

March 9, 2021

*****IMPORTANT NOTICE*****

Virginia *Smiles For Children* Adult Dental Benefits



Can You Help This Patient?

Dear Provider(s):

DentaQuest is thrilled to announce that the Virginia *Smiles for Children* Medicaid dental program will also offer a **Comprehensive Adult Benefit** for Virginia Medicaid members 21 and over effective July 1, 2021. This means that DentaQuest will administer a **single dental program** for Virginia's Medicaid members. We look forward to working with you as you treat the adult members under this plan.

The adult benefit will offer the following benefits:

- Diagnostic and Preventive Care
- Restorative Care
- Endodontics
- Periodontics
- Dentures and Partials
- Oral Surgery
- Anesthesia Services

Attached is a complete list of covered services and fees. If you have questions about your current participation status, we encourage you to contact Provider Services at 1.888.912.3456 or contact your Provider Engagement representative.

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We'd like to hear from you! Please watch out for a provider survey we'll send by email designed to gather input from you, which is absolutely vital to the success of the *Smiles For Children* program in your community. If you prefer, you could help us by answering these few questions below. Please fax your responses to 262.834.3482. Thank you for your continued participation in the *Smiles for Children* program and working with us to provide quality dental care and improve the oral health of patients in your community.



Sincerely,

Katherine Mulligan
Director of Provider Engagement

Thank you for taking the time to complete these few questions regarding your practice. Once completed, please fax this page to our **VA Provider Engagement team at 262.834.3482**.

What is your Location Name _____ and Tax ID Number _____

Do you plan to treat adult members with the new comprehensive benefit? Yes No

If yes, how many adult patients will you be able to treat each month? _____

How Many General Dentists are at this location? _____ Full Time _____ Part Time

How many Dental Assistants do you have in your office? _____ Full time _____ Part time

How Many Dental Hygienists do you have in your office? _____ Full time _____ Part time

If you are a General Dentist, do you:

Provide molar endodontic treatment? Yes No

Perform gingivectomies? Yes No

Fabricate and place full and partial dentures? Yes No

Do you treat adults with special health care needs such as ID/DD (Intellectual Disability/Developmental Disability)?

Yes No

If you'd like your provider relations representative to contact you, please provide your contact info here: Contact

Name: _____ Contact Phone Number: _____

Best Time to Reach You: Day _____ Time _____

VA Smiles For Children Adult Benefit Fee Schedule

Code	Description	Fee
D0120	periodic oral evaluation established patient	\$20.15
D0140	limited oral evaluation-problem focused	\$24.83
D0150	comprehensive oral evaluation new or established patient	\$31.31
D0170	re-evaluation, limited problem focused	\$24.83
D0220	intraoral - periapical first radiographic image	\$11.18
D0230	intraoral - periapical each additional radiographic image	\$11.18
D0240	intraoral - occlusal radiographic image	\$12.27
D0250	extraoral – first film	\$47.19
D0251	extraoral posterior	\$47.19
D0270	bitewing - single radiographic image	\$11.18
D0272	bitewings - two radiographic images	\$20.15
D0274	bitewings - four radiographic images	\$27.60
D0330	panoramic radiographic image	\$53.99
D1110	prophylaxis - adult	\$47.19**Note: up to three times / year / provider by medical necessity
D1354	Interim caries arresting medicament application	\$32.28
D2140	amalgam - one surface	\$59.38
D2150	amalgam - two surfaces	\$75.53
D2160	amalgam - three surfaces	\$89.18
D2161	amalgam - four or more surfaces	\$100.36
D2330	resin-based composite - one surface, anterior	\$74.28
D2331	resin-based composite - two surfaces, anterior	\$89.18
D2332	resin-based composite - three surfaces, anterior	\$115.27
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$132.66
D2391	resin-based composite - one surface, posterior	\$74.28
D2392	resin-based composite - two surfaces, posterior	\$89.18
D2393	resin-based composite - three surfaces, posterior	\$115.27
D2394	resin-based composite - four or more surfaces, posterior	\$127.70
D2740 through D2794	Crowns by pre-authorization on teeth that have been root canal treated.	\$500.00
D2920	re-cement or re-bond crown	\$43.46
D2931	prefabricated stainless-steel crown permanent tooth	\$136.93
D2932	prefabricated resin crown	\$128.22
D2940	sedative filling	\$40.48

