Missouri Department of
SOCIAL SERVICES

MoHealth Net

PROVIDER BULLETIN

2023 CODE ON DENTAL PROCEDURES AND NOMENCLATURE (CDT) ADDITIONS/CHANGES

Applies to: MO HealthNet Fee-For-Service Dental Providers

Effective: January 1, 2023

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2023 CODE ON DENTAL PROCEDURES AND NOMENCLATURE (CDT) ADDITIONS/ CHANGES

The MO HealthNet Division (MHD) requires the 2023 version of the CDT on all claims with dates of service on and after January 1, 2023.

The following 2023 CDT codes have been implemented:

CDT CODE	DESCRIPTION	LIMITATIONS/RESTRICTIONS
D4286	Removal of non-resorbable barrier	Limited to participants age 0 - 20 and one (1) per lifetime per tooth.
D6105	Removal of implant body not requiring bone removal or flap elevation	Limited to participants age 0 - 20 and one (1) per lifetime per implant.
D6106	Guided tissue regeneration – resorbable barrier, per implant	Limited to participants age 0 - 20 and one (1) per lifetime per implant.
D6107	Guided tissue regeneration - non-resorbable barrier, per implant	Limited to participants age 0 - 20 and one (1) per lifetime per implant.
D7509	Marsupialization of odontogenic cyst	Limited to participants age 0 – 20, participants in a category of assistance for blind, pregnant, and skilled nursing facility and one (1) per lifetime per lesion site.
D7956	Guided tissue regeneration, edentulous area – resorbable barrier, per site	Limited to participants age 0 – 20, participants in a category of assistance for blind, pregnant, and skilled nursing facility and one (1) per lifetime per tooth site.
D7957	Guided tissue regeneration, edentulous area – non-resorbable barrier, per site	Limited to participants age 0 - 20, participants in a category of assistance for blind, pregnant, and skilled nursing facility and one (1) per lifetime per tooth site.

Providers should note that the American Dental Association's Council on Dental Benefit Programs for 2023 deleted certain codes. Those codes are not payable for dates of service January 1, 2023 and after. If providers submit claims with those codes, MHD may recoup the paid amount. If that happens, providers may resubmit/adjust claims for proper payment using the correct 2023 CDT codes. If providers have questions concerning how to submit a claim adjustment, please contact Provider Communications at 573-751-2896 or by using the Provider Communications Management option in eMOMED.

For information regarding restrictions, limitations and reimbursement amounts, please reference the MHD Fee Schedule and the Dental Provider Manual at this link.

APPLICABILITY

The information in this bulletin applies to the MHD fee-for-service program and may apply to the MHD managed care program, as well. MHD's fee-for-service policies set the basic coverage policies for benefits and limitations in the managed care program. The managed care health plans have additional flexibilities in operating their respective programs, such as determining which services require prior authorization, and details required for claims submission. Certain services, such as pharmacy, are "carved out" of managed care and will be paid through the fee-for-service program. To ensure your understanding of this bulletin's applicability to each managed care health plan, please contact your health plan directly, or contact MHD.MCCommunications@dss.mo.gov.