

## PROVIDER BULLETIN

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## DENTAL RESTORATIONS BULLETIN

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### DENTAL RESTORATIONS REIMBURSEMENT

Effective for dates of service on and after May 15, 2016, reimbursement for restorative dental services will be based on the number of unique surfaces per tooth, per date of service. A surface may only be counted once per tooth, per date of service for purposes of billing the appropriate Code on Dental Procedures and Nomenclature (CDT) code. A restoration is considered a “two or more surface restoration” only when two or more actual tooth surfaces are involved. Restoration services for multiple surfaces on the same tooth with different materials (i.e., amalgam and composite) will be reimbursed at the least costly multiple surface codes. Tooth preparation, all adhesives (including amalgam and resin bonding agents), acid etching, copalite liners, bases and curing are included as part of the restoration and cannot be billed separately.

### CDT CODES TO USE

The appropriate CDT codes and descriptions for billing restorative dental services with description are as follows:

CDT Codes	Description
D2140	Amalgam – one surface, primary and permanent
D2150	Amalgam – two surfaces, primary or permanent
D2160	Amalgam – three surfaces, primary or permanent
D2161	Amalgam – four or more surfaces, primary or permanent
D2330	Resin-based composite – one surface, anterior
D2331	Resin-based composite – two surfaces, anterior
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 or more surfaces, posterior

Claims for restorative services for an individual tooth will reimburse no more than once in a thirty (30) day period. Dental claims submitted by the same provider for the same participant with a restoration procedure code that has the same tooth number as a claim for a restoration procedure code that has been paid within the last 30 days will be denied.

**Provider Bulletins** are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

**MO HealthNet News:** Providers and other interested parties are urged to go to the MHD Web site at <http://dss.mo.gov/mhd/> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

**MO HealthNet Managed Care:** The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the MO HealthNet card or by calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the red or white card.

**Provider Communications Hotline**  
**573-751-2896**