Code	Description	Fee
D2950	core buildup, including any pins when required	\$110.27
D2951	pin retention - per tooth, in addition to restoration	\$19.87
D2952	cast post and core in addition to crown	\$123.06
D2954	prefabricated post and core in addition to crown	\$110.27
D3221	gross pulpal debridement	\$67.49
D3310	endodontic therapy, anterior tooth (excluding final restoration)	\$375.00
D3320	endodontic therapy, premolar tooth (excluding final restoration)	\$430.00
D3330	endodontic therapy, molar tooth (excluding final restoration)	\$679.00
D4210	gingivectomy or gingivoplasty four or more contiguous teeth or tooth bounded spaces per quadrant	\$340.26
D4211	gingivectomy or gingivoplasty one to three contiguous teeth or tooth bounded spaces per quadrant	\$200.00
D4341	periodontal scaling and root planing - four or more teeth per quadrant	\$93.14
D4342	periodontal scaling and root planing - one to three teeth per quadrant	\$49.08
D4346	scaling in presence of generalized moderate or severe gingival inflammation– full mouth, after oral evaluation	\$47.19
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	\$78.28
D4910	periodontal maintenance procedures	\$62.09
D5110	complete denture - maxillary	\$674.85
D5120	complete denture - mandibular	\$674.85
D5211	maxillary partial denture-resin base	\$660.65
D5212	mandibular partial denture-resin base	\$660.65
D5213	maxillary partial denture - cast metal framework	\$742.34
D5214	mandibular partial denture - cast metal framework	\$742.34
D5511	repair broken complete denture base mandibular	\$83.19
D5512	repair broken complete denture base maxillary	\$83.19
D5520	replace tooth complete denture	\$68.29
D5640	replace tooth partial denture	\$109.27
D5650	Add tooth to partial denture	\$95.63
D5730	reline complete maxillary denture (chair)	\$202.39
D5731	reline complete mandibular denture (chair)	\$202.39
D5750	reline complete maxillary denture (laboratory)	\$237.14
D5751	reline complete mandibular denture (laboratory)	\$237.14
D6930	re-cement or re-bond bridge	\$63.33

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Code	Description	Fee
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$69.00
D7210	surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$128.00
D7220	removal of impacted tooth-soft tissue	\$154.00
D7230	removal of impacted tooth-partially bony	\$213.00
D7240	removal of impacted tooth-completely bony	\$247.00
D7241	removal of impacted tooth-completely bony, with unusual surgical complications	\$266.00
D7250	surgical removal of residual tooth roots (cutting procedure)	\$128.00
D7260	oroantral fistula closure	\$382.38
D7261	primary closure of a sinus perforation	\$184.02
D7285	incisional biopsy of oral tissue-hard (bone, tooth)	\$81.95
D7286	incisional biopsy of oral tissue-soft	\$81.95
D7288	brush biopsy - transepithelial sample collection	\$61.35
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$101.84
D7311	alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$49.08
D7320	alveoloplasty - not with extractions per quadrant	\$171.38
D7321	alveoloplasty not with extractions 1 to 3 teeth	\$85.88
D7450	removal of odontogenic cyst or tumor - lesion diameter up to 1.25cm	\$142.14
D7451	removal of odontogenic cyst or tumor - lesion greater than 1.25cm	\$161.01
D7471	removal of exostosis - per site	\$171.38
D7472	removal of torus palate	\$245.40
D7473	Removal of torus mandible	\$171.38
D7510	incision and drainage of abscess intraoral soft tissue	\$31.04
D7511	incision and drainage of abscess intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$68.00
D7880	occlusal orthotic device	\$391.41
D9110	palliative (emergency) treatment of dental pain - minor procedure	\$48.43
D9222	deep sedation/general anesthesia first 15 minutes	\$64.00
D9223	deep sedation/general anesthesia - each subsequent 15-minute increment	\$64.00
D9230	analgesia nitrous	\$33.74
D9239	intravenous moderate (conscious) sedation/analgesia - first 15 minutes	\$52.50

Code	Description	Fee
D9243	intravenous moderate (conscious) sedation/analgesia - each subsequent 15-minute increment	\$52.50
D9248	non-intravenous moderate (conscious) sedation	\$110.00
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$83.19
D9410	house/extended care facility	\$64.56
D9420	hospital call	\$64.56
D9610	therapeutic drug injection	\$19.87
D9630	other drugs and/or medicaments	\$19.87
D9930	treatment of complications (post- surgical)	\$33.52
D9990	translation language services	\$12.50
D9992	dental case management-care coordination	\$8.28
D9994	dental case management-patient education	\$8.28
D9995	teledentistry – synchronous; real-time encounter	\$35.00
D9996	teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	\$15.00
D9999	unspecified adjunctive procedure, by report	Payment decided by appropriate narrative