

D8080	Comprehensive orthodontic treatment of the adolescent dentition	2,581	2,581
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(d) Other orthodontic services:

D8660	Pre-orthodontic treatment visit	11.00	10.00
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NOTE 1: This code is to be used for comprehensive orthodontic evaluation and assessment.

NOTE 2: Definition and Criteria for Assessing Handicapping Malocclusion Permanent Dentition form (FD-10) must be available in patient records.

D8691	Repair of orthodontic appliance	49.50	45.00
D8692	Replacement of lost or broken retainer	115.00	110.00
* D8999	Unspecified Orthodontic Procedure, By Report	BR	BR

NOTE: Complete description, diagnosis and treatment plan must be submitted.

Public notice: Pursuant to the provisions of N.J.S.A. 30:4D-2, 3, 5, 6 and 7 and the New Jersey Appropriations Act (P.L. 1988, c.47), maximum fee allowance increased at (c), effective August 1, 1988. See: 20 N.J.R. 2101(a).

Amended by R.1996 d.428, effective September 16, 1996.

See: 28 N.J.R. 3069(a), 28 N.J.R. 4243(a).

Amended by R.2000 d.426, effective October 16, 2000.

See: 32 N.J.R. 2411(a), 32 N.J.R. 3836(a).

In (c) and (d), changed Maximum Fee Allowances.

Amended by R.2003 d.16, effective January 6, 2002.

See: 34 N.J.R. 2681(a), 35 N.J.R. 232(a).

Rewrote the section.

10:56-3.12 D9000-D9999 ADJUNCTIVE GENERAL SERVICES

(a) Unclassified treatment:

IND	HCPCS Code	Mod	Procedure Description	Maximum Fee Allowance		
				S	S	NS
d	D9110		Palliative (Emergency) Treatment of Dental Pain—Minor Procedures	10.00		9.00

NOTE: Emergency treatment of dental pain or infection, palliative (flat fee for all services performed, when not covered by separately listed procedure). Diagnosis and description of treatment is required. Per tooth or per site.

(b) Anesthesia:

D9210	Local Anesthesia Not in Conjunction with Operative or Surgical Procedures	13.00	11.00
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NOTE 1: Infiltration and/or nerve block for diagnostic purposes or purposes other than anesthesia.

NOTE 2: Complete report must be available in patient records.

D9211	Regional block anesthesia	13.00	11.00
D9212	Trigeminal division block anesthesia	18.00	16.00
D9220	22 General Anesthesia	125.00	125.00

NOTE: This code applies when the dentist performing the services (attending dentist) also administers the general anesthesia or in conjunction with oral surgery services only.

(c) Special general anesthesia:

1. (Basic units—See American Society of Anesthesiologists Relative Value Guide—2000).

D9220	General anesthesia—first 30 minutes	22.00	22.00
D9221	General anesthesia—each additional 15 minutes	11.00	11.00

NOTE 1: Time units are for each additional 15 minute period or major portion thereof limited to “table” or “chair” time only. Maximum reimbursable is two hours.

NOTE 2: The general anesthesia codes above are limited to use in restorative dentistry alone or restorative dentistry in conjunction with other dental services requiring anesthetic management. These codes are reimbursable only to the dentist whose sole function is to administer general anesthesia.

NOTE 3: An anesthesia record must be available which shows elapsed anesthesia time, and pinpoints time and amounts of drugs administered, pulse rate and character, blood pressure, respiration, and so forth.

D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	15.00	14.00
D9241	Intravenous sedation/analgesia—first 30 minutes	50.00	49.00

NOTE: Parenteral Conscious Sedation.

D9242	Intravenous sedation/analgesia—each additional 15 minutes	11.00	11.00
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NOTE: Maximum reimbursable is eight units.

D9248	Non-intravenous conscious sedation	40.00	40.00
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(d) Professional consultation (diagnostic service provided by a dentist other than practitioner providing treatment):

1. A complete report must be available.

d D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	22.00	17.00
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(e) Professional visits

D9410	House/extended care facility call	20.50	19.00
D9420	Hospital Call	32.00	27.00

NOTE: Code to be used for Hospital Day—Initial—Inpatient or Same Day Surgery.

D9420	Hospital Call	19.00	17.00
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NOTE 1: Code to be used for Hospital Day—Subsequent.

NOTE 2: Consisting of care and treatment by the Practitioner subsequent to date of "Hospital Day—Initial" and including those procedures ordinarily performed during a hospital visit dependent upon the practitioner's discipline.

NOTE 3: Not reimbursable for those services that include follow-up days.

D9430	Office Visit for Observation (During Regularly Scheduled Hours)—No Other Services Performed	9.00	7.00
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NOTE: Code may also be used when post-operative services are necessary following a major surgical procedure (for example, bony impactions, fractures, etc.)

(f) Drugs:

D9610	Therapeutic Drug Injection	2.50	2.50
D9610	22 Therapeutic Drug Injection	13.00	11.00

NOTE: Injection of one or more muscles of mastication in conjunction with treatment of T.M.J. dysfunction.

d° D9630	Other Drugs and/or Medicaments, By Report	BR	BR
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(g) Miscellaneous services:

D9910	Application of Desensitizing Medicaments	6.00	5.00
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NOTE 1: Application to tooth/teeth for cervical sensitivity, erosions, etc.

