



State of New Mexico  
Medical Assistance Program Manual



# Supplement

**DATE: June 7, 2004**

**NUMBER: 04-08**

**TO:** DENTAL PROVIDERS AND MAD STAFF  
**FROM:** CAROLYN INGRAM, DIRECTOR, MEDICAL ASSISTANCE DIVISION  
**THROUGH:** ROBERT L. BIRDWELL, DENTAL DIRECTOR  
**BY:** BRITT CATRON, HEALTHCARE PRACTITIONER  
**SUBJECT: DENTAL BENEFITS CHANGES**

The purpose of this supplement is to clarify changes of dental benefits for eligible Medicaid recipients.

**Effective July 1, 2004**, certain dental benefits will be eliminated as a benefit for Medicaid recipients twenty-one (21) years of age and over. Those dental benefits include some endodontic services, periodontal services, restorative services and adjunctive general services. Dental codes that will be eliminated from the adult dental benefit package are as follows:

- D2751 Crown –porcelain fused to metal
- D2752 Crown- porcelain fused to noble metal
- D2791 Crown- full cast predominantly base metal
- D2792 Crown full cast noble metal
- D2950 Core buildup
- D2952 Cast post and core
- D2954 Prefabricated post and core
- D3320 Bicuspid root canal
- D3330 Molar root canal
- D3999 Unspecified endodontic procedure
- D4240 gingival flap
- D4250 Mucogingival surgery per quadrant
- D4260 Osseous surgery per quadrant
- D4263 Bone replacement graft first site in quadrant
- D4264 Bone replacement graft additional site in quadrant
- D4266 Guide tissue regeneration restorable per site/ tooth
- D4267 guided tissue regeneration - non-restorable
- D4270 Pedicle Soft tissue graft
- D4271 Free soft tissue graft procedure
- D4273 Sub epithelial connective Tissue graft procedure
- D4274 Distal or proximal wedge procedure
- D4910 Periodontal maintenance
- D4999 Unspecified periodontal procedure
- D6999 Unspecified, fixed prosthodontic procedure, by report

D9230 Analgesia  
D9630 other drugs and/or medications (eliminated for all recipients)

Please refer to **Attachment B of 8.310.7 BI, *Billing Instructions for Dental Services***, for list of codes that will no longer be a benefit for adult Medicaid recipients.

There has also been a reduction in fees for certain dental procedure codes in order to meet the appropriated budget for fiscal year 2005. This is estimated to reduce state fund annual expenditures by approximately \$40,000.

D0240 Occlusal radiograph new fee is \$10.00/ film.

D5850 tissue conditioning – maxilla new fee is \$60.00 limit of two tissue conditioning treatments per prosthesis per year.

D5851 tissue condition - mandible new fee is \$60.00 limit of two tissue conditioning treatments per prosthesis per year.

Please refer to **Attachment A of 8.310.7 BI, *Billing Instructions for Dental Services***, for current fees.

Dental procedure codes **D9630**, other drugs and/or medications, **D6999** unspecified, fixed prosthodontic procedure, by report and **D1351** dental sealants to **premolar teeth only** will be eliminated as Medicaid dental benefits for Medicaid recipients.

Please refer to billing instructions **Attachment B of 8.310.7 BI, *Billing Instructions for Dental Services***, for list of codes that are no longer benefits for Medicaid recipients.

**Orthodontic** benefits for Medicaid recipients under twenty-one (21) years of age will change. Effective July 1, 2004, eligible Medicaid recipients must have a **minimum score of 28** points using the **Handicapping Labio-Lingual Deviation (HLD) Index**. **All approved orthodontic cases with less than 28 points must be billed according to HSD/MAD guidelines on or before June 30, 2004.**

Please refer to **8.310.7UR, *Dental Services Utilization Review Instructions***.

**Dental benefits that require prior authorization and are being eliminated as a benefit for Medicaid recipients twenty-one (21) years of age and over will need to be completed on or before June 30, 2004. Any eliminated dental benefit for Medicaid recipients twenty-one (21) years of age and over that require prior authorization that are submitted for payment with a date of service of July 1, 2004 or later will not be reimbursed by MAD. In order to review dental services scheduled to be eliminated requiring prior authorization, New Mexico Medicaid Utilization Review (NMMUR) must receive the prior authorization request with the necessary documentation on or before June 21, 2004. It is the dental providers responsibility to include appropriate documentation to NMMUR. NMMUR will not be responsible for any delays in processing prior authorizations due to the lack of accurate documentation not being included in the original request.**

Please address any questions or written comments concerning this supplement to Robert Birdwell, DDS State Medicaid Dental Director at (505) 827 – 3177, P.O. Box 2348, Santa Fe, NM 87504.