

PROVIDER BULLETIN

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DENTAL BULLETIN

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- **LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS**

LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS

Effective August 1, 2008, the localized delivery of antimicrobial agents may only be billed in conjunction with prior authorized scaling and root planing. The following CDT codes for scaling and root planing must be billed on the same date of service as D4381:

- D4341 periodontal scaling and root planing-four or more teeth per quadrant
- D4342 periodontal scaling and root planing-one to three teeth per quadrant

The patient's record must document the specific agent administered. A Chlorhexidine rinse is not covered under D4381. The antimicrobial agent must be reported in field #30 on the ADA 2002, 2004 claim form.

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.missouri.gov/mhd/global/pages/mednewssubscribe.htm> 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 red MO HealthNet card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One for the red or white card.

Provider Communications Hotline
573-751-2896