

IME PRICING DOCUMENT

Use the Pricing Document only if you receive a Form 942 (Incurred Medical Expense Verification) on an A/R who has to pay a cost share or patient liability amount. The Document is a list of medical services not covered by Medicaid. The cost share or patient liability amount may be adjusted to allow for non-covered services only.

Only adjust the cost share or patient liability for a non-covered service that is prescribed by a doctor or dentist. Refer to Form 942 for verification.

Do not adjust the cost share or patient liability for a service that would have been paid by Medicaid had the A/R used a Medicaid-participating provider. Medicaid does not pay non-participating providers for a covered service. Refer to Form 942 for verification.

When you receive Form 942 on an A/R, use the Pricing Document to determine if the service is non-covered. If you think that the Pricing Document does not provide you the information that you need for a particular Form 942, submit the Form 942 to the Department of Community Health for review. Attach the IME Query form to Form 942 and mail to the address on the IME Query form.

Medical services **not** covered by Medicaid for adults, age 21 and older are:

- routine dental services (tooth extractions are covered)
- complete and partial dentures
- prescription eyeglasses
- hearing aids

Refer to the listing of these services for the maximum amount to allow as an income deduction. If the medical care provider charges less than the maximum amount listed in the Document, allow the lesser of the two amounts.

CONTENTS

- Eyeglasses
- Vision
- Hearing Aids
- Home Health Care and Supplies
- Psychological Services
- Dental Services
- Prescription Drugs
- Nursing Home Services
- Physician and Psychiatric Services
- Podiatry and Orthopedic Services

| Code | Item or Service | Max Amt Allowed |
|-------------|------------------------|------------------------|
|-------------|------------------------|------------------------|

| Eyeglasses | | |
|-------------------|--|------|
| | eye exam/office visit (determine refractive state) | \$41 |
| | eyeglass frames | \$35 |
| | bifocal lenses | \$45 |
| | monofocal lenses | \$25 |
| | fitting of bifocals (dispensing of) | \$34 |
| | fitting of monofocals | \$28 |

| Vision | | |
|---------------|--|------|
| 92015 | Refraction | \$40 |
| V2020 | Europa International EL-236 | \$35 |
| V2203 | Lab Supplied bif sphcyl pl - 4.00/.12- 2.00 | \$45 |
| V2204 | Lab Supplied bif sphcyl pl - 4.00/.12- 2.00 | \$45 |
| V2784 | Lab supplied Polycarb NH | \$10 |
| V2201 | Lab supplied bif sph 4.12 - 7.00 | \$45 |
| V2103 | Lab supplied sv sphcyl pl - 4.00/.12 - 2.00 | \$30 |
| V2207 | Lab supplied bif sphcyl 4.25 - 7.00/.12 - 2.00 | \$45 |
| V2781 | Lab supplied Base progressive - Optogenics | \$30 |
| V2715 | Lab supplied prism 6-12 diopters | \$25 |

| Hearing Aids | | |
|---------------------|---|--------|
| | Hearing Aid | \$833 |
| | Hearing Aid, Programmable | \$1193 |
| | Earmold, Hearing Aid, Not Disposable, (custom filled, per ear mold, 12/yr.) | \$45 |
| | Repairs/Labor | \$45 |
| | Batteries, Hearing Aid (1 pkg. per month) | \$5 |
| | Hearing Aid Supplies/Accessories: garment - 2/yr. | \$23 |
| | Hearing Aid Supplies/Accessories: cord - 6/yr. | \$10 |

| Home Health Care and Supplies Note: for the EDWP/CCSP COAs only | | |
|---|--|-------------------|
| | Incontinence Care (diapers, pads and briefs) | allow actual cost |
| | Liquid Nutritional Supplements (i.e. Ensure) | allow actual cost |
| | Over-the-Counter Medical Supplies | allow actual cost |

Psychological Services

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| | Psychological Diagnostic Interview/ Evaluation/Testing | \$62 per 1 hour unit |
| | Individual or Family Psychotherapy | \$53 per ½ hour unit |
| | Group Psychotherapy | \$29 per ½ hour unit |

DENTAL SERVICES

Note: D7971, D7440, D7450, D7451, D7460, D7461, D7471 and D7480 are non-covered for adults.
Early & Periodic Screening, Diagnostic, Treatment (EPSDT)

**These dental services could be utilized as an IME if not otherwise allowed in the state plan or at the specific location of the member.*

