

PROVIDER BULLETIN

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2018 CODE ON DENTAL PROCEDURES AND NOMENCLATURE (CDT) ADDITIONS/CHANGES

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Effective for dates of service on and after January 1, 2018, the MO HealthNet Division (MHD) requires the 2018 version of the Code on Dental Procedures and Nomenclature (CDT).

The following 2018 CDT codes have been implemented into the Dental Program:

CDT CODE	DESCRIPTION	MAXIMUM ALLOWED AMOUNT
D5511	Repair broken complete denture base, mandibular	\$63.94
D5512	Repair broken complete denture base, maxillary	\$63.94
D5611	Repair resin partial denture base, mandibular	\$65.49
D5612	Repair resin partial denture base, maxillary	\$65.49
*D5621	Repair cast partial framework, mandibular	\$91.63
*D5622	Repair cast partial framework, maxillary	\$91.63
D7296	Corticotomy, 1 – 3 teeth or tooth spaces, per quadrant	\$87.19
D7297	Corticotomy, 4 or more teeth or tooth spaces, per quadrant	\$174.38
**D8695	Removal of fixed orthodontic appliances for reasons other than completion of treatment	\$325.00
***D9222	Deep sedation/general anesthesia – first 15 minutes	\$113.33
***D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	\$113.33
D9995	Teledentistry – synchronous; real-time encounter	\$14.60
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	\$14.60

*Operative report required with claim submission.

**Procedure for participants age 20 and under.

***The maximum quantity allowed for CDT codes D9223 (Deep sedation/general anesthesia – each subsequent 15 minute increment) and D9243 (Intravenous moderated (conscious) sedation/analgesia – each subsequent 15 minute increment) has been reduced to two (2) units. The maximum allowed amount has been reduced to \$85.00 per unit as a result of the implementation of these new codes.

CDT codes that were deleted by the ADA's Council on Dental Benefit Programs for 2018 are not payable for dates of service January 1, 2018 and after. Claims that are submitted and paid for dates of service January 1, 2018 and after using deleted codes for 2018 are subject to recoupment by the MHD. Providers may resubmit/adjust claims for proper payment using the corrected 2018 CDT codes. If you have questions concerning how to submit a claim adjustment, please contact Provider Communications at 573-751-2896.

For complete MHD coverage information of the Dental Program, please reference the MHD Fee Schedule at: <http://dss.mo.gov/mhd/providers/pages/cptagree.htm>.

Provider Bulletins are available on the MO HealthNet Division (MHD) website 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.

The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Managed Care Services

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**