

Provider Notice 13-83

Dear Provider.

Effective for claims with dates of service on and after January 1, 2014, the Medicaid Program of the Health Care Authority (agency) is publishing a revised Dental Related Services Medicaid Provider Guide and updated Dental Program Services Fee Schedule.

Note: The updated fee schedule may not be available until January 1, 2014. Check the agency's Fee Schedules website often until the updated fee

Major updates to the guide include:

- Restoration of the adult dental benefit such as restorative and preventative services, resin partial dentures and complete dentures, dental fillings, routine checkups
 and cleaning, topical fluoride treatment, as well as emergency services
- Added additional prior authorization requirements for complete dentures and resin partial dentures
- Added coverage section for Medical Care Services clients
- Added coverage for alcohol and substance misuse counseling through screening, brief interventions, and referral to treatment (SBIRT)
- Updated descriptions for CDT codes D0350, D2950, and D3410
- Added prior authorization (PA) criteria for CDT codes D2390, D3347, D3348, and D7250
- Added expedited prior authorization (EPA) criteria for CDT code D0150 for an established patient who has a documented significant change in health condition
- Deleted CDT codes D5130 and D5140
- Deleted CDT code D5860 and added CDT codes D5863 and D5865

For more details, see the What Has Changed table in the Dental-Related Services Medicaid Provider Guide

WB/AL Provider Publications Team Medicaid Program Health Care Authority

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