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|-------|--|--------------|----------|
| D0210 | Full-Mouth Radiographs Full-Mouth Series | (EPSDT ONLY) | \$72.45 |
| D0220 | Individual Periapical Radiographs | (EPSDT ONLY) | \$13.45 |
| D0230 | Individual Periapical Radiographs | (EPSDT ONLY) | \$10.35 |
| D0240 | Occlusal Radiographs - Occlusal Film, one film | (EPSDT ONLY) | \$19.66 |
| D0270 | Bitewing, One Film | (EPSDT ONLY) | \$14.49 |
| D0272 | Bitewing, Two Films | (EPSDT ONLY) | \$21.73 |
| D0274 | Bitewing, Four Films | (EPSDT ONLY) | \$33.12 |
| D0150 | Comprehensive Oral Evaluation | (EPSDT ONLY) | \$39.33 |
| D0120 | Periodic Oral Evaluation | | \$22.77 |
| D2140 | Amalgam Restorations (Including local anesthesia, base and polishing) - Permanent, One Surface | (EPSDT ONLY) | \$60.03 |
| D2140 | Amalgam Restorations (Including local anesthesia, base and polishing) - Primary | (EPSDT ONLY) | \$53.82 |
| D2150 | Amalgam Restorations (Including local anesthesia, base and polishing) - Permanent, Two Surfaces | (EPSDT ONLY) | \$77.62 |
| D2150 | Amalgam Restorations (Including local anesthesia, base and polishing) - Primary | (EPSDT ONLY) | \$69.34 |
| D2160 | Amalgam Restorations (Including local anesthesia, base and polishing) - Permanent, Three Surfaces | (EPSDT ONLY) | \$94.18 |
| D2160 | Amalgam Restorations (Including local anesthesia, base and polishing) - Primary | (EPSDT ONLY) | \$82.80 |
| D2951 | Amalgam Restorations (Including local anesthesia, base and polishing) - Pin Retention (exclusive of restoration) | (EPSDT ONLY) | \$28.98 |
| D2999 | Amalgam Restorations (Including local anesthesia, base and polishing) - Endo Post | (EPSDT ONLY) | \$54.22 |
| D2330 | Acrylic and Composite Restorations Composite - One Surface, Anterior | | \$71.41 |
| D2331 | Acrylic and Composite Restorations Composite - Two Surfaces, Anterior | | \$91.08 |
| D2332 | Acrylic and Composite Restorations Composite - Three or More Surfaces, Anterior | | \$110.74 |
| D2951 | Acrylic and Composite Restorations Composite, Pin Retained | (EPSDT ONLY) | \$28.98 |
| D2391 | Acrylic and Composite Restorations Composite - One Surface Posterior, Primary | | \$80.73 |
| D2391 | Acrylic and Composite Restorations, Permanent | | \$88.80 |

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|--------|---|--|----------|
| D2392 | Acrylic and Composite Restorations Composite - Two Acrylic and Composite Restorations Surface Posterior - Primary | | \$95.22 |
| D2392 | Acrylic and Composite Restorations Surface Posterior, Permanent | | \$110.74 |
| D2394 | Acrylic and Composite Restorations Composite – Four More Surfaces, Primary “ | | \$126.37 |
| D2394 | Acrylic and Composite Restorations Composite – Four More Surfaces, Permanent | | \$151.42 |
| D2932 | Crown - Plastic, Acrylic, Performed, or Composite Crown | | \$176.98 |
| D2930 | Crown - Stainless Steel, primary tooth open-face stainless steel crown with composite or acrylic facing | | \$143.86 |
| D2931 | Crown - Stainless Steel, permanent open-face stainless steel crown with composite or acrylic facing | | \$162.49 |
| D2970 | Other Restorative Services - Fracture of Tooth, Composite Build-up | | |
| D2920 | Other Restorative Services - Re-cement Crowns | | \$41.40 |
| D2940 | Other Restorative Services - Sedative Fillings | | \$54.85 |
| D3220 | Endodontic Services - Pulpotomy | | \$90.04 |
| D3310 | Root Canal Therapy - Deciduous (per tooth) | | \$77.64 |
| *D3310 | Root Canal Therapy - One Canal - Permanent | | \$379.84 |
| D3320 | Root Canal Therapy - Two Canals - Permanent | | \$463.68 |
| D3999 | Root Canal Therapy - Emergency - Open Pulp Chamber to Establish Drainage | | \$91.08 |
| D3410 | Periapical Services Apicoectomy - performed as separate surgical procedure | | \$229.81 |
| D3426 | Periapical Services Apicoectomy - any and all additional roots | | \$38.06 |
| *D4341 | Periodontal Services - Periodontal Scaling and Root Planning, per quadrant | | \$140.76 |
| *D4210 | Periodontal Services - Gingivectomy or Gingivoplasty, per quadrant | | \$157.38 |
| *D4220 | Periodontal Services - Gingival Curettage, per quadrant | | \$129.37 |
| *D4260 | Periodontal Services - Osseous Surgery, per quadrant | | \$341.00 |
| D4271 | Periodontal Services - Autogenous Graft | | \$259.84 |
| D4270 | Periodontal Services - Pedicle Graft | | \$272.14 |
| D5110 | Prosthodontic Services, Removable Complete Dentures - Complete Upper | | \$673.78 |
| D5120 | Prosthodontic Services, Removable Complete Dentures - Complete Lower | | \$673.78 |
| D5130 | Prosthodontic Services, Removable Complete Dentures - Immediate Upper | | \$554.12 |
| D5140 | Prosthodontic Services, Removable Complete Dentures - Immediate Lower | | \$554.12 |
| D5201 | Partial Dentures Upper - Acrylic base w/wrought wire clasps | | \$276.64 |
| D5202 | Partial Dentures Lower - Acrylic base w/wrought wire clasps | | \$276.64 |

