


**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Health Care Finance**



**DHCF Transmittal No. 12- 14**

**Office of the Deputy Director**

**TO: Dental Providers Serving Medicaid Fee-for-Service Beneficiaries**

**FROM: Linda Elam, Ph.D., M.P.H.**   
**Deputy Director**

**DATE: JUN 14 2012**

**SUBJECT: Reactivation of temporarily suspended dental procedure codes and upcoming reductions in reimbursement for dental procedures in certain situations.**

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The purpose of this transmittal is twofold. First, we want to notify DC Medicaid dental providers of the reactivation of dental procedure codes which were temporarily suspended for non-institutionalized, Medicaid Fee for Service (FFS) beneficiaries over the age of 21 via Transmittal #11-09 issued on May 24, 2011. These dental procedure codes (Attachment 1) have been re-established as effective for dates of service on or after August 20, 2011 and are reimbursable according to the current DC Medicaid FFS dental fee schedule.

In addition, we want to notify all dental providers that in order to better manage the Medicaid FFS dental benefit, DHCF will be proposing reductions in the reimbursement rates for certain dental services. Dental reimbursement rates will not be reduced for children under age 21, beneficiaries residing in an Intermediate Care Facility for individuals with Developmental Disabilities (ICF/DD), or beneficiaries enrolled in the Intellectual Disabilities and Developmental Disabilities (ID/DD) Waiver. More details about these rate reductions will be communicated to providers via upcoming proposed regulations and transmittals. These rate changes will allow beneficiaries to continue to receive comprehensive oral health services.

Thank you for your dedication, patience, and cooperation throughout this period. Should you have any questions about this transmittal, please call Antonio Lacey, DDS, Program Analyst, Division of the Clinician, Pharmacy, and Acute Provider Services on (202) 442-5847 or via e-mail at [Antonio.Lacey@dc.gov](mailto:Antonio.Lacey@dc.gov).

**ATTACHMENT: Reactivated DC Medicaid Dental Procedure codes effective August 20, 2011.**

**Dental Procedure Codes reactivated by DHCF Transmittal 12- 14**

**Attachment 1**

| <b>Number</b> | <b>Physician Code</b> | <b>CDT Code</b> | <b>Procedure Description</b>  |
|---------------|-----------------------|-----------------|---|
| 1             |                       | D0350           | Oral/Facial Photographic Images   |
| 2             |                       | D2394           | Resin-Based Composite-Four or More Surfaces, Posterior                                      |
| 3             |                       | D2710           | Crown-Resin Based Composite (Indirect)  |
| 4             |                       | D2722           | Crown-Resin with Noble Metal  |
| 5             |                       | D2750           | Crown-Porcelain Fused to High Noble Metal   |
| 6             |                       | D2790           | Crown-Full Cast High Noble Metal  |
| 7             |                       | D2920           | Recement Crown  |
| 8             |                       | D2930           | Prefabricated Stainless Steel Crown Primary Tooth   |
| 9             |                       | D2931           | Prefabricated Stainless Steel Crown Permanent Tooth   |
| 10            |                       | D2934           | Prefabricated Esthetic Coated Stainless Steel Crown-Primary Tooth                           |
| 11            | 41899                 | D4249           | Clinical Crown Lengthening –Hard Tissue   |
| 12            |                       | D5212           | Mandibular Partial Denture Resin Base (Including any conventional clasps, rests, and teeth) |
| 13            |                       | D5982           | Surgical Stent  |
| 14            | 2148<br>2149          | D6010           | Surgical Placement of Implant Body: Endosteal Implant                                       |
| 15            |                       | D6056           | Prefabricated Abutment-Includes Placement   |
| 16            |                       | D6058           | Abutment Supported Porcelain/Ceramic Crown  |
|               |                       |                 |   |

|    |                                  |       |   |
|----|----------------------------------|-------|---|
|    |                                  |       |   |
| 17 | 20240<br>20245                   | D7285 | Biopsy of Oral Tissue-Hard (Bone, Tooth)  |
| 18 | 21031<br>21032                   | D7471 | Removal of Lateral Exostosis (Maxilla or Mandible)  |
| 19 | 21031                            | D7472 | Removal of Torus Palatinus  |
| 20 | 21032                            | D7473 | Removal of Torus Mandibularis   |
| 21 | 20900<br>20902<br>21125<br>21299 | D7950 | Osseous, Osteoperiosteal, or Cartilage Graft of the Mandible or Maxilla-Autogenous or Non Autogenous, by Report |
| 22 | 41822                            | D7972 | Surgical Reduction of Fibrous Tuberosity  |