



State of New Mexico
Medical Assistance Program Manual
Supplement



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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: CORRECTIONS TO DENTAL BENEFIT CHANGES

This supplement is to correct some information in Supplement 04-08 dated June 7, 2004 and Department Memorandum 04-22 dated June 28, 2004 concerning New Mexico Medicaid Dental Program benefit changes effective July 1, 2004.

Dental procedure code **D2710** – resin crown is **eliminated** as benefit for Medicaid recipients twenty-one (21) years of age and over. This code should have been listed on the Supplement 04-08.

Department Memorandum 04-22 has two sections where the information was incorrect. Page 23 procedure code **D4341**-periodontal scaling and root planning **does require** prior authorization and on page 33 procedure code **D8660** - orthodontic records **does not require** prior authorization. Please note these changes in the program manual under billing instructions for dental services 8.310.7 BI attachment B.

In addition, please take note the new dental fee schedule that was recently mailed does **NOT** reflect the 1.5% reduction of fees. A corrected version of the fee schedule will soon be available on the HSD/ MAD web site <http://www.state.nm.us/hsd/mad.html>. under fee schedule and billing.

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