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|--------|--|--------------|----------|
| D5211 | Partial Dentures Upper Partial-Resin Base (Including Any Conventional Clasps, Rests and Teeth) | | \$569.25 |
| D5212 | Partial Dentures Lower Partial-Resin Base (Including Any Conventional Clasps, Rests and Teeth) | | \$661.36 |
| *D5899 | Partial Dentures Upper - Acrylic base w/o clasps | | \$184.46 |
| *D5899 | Partial Dentures Lower - Acrylic base w/o clasps | | \$184.46 |
| D5410 | Repairs to Denture - Adjustment - Complete Denture Upper | | \$23.77 |
| D5411 | Repairs to Denture - Adjustment - Complete Denture Lower | | \$23.77 |
| D5421 | Repairs to Denture - Adjustment - Partial Denture Upper | | \$11.76 |
| D5422 | Repairs to Denture - Adjustment - Partial Denture Lower | | \$11.76 |
| D5510 | Repairs to Denture - Repair broken complete or partial denture - no teeth broken | | \$73.48 |
| D5640 | Repairs to Denture - Repair broken complete or partial denture - replace one or more broken teeth | | \$92.17 |
| D5650 | Repairs to Dentures - Adding tooth to partial denture to replace extracted tooth | | \$92.17 |
| D5660 | Repairs to Denture - Adding clasp to existing partial denture | | \$110.74 |
| D5750 | Repairs to Denture - Laboratory Relining Upper | | \$156.56 |
| D5751 | Repairs to Denture - Laboratory Relining Lower | | \$156.56 |
| D5850 | Repairs to Denture - Tissue Conditioning/upper | | \$47.54 |
| D5851 | Repairs to Denture - Tissue Conditioning/lower | | \$47.54 |
| *D7310 | Alveoplasty (Surgical preparation of ridge for dentures) in conjunction with extractions/quad | (EPSDT ONLY) | \$150.07 |
| D7310 | Alveoplasty (Surgical preparation of ridge of dentures), less than a quadrant in conjunction with extractions | | \$54.22 |
| *D7320 | Alveoplasty without extractions, (quadrant) | | \$669.64 |
| D7320 | Alveoplasty less than a quadrant without extractions | | \$63.86 |
| D7440 | Surgical Excision - Excision of malignant tumor Lesion diameter up to 1.25cm | | \$843.52 |
| D7450 | Surgical Excision – Removal of benign odontogenic cyst or tumor up to 1.25cm | | \$477.13 |
| D7451 | Surgical Excision - Removal of benign odontogenic cyst or cyst or tumor 1.25cm or larger | | \$750.37 |
| D7460 | Surgical Excision – Removal of benign nonodontogenic cyst or tumor – up to 1.25cm | | \$477.13 |
| D7461 | Surgical Excision - Removal of benign nonodontogenic cyst or tumor – over 1.25cm | | \$769.00 |
| D7471 | Surgical Excision – Removal of exostosis lateral- maxilla | | \$230.55 |
| D7471 | Surgical Excision - Removal of exostosis lateral- mandible | | \$230.55 |
| *D7960 | Other Repair Procedures - Frenulectomy (Frenectomy) | | \$315.67 |
| D7970 | Other Repair Procedures - Excision of Hyperplasic Tissue (per arch) | | \$324.99 |
| D7971 | Other Repair Procedure - Excision of Pericoronal Tissue | | \$85.90 |

