



MISSOURI
DIVISION OF MEDICAL SERVICES

DENTAL BULLETIN

Due to budget constraints, paper copies of bulletins will no longer be distributed by DMS. Bulletins are now available only at the DMS Website.

Bulletins will remain on this site only until incorporated into the provider manuals as appropriate, then deleted.

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MC+ MANAGED CARE

The information contained in this bulletin applies to coverage by the MC+ fee-for-service and Medicaid fee-for-service programs. The MC+ fee-for-service and Medicaid fee-for-service programs also provide coverage for those services carved out of the MC+ Managed Care benefit for MC+ Managed Care enrollees.

HIPAA

To prepare for the mandatory implementation of Health Insurance Portability and Accountability Act (HIPAA) standards, DMS has redefined how a dentist must bill for services.

HIPAA mandates that states allow providers to bill for services using the standard CDT code set, however, it does not require states to add coverage for services that it does not currently cover.

This bulletin contains important information regarding the changes in codes covered and elimination of state specific modifiers. DMS has updated CDT codes to comply with HIPAA mandates.

Individually enrolled Medicaid dentists *must* begin billing for service coverage based on HIPAA compliant CDT code definitions for dates of service as outlined in this bulletin.

### **2003 CDT UPDATE CDT – ADDITIONS, COMBINATIONS, DELETIONS AND REVISIONS**

Missouri Medicaid will begin accepting the 2003 version of the American Dental Association Current Dental Terminology (CDT-4) as described in this bulletin. Copies of the 2003 versions of the Current Dental Terminology (CDT-4) may be purchased from your local medical book store.

Changes which occurred as a result of the update include additions, revisions, deletions, combinations, and replacement of procedure codes. All codes identified in the CDT-4 with changes are listed in this bulletin. See Attachment A for the description and pricing of the additions and combinations.

#### **ADDITIONS**

Additions to the CDT codes can be found on Attachment A in this bulletin. The following dental codes are new additions and have an effective date of July 01, 2003.

D4241, D4261, D4265, D4275, D4276, D4342, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D7111, D7261, D7287, D7411, D7412, D7413, D7414, D7415, D7472, D7473, D7485, D7671, D7771, D7972.

#### **COMBINATIONS**

Revisions that resulted in the combination of codes are found on Attachment A with updated Maximum Allowed Amounts. The following codes with nomenclature and updated allowed amounts are effective August 15, 2003.

D2140, D2150, D2160, D2161, D2390, D2391, D2392, D2393, D2394, D7140.

The following codes were absorbed in the combination of codes and are no longer covered August 15, 2003 and after.

D2110, D2120, D2130, D2131, D2336, D2337, D2380, D2381, D2382, D2385, D2386, D2387, D2388, D7110, D7120, D7130.

#### **DELETIONS**

The following dental procedure codes are no longer valid CDT codes and not billable for dates of service July 1, 2003, and later.

D4220, D6519, D6520, D6530, D6543, D6544, D7420, D7430, D7431, D7480.

**REVISIONS**

Please consult the CDT- 4 for the changes in nomenclature, descriptor or both. The following procedure codes have been revised. There is no change in effective date, allowed amount or restrictions associated with CDT-4 revisions.

D0120, D0140, D0150, D0277, D1110, D2140, D2150, D2160, D2161, D2710, D2950, D3221, D4210, D4211, D4240, D4260, D4273, D4341, D4355, D4910, D7270, D7280, D7285, D7286, D7290, D7291, D7320, D7386, D7410, D7450, D7451, D7460, D7461, D7465, D7471, D7490, D7510, D7530, D7550, D7670, D7770, D7780, D9220, D9221, D9241, D9242, D9248, D9310.

**NON-COVERED CDT CODES**

The following new CDT-4 codes are non-covered by Missouri Medicaid.

D0180, D5670, D5671, D6053, D6054, D6253, D6600, D6601, D6793, D6985.

**EPSDT/HCY SCREEN**

Providers who bill for a full or partial Healthy Children and Youth (HCY) screen must refer to the EPSDT Bulletin Vol. 25 No. 1 dated June 12, 2003 for updates to the W0025 codes used for billing an HCY screen. Effective October 16, 2003 the W0025 codes with modifiers are no longer covered.

