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## STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES

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MEMO NO. FFS 19-04 CTR-1902

## **MEMORANDUM**

TO: Fee-for-Service Dental Providers

Federally Qualified Health Centers (FQHC)

FROM: Judy Mohr Peterson, PhD

Med-QUEST Division Administrator

SUBJECT: 2019 CHANGES AND ADDITIONS TO THE MEDICAID CDT CODE LISTING

The Med-QUEST Division (MQD) is issuing this memorandum to inform dental providers of changes made to the Medicaid CDT codes listing. These changes were effective January 1, 2019. The following CDT Code updates are being applied to the list of Medicaid approved procedures.

## A. Table 1 - 2019 DELETED AND REPLACEMENT CDT PROCEDURE CODES

Codes D0290, D0470, D1515, D5510, D5610, D5620, D9241, and D9242 have been deleted. Claims should be filed using the new replacement codes, if applicable.

Table 1- 2019 DELETED AND REPLACEMENT CDT PROCEDURE CODES				
Deleted Code	Description	Replacement Code	Description	
D0290	Posterior-Anterior Lateral Skull Facial Bone Radiographic Image	NA	NA	
D0470	Diagnostic Casts	NA	Included in fee for orthodontic services	
D1515	Space Maintainer – Fixed - Bilateral	D1516	Space Maintainer – Fixed – Bilateral - Maxillary	
		D1517	Space Maintainer – Fixed- Bilateral - Mandibular	
D5510	Repair Broken Complete Denture Base	D5511	Repair Broken Complete Denture Base - Mandibular	
		D5512	Repair Broken Complete Denture Base - Maxillary	
D5610	Repair Resin Partial Denture Base	D5611	Repair Resin Partial Denture Base - Mandibular	
		D5612	Repair Resin Partial Denture Base - Maxillary	
D5620	Repair Cast Partial Framework	D5621	Repair Cast Partial Framework - Mandibular	
		D5622	Repair Cast Partial Framework - Maxillary	
D9241	Intravenous Sedation/Analgesia first 30 minutes	D9239	Intravenous Moderate (conscious) Sedation/Analgesia first 15 minutes	
D9242	Intravenous Sedation/Analgesia each additional 15 minutes	D9243	Intravenous Moderate (conscious) Sedation/Analgesia each subsequent 15 minutes	

- For D9239 and D9243, the fees have been adjusted to reflect the change in code definition.
- The fees for all other CDT codes associated with a deleted code remain unchanged.
- All submission and clinical requirements remain unchanged.

## B. Table 2 – 2019 ADDITIONAL CDT PROCEDURE CODES

In addition to D1354 (Interim Caries Arresting Medicament) as an allowable procedure for beneficiaries less than 21 years of age, the following codes were added:

Table 2– 2019 ADDITIONAL CDT PROCEDURE CODES			
Code	Description		
D1575	Distal Shoe Space Maintainer – Fixed - Unilateral		
	Limited to children age 8 and younger		
D2751	Crown - Porcelain Fused to Predominantly Base Metal		
	All submission and clinical requirements will be the same as D2740-D2792		
D2791	Crown - Full Cast Predominantly Base Metal		
	All submission and clinical requirements will be the same as D2740-D2792		
D3355	Pulpal Regeneration - Initial Visit (Endodontist and Pedodontist only)		
	All submission and clinical requirements will be the same as D3351-D3353		
D3356	Pulpal Regeneration – Interim Medication Replacement (Endodontist and		
	Pedodontist only)		
	All submission and clinical requirements will be the same as D3351-D3353		
D3357	Pulpal Regeneration – Completion of Treatment (Endodontist and Pedodontist only)		
	All submission and clinical requirements will be the same as D3351-D3353		
D5730	Reline Complete Maxillary Denture (chairside)		
	All submission and clinical requirements will be the same as D5750-D5751		
D5731	Reline Complete Mandibular Denture (chairside)		
	All submission and clinical requirements will be the same as D5750-D5751		
D5740	Reline Maxillary Partial Denture (chairside)		
	All submission and clinical requirements will be the same as D5760-D5761		
D5741	Reline Mandibular Partial Denture (chairside)		
D0005	All submission and clinical requirements will be the same as D5760-D5761		
D9995	Teledentistry – Synchronous; real-time encounter		
	This is not a payable procedure. It is used to indicate that services on the claim were		
D0006	provided using synchronous teledentistry technology.		
D9996	Teledentistry – Asynchronous; information stored and forwarded to dentist for		
	subsequent review		
	This is not a payable procedure. It is used to indicate that services on the claim were		
	provided using asynchronous teledentistry technology.		

The 2019 Medicaid Dental Fee Schedule is posted on the Med-QUEST website at https://medquest.hawaii.gov/en/plans-providers/fee-for-service/fee-schedules.html. Any questions, please contact Dan Fujii, DDS, MQD Dental Consultant, at <a href="mailto:dfujii@dhs.hawaii.gov">dfujii@dhs.hawaii.gov</a>.