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| D9110 | Palliative (emergency) treatment of dental pain, minor procedure | (EPSDT ONLY) | \$51.75 |
| D9610 | Chemotherapy - Therapeutic Drug Injection | (EPSDT ONLY) | \$53.82 |
| D9630 | Other Drugs and/or Medications | (EPSDT ONLY) | \$38.29 |
| D0140 | An evaluation limited to a specific oral health problem or complaint. This may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures. | | \$27.00 |
| D0170 | Re-evaluation-limited, problem focused (established patient; not post-operative visit) Assessing the status of a previously existing condition. | | \$23.40 |
| D0171 | Post-Op office visit | | Not Approved |
| D0350 | D0350 Photographs taken extra-orally to record the diagnostic condition prior to treatment. This is to be used as an adjunct to OHI and to show progress of our treatment to the NH and responsible party. This is necessary for progression tracking and patient health documentation. | | \$10.50 |
| D0999 | Adjunctive pre-diagnostic test that aids in the detection of mucosal abnormalities. | | Not Approved |
| D1110 | Adult Prophy without Fluoride: Removal of plaque, calculus and stains from the tooth structures in the permanent and transitional dentition. It is intended to control irrational factors. | | \$35.29 |
| D1208 | Topical Application of Fluoride | | Not Approved |
| D1320 | Tobacco Counseling for the control and prevention of oral disease | | Not Approved |
| D1330 | Oral Hygiene instruction | | Not Approved |
| D2335 | Resin base composite four or more surfaces | | \$100 |
| D2393 | Resin base composite 3 surfaces posterior permanent tooth | | \$94.50 |
| D4342 – MAND Left | Mandible Left - Periodontal scaling and root planing 1-3 teeth per quadrant | | \$36 |
| D4342 - MAND Right | Mandible Right - Periodontal scaling and root planing 1-3 teeth per quadrant. | | \$36 |
| D4342 - MAX Left | Maxillary Left - Periodontal scaling and root planing 1-3 teeth per quadrant | | \$36 |
| D4342 - MAX Right | Maxillary Right - Periodontal scaling and root planing 1-3 teeth per quadrant | | \$36 |
| D4355 | Full mouth debridement to enable comprehensive evaluation and diagnosis: The gross removal of plaque and calculus that interfere with the ability of the dentist to perform a comprehensive oral evaluation. | | \$92.63 |
| D4381 | Chlorhexidine Gluconate Irrigation Antimicrobial Agent | | Not Approved |

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| D4910 | Periodontal Maintenance: This procedure is instituted following periodontal therapy and continues at varying intervals, determined by the clinical evaluation of the dentist , for the life of the dentition or any implant replacements. | | \$42.20 |
| D4921 - MAND Left | Mandible Left - Gingival Irrigation | | \$16 |
| D4921 - MAND Right | Mandible Right - Gingival Irrigation | | \$16 |
| D4921 MAX Left | Maxillary Left - Gingival Irrigation | | \$16 |
| D4921 - MAX Right | Maxillary Right - Gingival Irrigation | | \$16 |
| D5520 | Replace missing or broken tooth in partial denture. | | \$82.88 |
| D5610 | Repair resin denture base | | \$92.63 |
| D5630 | Repair or replace broken clasp | | \$60 |
| D5730 | Reline complete maxillary denture | | \$128.97 |
| D5731 | Reline complete mandibular denture | | \$128.97 |
| D5740 | Reline Max Partial (chair side) | | \$70.00 |
| D5761 | Reline mandibular partial denture - LAB | | \$100 |
| D6930 | Recement Bridge | | \$72.15 |
| D7140 | Extraction, erupted tooth or exposed root: Includes routine removal of tooth structure, minor smoothing of socket bone and closure | | \$70.59 |
| D7210 | Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth: Includes cutting of gingiva and bone, removal of tooth structure, minor smoothing of socket bone and closure | | \$128.34 |
| D7250 | Surgical removal of residual tooth roots | | \$135.58 |
| D7311 | Alveoloplasty w/ extractions - 1-3 teeth/spaces per quad | | \$54.22 |
| D7321 | Alveoloplasty (1-3) | | \$63.86 |
| D7472 | Removal of Torus Palatinus | | Not Approved |
| D7473 | Removal of Torus Mandibular is | | Not Approved |
| D9211 | Regional block anesthesia | | \$25 |
| D9215 | Local anesthesia | | \$10 |
| D9248 | Non-intravenous conscious sedation monitoring | | Not Approved |
| D9310 | Consultation/gathering and review of patient's medical history, in use of proposed treatment modalities. Medical history information discussed between the nursing staff, the facility, and/or family members | | \$66.03 |
| D9311 | Treating dentist consults with a medical health professional concerning medical issues that may affect patient's planned dental treatment. | | Not Approved |

