



THE PAIUTE INDIAN TRIBE OF UTAH

440 North Paiute Drive • Cedar City, Utah 84721 • (435) 586-1112

RESOLUTION 2012-20

SUBJECT: Covered Dental Services

WHEREAS: the Paiute Indian Tribe of Utah ("Tribe") is a federally recognized Indian tribe under 25 U.S.C. § 761, et seq., organized under the Tribe's Constitution, as ratified by the Tribe on June 11, 1991, and approved by the Secretary of the Interior on July 15, 1991, and amended by the Tribe on August 12, 1997, and approved by the Secretary of the Interior on September 30, 1997, pursuant to Section 16 of the Indian Reorganization Act of June 18, 1934 (48 Stat. 984); and

WHEREAS: the Tribal Council is the official governing body of the Tribe; and

WHEREAS: Article V, Section 1 of the Tribe's Constitution states that the Tribal Council is vested with all executive and legislative powers of the Tribe, including the power to make and implement laws; and

WHEREAS: there are limited funds available for dental services that are provided to **PRC** eligible patients through the Tribe's 638 Health Contract; and

WHEREAS: the number of eligible individuals accessing our dental services increases every year and the available funds do not meet the need it has become necessary to set the levels of care for dental services that the Tribe will provide.

THEREFORE BE IT RESOLVED THAT: due to limited funding for dental services the Tribal Council hereby adopts **Level I- Diagnostic, Level II- Preventive Dental Services**, and **Level III-Restorative** from the attached list of Covered Dental Services. **Levels IV-Endodontics** and **Level V- Periodontics** may be provided in extreme or emergency situations on a case by case basis based on urgency of care as determined by the IHS Dental Consultant's recommendation.

BE IT FURTHER RESOLVED: In order to establish prevention oriented dental care, eligible patients must obtain diagnostic (exam and x-rays) and preventive (prophylaxis or periodontal maintenance) services through the dental services provided at the Tribal Clinics or their own dental provider **every 12 months** for them to be eligible for PRC funds to be distributed for restorative needs.


BE IT FURTHER RESOLVED: That the Tribe has determined that Orthodontics will only be provided to children under the age of 18 and only if they are needed to correct dental problems that may cause further problems with their teeth or health complications. Orthodontics for adults will not be covered unless it has been determined by the IHS Dental Consultant that there is a need for the work to be done in order to prevent further dental complications or health problems.

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BE IT FURTHER RESOLVED: That the Tribal Council hereby approves the Covered Dental Services listed on Attachment A to this Resolution, as the dental services that will be provided through the Tribes 638 Health Contract. These Covered Dental Services to become effective immediately.

CERTIFICATION

I hereby certify that the foregoing Resolution was fully considered by the Tribal Council at a duly called meeting in Cedar City, Utah, at which a quorum was present and that the same was passed by a vote of 5 in favor, 0 opposed, 0 abstained, and 0 absent this 2nd day of March 2012.


Jeanine Borchardt, Tribal Chairwoman

ATTEST:


Naomi Colorow, Tribal Council Secretary

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ATTACHMENT A

COVERED DENTAL SERVICES

The following dental services will be covered through Purchase Referred Care for the patients normally covered under the PRC provisions for the Tribe. The procedure codes are formatted with the Current Dental Terminology CDT 2011-2012 American Dental Association Practical Guide to Dental Procedure Codes. Requests for payment will be reviewed in conjunction with the current CDT manual. Any dental insurance and/or Medicaid will be the payer of first resort. Services must be pre-authorized through the CHS program and are subject to the policies and procedures of CHS. Oral Surgery procedures for life threatening infections and jaw fractures are normally covered by CHS.

Point of contact for this process is the CHS Program.

PLEASE NOTE: Excluded services (considered Level IV & V care) will not be covered unless deemed medically necessary by the dentist report. Level IV covers basic rehabilitation services necessary to contain the disease process after it is established or to improve the form and/or restore the function of the oral structures. These services are more difficult to provide since the disease process is well established. The procedures are directed as containment or basic rehabilitation. They include complex restorative procedures (on-lays, cores, and crowns), the majority of endodontic procedures, most advanced periodontal procedures, prosthodontic appliances that restore function, pre-prosthetic surgery, and most interceptive or limited orthodontic procedures. Level V covers complex rehabilitation services that require significant time, special skills or cost to provide. Certain patients will require referral to dental care providers skilled in providing the specific procedure and/or which have limited their practice to that specific specialty area. The patient must present special circumstances that would warrant a specialty referral. Level V services may not improve the overall prognosis for most patients; therefore, provisions of these services are very limited. Please call the Contract Health program if the dental services you are requesting fall into the excluded category.

