D7411	Excision of Benign Lesion - Diameter greater than 1.25 cm
D7412	Excision of Benign Lesion - Complicated
D7413	Excision of Malignant Lesion - Diameter up to 1.25 cm
D7414	Excision of Malignant Lesion - Diameter greater than 1.25 cm
D7415	Excision of Malignant Lesion, Complicated
D7440	Excision of Malignant Tumor Intra-Osseous Diameter up to 1.25 cm
D7441	Excision of Malignant Tumor Intra-Osseous Diameter greater than 1.25 cm
D7450	Removal of Odontogenic Cyst or Tumor-Lesion Diameter up to 1.25 cm
D7451	Removal of Odontogenic Cyst or Tumor-Lesion Diameter greater than 1.25 cm
D7460	Removal of NonOdontogenic Cyst or Tumor-Lesion Diameter up to 1.25 cm
D7461	Removal of NonOdontogenic Cyst or Tumor-Lesion Diameter greater than 1.25 cm
D7465	Destruction of lesion(s) by physical or chemical method
D7510	Incision and Drainage of Abscess
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body
D7910	Suture of Recent Small Wounds up to 5 cm
D7911	Complicated Suture-up to 5 cm
D7912	Complicated Suture-greater than 5 cm
D9110	Palliative Treatment of Dental Pain-Minor Procedures
D9220	General Anesthesia-First 30 Minutes
D9221	General Anesthesia-Each Additional 15 Minutes
D9230	Analgesia, Anxiolysis, Inhalation of Nitrous Oxide
D9241	Intravenous Sedation/Analgesia-First 30 Minutes
D9242	Intravenous Sedation/Analgesia-Each Additional 15 Minutes
D9248	Non-Intravenous Conscious Sedation
D9920	Behavior Management