

CHAPTER 56
MANUAL FOR DENTAL SERVICES

Authority

N.J.S.A. 30:4D-1 et seq. and 30:4J-8 et seq.

Source and Effective Date

R.2007 d.36, effective December 27, 2006.
See: 38 N.J.R. 3419(a), 39 N.J.R. 479(a).

Chapter Expiration Date

Chapter 56, Manual for Dental Services, expires on December 27, 2011.

Chapter Historical Note

Chapter 56, Dental Services Manual, was adopted as R.1971 d.70, effective May 12, 1971. See: 3 N.J.R. 58(c), 3 N.J.R. 110(b).

Chapter 56, Manual for Dental Services, was adopted as R.1978 d.2, effective March 1, 1978. See: 9 N.J.R. 431(c), 10 N.J.R. 66(e).

Pursuant to Executive Order No. 66(1978), Subchapter 3, Procedure Codes and Descriptions, was readopted as R.1986 d.128, effective March 24, 1986. See: 18 N.J.R. 154(a), 18 N.J.R. 847(b).

Pursuant to Executive Order No. 66(1978), Chapter 56, Manual for Dental Services, was readopted as R.1986 d.385, effective August 26, 1986. See: 18 N.J.R. 1337(a), 18 N.J.R. 1958(a).

Subchapter 3, Procedure Codes and Descriptions, was repealed and a new Subchapter 3, HCFA Common Procedure Coding System (HCPCS), was adopted as R.1987 d.166, effective April 6, 1987. See: 19 N.J.R. 15(b), 19 N.J.R. 519(a).

Pursuant to Executive Order No. 66(1978), Chapter 56, Manual for Dental Services, was readopted as R.1991 d.473, effective August 21, 1991. See: 23 N.J.R. 1992(a), 23 N.J.R. 2862(a).

Pursuant to Executive Order No. 66(1978), Chapter 56, Manual for Dental Services, was readopted as R.1996 d.428, effective August 14, 1996. As part of R.1996 d.428, Subchapter 2, Provider Instructions for Requesting Authorization and Payment for Dental Services, was repealed and a new Subchapter 2, Provisions for Services, was adopted, effective September 16, 1996. See: 28 N.J.R. 3069(a), 28 N.J.R. 4243(a).

Chapter 56, Manual for Dental Services, was readopted as R.2001 d.268, effective July 10, 2001. See: 33 N.J.R. 1554(a), 33 N.J.R. 2666(b).

Chapter 56, Manual for Dental Services, was readopted as R.2007 d.36, effective December 27, 2006. See: Source and Effective Date. See, also, section annotations.

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SUBCHAPTER 1. DENTAL SERVICES; GENERAL PROVISIONS

10:56-1.1 Purpose and scope

This chapter describes the requirements of the New Jersey Medicaid/NJ FamilyCare fee-for-service programs pertaining to the provision of, and reimbursement for, medically-necessary dental services to eligible beneficiaries. In addition to the provider's private office, dental services may be provided in the home, hospital, ambulatory surgical center, approved independent clinic, nursing facility, intermediate care facility for the mentally retarded (ICF/MR), residential treatment center, or elsewhere.

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

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

Former N.J.A.C. 10:56-1.1, "Definitions", recodified to 10:56-1.2.

Amended by R.2001 d.268, effective August 6, 2001.

See: 33 N.J.R. 1554(a), 33 N.J.R. 2666(b).

Inserted "NJ FamilyCare fee-for-service" preceding "programs".

Amended by R.2007 d.36, effective February 5, 2007.

See: 38 N.J.R. 3419(a), 39 N.J.R. 479(a).

Deleted "(N.J.A.C. 10:56)" following "chapter", substituted "requirements" for "policies and procedures" and "beneficiaries" for "individuals", and inserted "provider's" and "ambulatory surgical center".

10:56-1.2 Definitions

The following words and terms, when used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise.

"Ambulatory Surgical Center (ASC)" means any distinct entity that: operates exclusively for the purpose of providing surgical services to patients not requiring hospitalization; has an agreement with the Centers for Medicare & Medicaid Services (CMS) as a Medicare participating provider for ambulatory surgical services; is licensed, if required, by the New Jersey State Department of Health and Senior Services, or is similarly licensed by a comparable agency of the state in which the facility is located; and meets the enrollment and participation requirements of the New Jersey Medicaid/NJ FamilyCare programs as indicated at N.J.A.C. 10:49-3.2, and 10:66-1.3.

"Attending dentist" means one who assumes the primary and continuing dental care of the beneficiary. The services of only one attending dentist will be recognized at a given time.

"Clinical laboratory services" means professional and technical laboratory services ordered by a dentist within the scope of practice as defined by the laws of the state in which the dentist practices and, which are provided by a laboratory.

"Concurrent care" means that type of service rendered to a beneficiary by practitioners where the dictates of dental necessity require the services of dentists of different specialties in addition to the attending dentist so that needed care can be provided.

"Consultation" means that service rendered by a qualified dentist upon request of another practitioner in order to evaluate through personal examination of the beneficiary, history, physical findings and other ancillary means, the nature and progress of a dental or related disease, illness, or condition and/or to establish or confirm a diagnosis, and/or to determine the prognosis, and/or to suggest treatment. A consultation should not be confused with "referral for treatment" when one practitioner refers a beneficiary to another practitioner for treatment, either specific or general, for example, "Endodontic treatment on teeth No.'s 3 and 5"; or "Extract teeth No.'s 7, 8, 9, and 10"; or "Extract tooth or teeth causing pain."

"Dental Services" means any diagnostic, preventive, or corrective procedures administered by or under the direct

personal supervision of a dentist in the practice of the practitioner's profession. Such services include treatment of the teeth, associated structures of the oral cavity and contiguous tissues, and the treatment of disease, injury, or impairment which may affect the oral or general health of the individual. Such services shall maintain a high standard for quality and shall be within the reasonable limits of those services which are customarily available, accepted by, and provided to most persons in the community within the limitations, and exclusions hereinafter specified.

"Direct personal supervision" means the actual physical presence of the dentist on the premises.

"Division" means the Division of Medical Assistance and Health Services.

"Emergency" means a specific condition of the oral cavity and/or contiguous tissues which causes severe and/or intractable pain and/or could compromise the life, health, or safety of the beneficiary unless treated immediately. For example:

1. Pain or acute infection from a restorable or a non-restorable tooth;
2. Pain resulting from injuries to the oral cavity and related structures;
3. Extensive, abnormal bleeding;
4. Fractures of the maxilla or mandible or related structures or dislocation of the mandible.

"Non-routine dental service" means any dental service that requires prior authorization by a Medicaid/NJ FamilyCare dental consultant in order to be reimbursed by the New Jersey Medicaid/NJ FamilyCare program.

"Nursing facility" means a long-term care facility or an intermediate care facility for the mentally retarded (ICF/MR).

"Participating dentist" means any dentist licensed to and currently registered to practice dentistry by the licensing agency of the State where the dental services are rendered, who accepts the promulgated requirements of the New Jersey Division of Medical Assistance and Health Services, and signs a provider agreement with the Division.

"Program" means the New Jersey/NJ FamilyCare program.

"Prior authorization" means approval by a dental consultant to the New Jersey Medicaid/NJ FamilyCare program before a service is rendered.

"Referral" means the directing of the beneficiary from one practitioner to another for diagnosis and/or treatment.

"Routine dental service" means any dental service that is reimbursable by the New Jersey Medicaid/NJ FamilyCare program without authorization by a Medicaid/NJ FamilyCare dental consultant.