

**Provider Notice 13-10**

Correction: Supersedes PN 13-02 correcting effective date.

Dear Providers,

Effective for dates of service on and after March 1, 2013, the Medicaid Program of the Health Care Authority (the Agency) is updating the Orthodontic Services Medicaid Provider Guide as follows:

- Update limits in the "Radiographs" coverage table with prior authorization required for CDT code D0330 and D0340.
- Update limits in "For Cleft Lip and Palate, Cleft Palate, or Cleft Lip with Alveolar Process Involvement" coverage table to include film and panoramic film for CDT code D8660.
- Update limits in "Clinical Evaluation" coverage table to include film and panoramic film for CDT code D8660.

Specific details of these changes are reflected in the "What Has Changed" table in the revised [Orthodontic Services Medicaid Provider Guide](#).

CDT® codes and descriptions only are copyright 2012 American Medical Association.

Thank you.
BC-AL
Provider Publications Team
Medicaid Program
Health Care Authority

NOTE: Please do not reply directly to this Listserv message as it is not monitored. If you have feedback or questions, please select one of the options at <http://hrsa.dshs.wa.gov/contact/default.aspx>. Your message will be delivered to the appropriate staff member.

NOTICE: This message (including any attachments) may contain information that is privileged, confidential, proprietary and/or otherwise protected from disclosure to anyone other than its intended recipient(s). Any dissemination, copying, retention or use of this message or its contents (including any attachments) by persons other than the intended recipient(s) is strictly prohibited. If you have received this message in error, please immediately notify the sender by reply e-mail or telephone and permanently delete all copies of this message and any attachments. Thank you for your cooperation.