NOTE 2: This code is not to be used for bases, liners or adhesives under restorations.

NOTE 3: Per visit.

D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	35.50	33.00
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NOTE 1: This code is not to be used for bases, liners or adhesives under restorations.

NOTE 2: Specify tooth code(s).

# D9920	Behavior Management	15.00	13.00
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NOTE 1: Code to be used for those beneficiaries with developmental and other disabilities whose disorders necessitate an excessive amount of time to accomplish treatment. (for example, mental retardation, neurological disorders, etc.) For any use of this code, the dentist shall specify the beneficiary's disability which necessitates the use of this code on the MC-10(A), Request for Prior Authorization, under Section 20, Remarks.

NOTE 2: Payment will be based on 15-minute time units or a major portion thereof. Maximum reimbursement is eight time units on a single date of service.

NOTE 3: The type of disorder and the number of time units requested must be entered on the Dental Services Claim form (MC-10).

NOTE 4: Prior authorization is required for all occurrences of this code.

NOTE 5: Code to be used in addition to other procedures performed.

D9930	Treatment of Complications (Post Surgical)—Unusual Circumstances	9.00	8.00
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NOTE: This code may also be used for post-operative treatment beyond that normally provided as part of the basic procedure or when provided by practitioner other than one who provided the original service or in excess of "follow-up days." (California Relative Value Study—1964), per visit.

D9940	Occlusal Guards	50.00	45.00
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NOTE 1: Special periodontal appliance (including occlusal guards and athletic mouth guards).

NOTE 2: Office procedure.

D9940	22 Occlusal Guards	65.00	58.00
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NOTE 1: Special periodontal appliance (including occlusal guards and athletic mouth guards).

NOTE 2: Laboratory procedure.

D9951	Occlusal Adjustment—Limited	6.00	5.00
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NOTE: One to three teeth.

D9952	22 Occlusal Adjustment—Complete	68.00	60.00
D9971	Odontoplasty 1-2 teeth; includes removal of enamel projections	6.00	5.00
D9974	Internal bleaching—per tooth	33.00	33.00
d** D9999	Unspecified Adjunctive Procedure, By Report	BR	BR

NOTE: To be used only when no code number exists or existing code is not precisely applicable. Complete description of condition and proposed treatment must be submitted to the Medicaid dental consultant.

As amended, R.1981 d.331, effective September 10, 1981. See: 13 N.J.R. 413(a), 13 N.J.R. 575(a).

Delete text of (e)22 and substitute new text therefor. As amended, R.1983 d.584, effective January 1, 1984. See: 15 N.J.R. 1160(a), 15 N.J.R. 2170(a).

Further requirements for reimbursement added. Amended by R.1986 d.385, effective September 22, 1986. See: 18 N.J.R. 1337(a), 18 N.J.R. 1958(a).

Substantially amended. Public notice: Pursuant to the provisions of N.J.S.A. 30:4D-2, 3, 5, 6 and 7 and the New Jersey Appropriations Act (P.L. 1988, c.47), maximum fee allowance increased at (b) Adjunctive general services effective August 1, 1988.

See: 20 N.J.R. 2101(a). Administrative Correction to (c). See: 20 N.J.R. 1375(a).

Amended by R.1996 d.428, effective September 16, 1996.

See: 28 N.J.R. 3069(a), 28 N.J.R. 4243(a).

Amended by R.1998 d.353, effective July 20, 1998.

See: 30 N.J.R. 514(a), 30 N.J.R. 2654(a).

In (g), rewrote NOTE 1 and NOTE 4.

Amended by R.2000 d.426, effective October 16, 2000.

See: 32 N.J.R. 2411(a), 32 N.J.R. 3836(a).

Changed Maximum Fee Allowances throughout.

Amended by R.2001 d.10, effective January 2, 2001.

See: 32 N.J.R. 3377(a), 33 N.J.R. 65(a).

In (c)1, substituted "Society" for "College" following "American", and substituted "2000" for "1967" following "Guide—".

Amended by R.2003 d.16, effective January 6, 2002.

See: 34 N.J.R. 2681(a), 35 N.J.R. 232(a).

Rewrote the section.

APPENDIX A

FISCAL AGENT BILLING SUPPLEMENT

AGENCY NOTE: The Fiscal Agent Billing Supplement is filed as an incorporated Appendix of this chapter/manual but is not reproduced in the New Jersey Administrative Code. When revisions are made to the fiscal agent billing supplement, replacement pages will be distributed to provid-

ers and copies will be filed with the Office of Administrative Law. For a copy of the Fiscal Agent Billing Supplement, write to:

UNISYS

PO Box 4801

Trenton, New Jersey 08650-4801

or contact:

Office of Administrative Law

Quakerbridge Plaza, Building 9

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Trenton, New Jersey 08625-0049

New Rule, R.1996 d.428, effective September 16, 1996.

See: 28 N.J.R. 3069(a), 28 N.J.R. 4243(a).

Amended by R.1998 d.353, effective July 20, 1998.

See: 30 N.J.R. 514(a), 30 N.J.R. 2654(a).

Updated the addresses.