wisconsin Medicaid update
and BadgerCare
January 2005 ● No. 2005-02
Wisconsin Medicaid and BadgerCare Information for Providers

To:
Dentists
HMOs and Other Managed Care Programs

CDT-2005 Procedure Code Updates for Dental Services

Effective for dates of service (DOS) on and after January 1, 2005, Wisconsin Medicaid is updating dental coverage, policies, and limitations to reflect the new *Current Dental Terminology-2005* (CDT-2005) code book. These changes include the following:

- Adding new CDT-2005 procedure codes.
- Procedure code description changes.
- Enddating discontinued procedure code D7281.

Procedure Code Changes

Refer to the Attachment of this *Wisconsin Medicaid and BadgerCare Update* for a list of procedure codes, procedure code descriptions, procedure code status, copayment amounts, maximum fees, and service limitations.

Discontinued Code

Procedure code D7281 (surgical exposure of impacted or unerupted tooth to aid eruption) is the only Wisconsin Medicaid covered service that is being discontinued in the CDT-2005 code book. This procedure code is being replaced with the new CDT-2005 procedure code D7283 (placement of device to facilitate eruption of impacted tooth).

Approved and Modified Prior Authorizations Currently in Effect

For approved and modified prior authorizations (PAs) currently in effect for procedure code D7281, Wisconsin Medicaid will identify and convert all affected PAs to include CDT-2005 code D7283. This affects PAs with grant dates prior to January 1, 2005, and expiration dates on and after January 1, 2005. For DOS prior to January 1, 2005, submit claims using code D7281. For DOS on and after January 1, 2005, use CDT-2005 code D7283.

Requests for Prior Authorization Currently in Process

Wisconsin Medicaid will not convert PA requests that are in process on January 1, 2005.

For More Information

Providers with questions regarding the procedure codes in this *Update* may call the Provider Services designated dental correspondant at (800) 947-9627 or (608) 221-9883, option 6.

Information Regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients who receive their dental benefits on a fee-for-service basis. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at *dhfs.wisconsin.gov/medicaid/*.

PHC 1250

ATTACHMENT
Procedure Codes for Dental Services
Effective for Dates of Service on and After January 1, 2005

Status	Procedure Code	Tooth Numbers	Replaces or Is Replaced by Code(s)	Description	PA* Required	Max Fee (Ages 0 to 20)	Max Fee (Ages 21 and Up)	Copay (Ages 18 and Up)	Restrictions
Added	D2915	Any		Recement cast or prefabricated post and core	No	$27.91	$26.29	$2.00	
Added	D2934	D-G, DS-GS		Prefabricated esthetic coated stainless steel crown — primary tooth	No	$117.24	$108.71	$3.00	Once per year, per tooth. Allowable age less than 21.
Added	D2971			Additional procedures to construct new crown under existing partial denture framework	No	Manually priced	Manually priced	$3.00	
Added	D5225			Maxillary partial denture — flexible base (including any clasps, rests and teeth)	Yes	$402.10	$351.35	$3.00	Dentures allowed once per five years (exceptions can be made in extraordinary circumstances).
Added	D5226			Mandibular partial denture — flexible base (including any clasps, rests and teeth)	Yes	$418.17	$372.16	$3.00	Dentures allowed once per five years (exceptions can be made in extraordinary circumstances).
Added	D7283	2-15, 18-31, A-T	D7281	Placement of device to facilitate eruption of impacted tooth	Yes	$135.57		$3.00	HealthCheck referral is required. Allowable age less than 21.
Added	D7288			Brush biopsy — transepithelial sample collection	No	$35.00	$35.00	$2.00	Once per date of service.
Added	D7511			Incision and drainage of abscess — intraoral soft tissue — complicated (includes drainage of multiple fascial spaces)	No	Manually priced	Manually priced	$3.00	Operative report required. Not to be used for periodontal abscess — use D9110.
Added	D7521			Incision and drainage of abscess — extraoral soft tissue — complicated (includes drainage of multiple fascial spaces)	No	Manually priced	Manually priced	$3.00	Operative report required.
Enddated	D7281		D7283						
Changed Description**	D0350			Oral/facial photographic images					
Changed Description**	D2910			Recement inlay, onlay or partial coverage restoration					

*PA = Prior authorization.
**Changed Description — These are procedure code description changes. Wisconsin Medicaid policy for these codes has not changed.

Status	Procedure Code	Tooth Numbers	Replaces or Is Replaced by Code(s)	Description	PA* Required	Max Fee (Ages 0 to 20)	Max Fee (Ages 21 and Up)	Copay (Ages 18 and Up)	Restrictions
Changed Description**	D4210			Gingivectomy or gingivoplasty — four or more contiguous teeth or bounded teeth spaces per quadrant					
Changed Description**	D4211			one to three contiguous teeth or bounded teeth spaces per quadrant					
Changed Description**	D4341			Periodontal scaling and root planing — four or more teeth per quadrant					
Changed Description**	D7111			Extraction, coronal remnants — deciduous tooth					
Changed Description**	D7286			Biopsy of oral tissue; soft					
Changed Description**	D7287			Exfoliative cytological sample collection					
Changed Description**	D7490			Radical resection of maxilla or mandible					

*PA = Prior authorization.
**Changed Description — These are procedure code description changes. Wisconsin Medicaid policy for these codes has not changed.