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| D9410 | House/extended care facility: Includes visits to NH, LTC facilities, hospice sites, etc. Report in addition to reporting appropriate code numbers for actual services performed. | | billed w/D9310 |
| D9932 | Inspected denture fit and occlusion. Removed debris from poor OH that had to be physically performed with the aid of dental tools and instruments. Cleaning and inspection of removable complete denture - Maxillary | | \$25 |
| D9933 | Inspected denture fit and occlusion. Removed debris from poor OH that had to be physically performed with the aid of dental tools and instruments. Cleaning and inspection of removable complete denture - Mandibular | | \$25 |
| D9311 | An evaluation limited to a specific oral health problem or complaint. This may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures. | | \$27.00 |
| D9410 | Re-evaluation-limited, problem focused (established patient; not post-operative visit) Assessing the status of a previously existing condition. | | \$23.40 |

PRESCRIPTION DRUGS

Most categories of prescription drugs are covered services through the Medicaid pharmacy program. There are very few categories of non-covered drugs. Only non-covered drugs are allowed as an income deduction.

Below are the categories of drugs not covered for adults, thus, **can be allowed** as an income deduction from liability or cost share:

- prescription (legend) cough and cold medications,
- over-the-counter drugs, if prescribed by doctor (note: this applies only to the EDWP/CCSP COA)
- vitamin and mineral supplements, if prescribed by doctor (note: this applies only to the EDWP/CCSP COA).

Prescription Cough and Cold Drugs

- Allow the full cost of these non-covered drugs as given on the Form 942.
- The Form 942 must be completed in full and signed by the pharmacist dispensing the drug.
- An incomplete Form 942 must be returned for proper completion.

Vitamin/Mineral Supplements and OTC Drugs

Note: Vitamin/mineral supplements and OTC drugs are not allowed as income deductions for A/R's in nursing homes or institutional hospice as the nursing home or hospice provider is to provide these drugs at no cost to the A/R.

- Allow the full cost of these non-covered drugs as given on the Form 942.
- Form 942 must be completed in full and signed by the pharmacist in the store selling the OTC's and the vitamin/mineral supplements.
- Form 942 is needed to confirm a doctor's prescription for the items, as well as all other

information needed.

Important Information on Medicaid Drug Coverage

Some Medicaid-covered drugs require prior approval before Medicaid pays. Drugs denied for prior approval may be reconsidered for payment if the doctor appeals the denial. Also, the doctor usually can prescribe a different drug with the same therapeutic effect, which can be paid through the Medicaid pharmacy program.

- If the pharmacist's response to item #3 on the Form 942 is "Yes," do not allow the cost of the drug as an income deduction for liability or cost share.
- If the pharmacist's response to item #4 on the Form 942 is "Yes," do not allow the cost of the drug as an income deduction for liability or cost share.

Nursing Home Services

Do not allow the cost of items or services listed below as an income deduction from patient liability. These services are paid to the nursing home through the daily Medicaid reimbursement rate (per diem). Some of the services include but are not limited to:

- liquid nutritional supplements,
- over-the-counter drugs (OTC's), such as antidiarrheals, antacids, analgesics (i.e. aspirin, ibuprofen, acetaminophen), artificial tears, skin ointments, bandages and other such items,
- over-the-counter laxatives and stool softeners,
- incontinency care items, such as pads, diapers, special mattresses, and
- durable medical equipment, such as wheelchairs, walkers, lifts, beds.

An A/R or the A/R's family may choose to pay for certain medical items or services out of personal preference rather than medical necessity. Examples include a private duty nurse, a private room or bed-hold days. Do not allow the cost of personal preference items or services as an income deduction from patient liability.

Physician and Psychiatric Services

Submit the completed Form 942 for a physician service to the Department of Community Health for a decision regarding allowing the cost of the service.

Podiatry and Orthopedic Services

Submit the completed Form 942 for a podiatry or orthopedic service to the Department of Community Health for a decision regarding allowing the cost of the service.