EXCLUDED SERVICES:

- Cosmetic Veneers, Lumineers and other indirect and direct veneers
- Dental Implants – does not cover implant placements or final restorations
- Orthodontic Services including Invisalign procedures
(except for 18 years or younger as deemed necessary by the dental consultant)
- Orthognathic surgery for cosmetic or orthodontic purposes
- Cephalometric films and Cone-Beam Radiology
- Endodontic/ Apicoectomy/Root Resection Surgeries

Endodontic Apexification/Recalcification/ Apexogenesis Procedures
Endodontic Retreatments
Molar endodontic procedures (unless it is on 1st molars or strategic teeth)
(add this)
Stainless Steel Crowns on Adult Teeth (CODE 2931)
Endodontic therapy, bicuspid tooth (excluding final restoration)
Athletic Mouthguards, Occlusal or Bruxing Mouthguards or Retainers
Post and Core Procedures
IV Sedation, Conscious Sedation, Oral anxiolysis, Nitrous Oxide
Periodontal Surgery – gingivectomies, flap and graft procedures
Crown and Bridge Procedures -includes crowns, bridges

INCLUDED SERVICES

PLEASE NOTE: Only services below are allowable and reimbursable by PITU unless indicated otherwise. If you are uncertain please call the **Paute Health Department Business Office BEFORE obtaining any dental treatment.**

D0100-D0999 I. Diagnostic

D0120 periodic oral evaluation -established patient (**once per 6-month period**)
D0140 limited oral evaluation -problem focused
D0145 oral evaluation for a patient under three years of age and counseling with primary caregiver
D0150 comprehensive oral evaluation -new or established patient (**once per patient**)
D0160 detailed and extensive oral evaluation –problem focused, by report
D0180 comprehensive periodontal evaluation -new or established patient

Radiographs/Diagnostic Imaging (Including Interpretation)

D0210 intraoral -complete series (including bitewings) -(**once during 3-year period**)
D0220 intraoral -periapical first film
D0230 intraoral -periapical each additional film
D0240 intraoral -occlusal film
D0270 bitewing -single film (**supplemental bitewings -once per 6 month period**)
D0272 bitewings -two films
D0273 bitewings -three films
D0274 bitewings -four films
D0277 vertical bitewings –7 to 8 films
D0330 panoramic film

Tests and Examinations

D0415 collection of microorganisms for culture and sensitivity
D0460 pulp vitality tests

Oral Pathology Laboratory

D0472 accession of tissue, gross examination, preparation and transmission of written report

D0473 accession of tissue, gross and microscopic examination, preparation and transmission of written report

D1000-D1999 II. Preventive Dental Services

Dental Prophylaxis -(once per 6-month period)

D1110 prophylaxis –adult

D1120 prophylaxis –child

Topical Fluoride Treatment (Office Procedure) - (Selected patients w/high caries activity, needs approval by Dental consultant)

D1206 topical fluoride varnish; therapeutic application for moderate to high caries risk patients

D1208 topical application of fluoride, regardless of the form of fluoride used
(once per 6-month period) (new code)

Other Preventive Services

D1351 sealant-per tooth

D1352 preventive resin restoration in a moderate to high caries risk patient -permanent tooth

D1501 Space maintainer fixed - unilateral

D1555 removal of fixed space maintainer

D2000-D2999 III. Restorative

Amalgam Restorations

D2140 amalgam -one surface, primary or permanent

D2150 amalgam -two surfaces, primary or permanent

D2160 amalgam -three surfaces, primary or permanent

D2161 amalgam -four or more surfaces, primary or permanent, cusp-protected alloy

Resin-based Composite Restorations -Direct

D2330 resin-based composite -one surface, anterior

D2331 resin-based composite -two surfaces, anterior 2011-2012 CDT

D2332 resin-based composite -three surfaces, anterior

D2335 resin-based composite -four or more surfaces or involving incisal angle (anterior)

D2391 resin-based composite -one surface, posterior

D2392 resin-based composite -two surfaces, posterior

D2393 resin-based composite -three surfaces, posterior

D2394 resin-based composite -four surfaces, posterior

(added posterior composites)

Other Restorative Services

D2910 recement inlay, onlay, or partial coverage restoration

D2915 recement cast or prefabricated post and core

D2920 recement crown

- D2930 prefabricated stainless steel crown -primary tooth
- D2940 protective restoration
- D2950 core build up, including any pins

D3000-D3999 IV. Endodontics

Pulpotomy

- D3220 therapeutic pulpotomy (excluding final restoration) -removal of pulp coronal to the dentinocemental junction and application of medicament -primary teeth only
- D3221 pulpal debridement, primary and permanent teeth

Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-up Care)

- D3310 endodontic therapy, anterior tooth (excluding final restoration)

D4000-D4999 V. Periodontics

Non-Surgical Periodontal Service

- D4341 periodontal scaling and root planing – four or more teeth per quadrant
- D4342 periodontal scaling and root planing – one to three teeth per quadrant
- D4346 scaling in presence of generalized moderate or severe gingival inflammation – full mouth after oral evaluation (new code)
- D4355 full mouth debridement to enable comprehensive evaluation and diagnosis

Other Periodontal Services D4910 periodontal maintenance (3-4 times per year with periodontal probing and approval by dental consultant or dental hygienist)

D5000-D5899 VI. Prosthodontics (removable)

Adjustments to Dentures

- D5410 adjust complete denture -maxillary
- D5411 adjust complete denture -mandibular
- D5421 adjust partial denture -maxillary
- D5422 adjust partial denture -mandibular

Repairs to Complete Dentures

- D5510 repair broken complete denture base
- D5520 replace missing or broken teeth -complete denture (each tooth)

Repairs to Partial Dentures

- D5610 repair resin denture base
- D5640 replace broken teeth -per tooth

Denture Reline Procedures

- D5730 reline complete maxillary denture (chairside)
- D5731 reline complete mandibular denture (chairside)
- D5740 reline maxillary partial denture (chairside)

D5741 reline mandibular partial denture (chairside)

Complete and partial dentures:

D5110 Complete denture - maxillary

D5120 Complete denture - mandibular

D5211 Maxillary partial denture – resin base (including any conventional clasps, rests and teeth)

D5212 Mandibular partial denture – resin base (including any conventional clasps, rests and teeth)

D5213 Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)

D5214 Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)

D5900-D5999 VII. Maxillofacial Prosthetics -facial reconstruction, plastic surgery - These services are not covered unless deemed medically necessary by dentist report.

D6000-D6199 VIII. Implant Services - any implant services

These services are not covered unless deemed medically necessary by dentist report.

D6200-D6999 IX. Prosthodontics, fixed - bridgework and im plant restorations

These services are not covered unless deemed medically necessary by dentist report.

D7000-D7999 X. Oral and Maxillofacial Surgery

Extractions (Includes local anesthesia, suturing, if needed, and routine postoperative care)

D7111 extraction, coronal remnants -deciduous tooth

D7140 extraction, erupted tooth or exposed root (elevation and/or forceps removal)

Surgical Extractions (Includes local anesthesia, suturing, if needed, and routing postoperative care)

D7210 surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated

D7220 removal of impacted tooth -soft tissue

D7230 removal of impacted tooth -partially bony

D7240 removal of impacted tooth -completely bony

D7241 removal of impacted tooth -completely bony, with unusual surgical complications

D7250 surgical removal of residual tooth roots (cutting procedure)

Other Surgical Procedures

- D7260 oroantral fistula closure
- D7261 primary closure of a sinus perforation
- D7270 tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth
- D7280 surgical access of an unerupted tooth
- D7286 biopsy of oral tissue – soft

Alveoloplasty - Surgical Preparation of Ridge for Dentures

D7310 alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant

D8000-D8999 XI. Orthodontics

These services are not covered unless deemed medically necessary by dentist report.

D9000-D9999 XII. Adjunctive General Services

Unclassified Treatment

- D9110 palliative (emergency) treatment of dental pain – minor procedure
- D9120 fixed partial denture sectioning

Anesthesia

D9210 local anesthesia not in conjunction with operative or surgical procedures

Miscellaneous Services

- D9910 application of desensitizing medicament
- D9911 application of desensitizing resin for cervical and/or root surface, per tooth
- D9930 treatment of complications (post-surgical) -unusual circumstances, by report
- D9951 occlusal adjustment –limited
- D9991 dental case management – addressing appointment compliance barriers
- D9992 dental case management – care coordination
- D9993 dental case management – motivational interviewing
- D9994 dental case management – patient education to improve oral health literacy (new codes)

Limitations

The following is a list of dental services and their specific limitations:

Procedure	Limitation
Initial oral exam	Once per patient
Periodic oral exam	Once per 6-month period
Full mouth radiographs	Once during 3-year period
Supplemental bitewing	Once per 6-month period
Prophylaxis	Once per 6-months, includes education
Topical Fluoride	Selected patients with high caries activity
Crowns	only when a less complex restoration is not possible or is a strategic tooth – 1 st molars, canines and anterior teeth (supported by x-rays and periodontal charting)

Periodontics

Limitations on type and frequency of services vary with disease severity; needs to have approval by dental consultant or hygienist

Prosthodontics

No replacement within 5 years