**Provider Communications**

**(800) 392-0938**

**or**

**(573) 751- 2896**

Attachment A

<b>DENTAL PROCEDURE CODES</b>	<b>DESCRIPTION</b>	<b>MAXIMUM ALLOWED AMOUNT/ RESTRICTIONS</b>
<b>D2140</b>	AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT (combination of D2110 and D2140)	\$28.00
<b>D2150</b>	AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT (combination of D2120 and D2150)	\$36.00
<b>D2160</b>	AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT (combination of D2130 and D2160)	\$44.00
<b>D2161</b>	AMALGAM-FOUR OR MORE SURFACES, PRIMARY OR PERMANENT (combination of D2131 and D2161)	\$52.00
<b>D2390</b>	RESIN-BASED COMPOSITE CROWN, ANTERIOR	\$61.00
<b>D2391</b>	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	\$39.00
<b>D2392</b>	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	\$50.00
<b>D2393</b>	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	\$65.00
<b>D2394</b>	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR	\$108.00
<b>D4241</b>	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT	MP/OR
<b>D4261</b>	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - ONE TO THREE TEETH, PER QUADRANT	\$229.00
<b>D4265</b>	BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION	\$229.00
<b>D4275</b>	SOFT TISSUE ALLOGRAFT	MP/PA
<b>D4276</b>	COMBINED CONNECTIVE TISSUE AND DOUBLE PEDICLE GRAFT	MP/PA
<b>D4342</b>	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT	MP/PA/OR
<b>D6600</b>	INLAY-PORCELAIN/CERAMIC, TWO SURFACES	\$327.50
<b>D6601</b>	INLAY - PORCELAIN/CERAMIC, THREE OR MORE SURFACES	\$327.50
<b>D6602</b>	INLAY - CAST HIGH NOBLE METAL, TWO SURFACES	\$260.00
<b>D6603</b>	INLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	\$280.00
<b>D6604</b>	INLAY - CAST PREDOMINANTLY BASE METAL, TWO SURFACES	\$260.00
<b>D6605</b>	INLAY - CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	\$280.00
<b>D6606</b>	INLAY - CAST NOBLE METAL, TWO SURFACES	\$260.00
<b>D6607</b>	INLAY - CAST NOBLE METAL, THREE OR MORE SURFACES	\$280.00
<b>D6608</b>	ONLAY - PORCELAIN/CERAMIC, TWO SURFACES	MP/PA
<b>D6609</b>	ONLAY - PORCELAIN/CERAMIC, THREE OR MORE SURFACES	MP/PA

DENTAL PROCEDURE CODES	DESCRIPTION	MAXIMUM ALLOWED AMOUNT/ RESTRICTIONS
<b>D6610</b>	ONLAY - CAST HIGH NOBLE METAL, TWO SURFACES	MP/PA
<b>D6611</b>	ONLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	\$315.00
<b>D6612</b>	ONLAY - CAST PREDOMINANTLY BASE METAL, TWO SURFACES	MP/PA
<b>D6613</b>	ONLAY - CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	MP/PA
<b>D6614</b>	ONLAY - CAST NOBLE METAL, TWO SURFACES	MP/PA
<b>D6615</b>	ONLAY - CAST NOBLE METAL, THREE OR MORE SURFACES	\$315.00
<b>D7111</b>	CORONAL REMNANTS - DECIDUOUS TOOTH	\$20.00
<b>D7140</b>	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	\$33.00
<b>D7261</b>	PRIMARY CLOSURE OF A SINUS PERFORATION	MP/PA/OR
<b>D7287</b>	CYTOLOGY SAMPLE COLLECTION	MP
<b>D7411</b>	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	\$200.00
<b>D7412</b>	EXCISION OF BENIGN LESION, COMPLICATED	MP/OR
<b>D7413</b>	EXCISION OF MALIGNANT LESION UP TO 1.25 CM	MP
<b>D7414</b>	EXCISION OF MALIGNANT LESION GREATER THAN 1.25 CM	MP
<b>D7415</b>	EXCISION OF MALIGNANT LESION, COMPLICATED	MP
<b>D7472</b>	REMOVAL OF TORUS PALATINUS	MP
<b>D7473</b>	REMOVAL OF TORUS MANDIBULARIS	MP
<b>D7485</b>	SURGICAL REDUCTION OF OSSEOUS TUBEROSITY	MP
<b>D7671</b>	ALVEOLUS - OPEN REDUCTION, MAY INCLUDE STABILIZATION OF TEETH	MP
<b>D7771</b>	ALVEOLUS, CLOSED REDUCTION STABILIZATION OF TEETH	MP
<b>D7972</b>	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	MP