

A L E R T

April 26, 2023

TO: Dentists and Oral Surgeons**RE: COVID-19 Unwinding-Changes and Updates to Dental Services**

Per federal guidance, the COVID-19 public health emergency (PHE) will end on May 11, 2023. Therefore, some flexibilities the Alabama Medicaid Agency (Medicaid) implemented due to the COVID-19 PHE will end at this time. Medicaid intends to keep providers updated on changes that will be forthcoming during the return to normal operations. Medicaid is working with the Centers for Medicare and Medicaid Services (CMS) to prepare to end some flexibilities implemented during the COVID-19 PHE. Notice of changes will be provided through additional notices via State Plan notice, Administrative Code notice, waiver notice, or Provider ALERTs.

Effective 5/12/23:

- Medicaid will discontinue the \$20 PPE reimbursement.
- Medicaid will cover 3 units of D0140 (emergency dental treatment) per calendar year per recipient per provider/provider group.

Reimbursement Increase

Effective June 1, 2023, Medicaid will increase the reimbursement for the following procedure codes. An updated Dental services fee schedule will be posted by May 15, 2023.

| Procedure Code | Procedure Code Description | Rate as of 6/1/23 | Procedure Code | Procedure Code Description | Rate as of 6/1/23 |
|----------------|------------------------------|-------------------|----------------|------------------------------|-------------------|
| D0120 | PERIODIC ORAL EVALUATION | \$20.00 | D3320 | END THXPY, PREMOLAR TOOTH | \$554.40 |
| D0150 | COMPREHENSVE ORAL EVALUATION | \$32.80 | D3330 | END THXPY, MOLAR TOOTH | \$660.00 |
| D0330 | PANORAMIC IMAGE | \$52.80 | D3351 | APEXIFICATION/RECALC INITIAL | \$184.80 |
| D1110 | DENTAL PROPHYLAXIS ADULT | \$40.00 | D3410 | APICOECTOMY - ANTERIOR | \$327.20 |
| D1354 | INT CARIES MED APP PER TOOTH | \$40.00 | D4355 | FULL MOUTH DEBRIDEMENT | \$73.60 |
| D1520 | REMOVE UNILAT SPACE MAINTAIN | \$157.60 | D4910 | PERIODONTAL MAINT PROCEDURES | \$66.40 |
| D1526 | REMOVE BILAT SPACE MAIN, MAX | \$243.20 | D5110 | DENTURES COMPLETE MAXILLARY | \$624.00 |
| D1527 | REMOVE BILAT SPACE MAIN, MAN | \$243.20 | D5120 | DENTURES COMPLETE MANDIBLE | \$624.00 |
| D2140 | AMALGAM ONE SURFACE PERMANEN | \$53.60 | D6240 | BRIDGE PORCELAIN HIGH NOBLE | \$493.60 |
| D2150 | AMALGAM TWO SURFACES PERMANE | \$66.40 | D6245 | BRIDGE PORCELAIN/CERAMIC | \$537.60 |
| D2161 | AMALGAM 4 OR > SURFACES PERM | \$92.00 | D6740 | CROWN PORCELAIN/CERAMIC | \$537.60 |
| D2332 | RESIN THREE SURFACES-ANTERIO | \$93.60 | D6750 | CROWN PORCELAIN HIGH NOBLE | \$509.60 |
| D2335 | RESIN 4/> SURF OR W INCIS AN | \$110.40 | D7140 | EXTRACTION ERUPTED TOOTH/EXR | \$64.00 |
| D2391 | POST 1 SRFC RESINBASED CMPST | \$76.00 | D7210 | REM IMP TOOTH W MUCOPER FLP | \$109.60 |
| D2392 | POST 2 SRFC RESINBASED CMPST | \$91.20 | D7241 | IMPACT TOOTH REM BONY W/COMP | \$269.60 |
| D2393 | POST 3 SRFC RESINBASED CMPST | \$113.60 | D7250 | TOOTH ROOT REMOVAL | \$115.20 |
| D2394 | POST >=4SRFC RESINBASE CMPST | \$138.40 | D7280 | EXPOSURE OF UNERUPTED TOOTH | \$199.20 |
| D2740 | CROWN PORCELAIN/CERAMIC | \$537.60 | D7285 | BIOPSY OF ORAL TISSUE HARD | \$398.40 |
| D2750 | CROWN PORCELAIN W/ H NOBLE M | \$511.20 | D7286 | BIOPSY OF ORAL TISSUE SOFT | \$170.40 |
| D2751 | CROWN PORCELAIN FUSED BASE M | \$469.60 | D7471 | REM EXOSTOSIS ANY SITE | \$422.40 |
| D2752 | CROWN PORCELAIN W/ NOBLE MET | \$480.80 | D7520 | I&D ABSCESS EXTRAORAL | \$56.00 |
| D2792 | CROWN FULL CAST NOBLE METAL | \$469.60 | D7911 | DENTAL SUTURE WOUND TO 5 CM | \$465.60 |
| D2931 | PREFAB STNLSS STEEL CROWN PE | \$127.20 | D7971 | EXCISION PERICORONAL GINGIVA | \$84.80 |
| D2932 | PREFABRICATED RESIN CROWN | \$136.00 | D9222 | DEEP ANEST, 1ST 15 MIN | \$160.00 |
| D2952 | POST AND CORE CAST + CROWN | \$170.40 | D9223 | GENERAL ANESTH EA ADDL 15 MI | \$120.00 |
| D3110 | PULP CAP DIRECT | \$33.60 | D9230 | ANALGESIA | \$27.20 |
| D3120 | PULP CAP INDIRECT | \$27.20 | D9243 | IV SEDATION EA ADDL 15M | \$93.60 |
| D3310 | END THXPY, ANTERIOR TOOTH | \$477.60 | D9310 | DENTAL CONSULTATION | \$80.80 |

A L E R T

New Dental Program Team

For questions regarding Dental Program policy, please contact Beth Huckabee at elizabeth.huckabee@medicaid.alabama.gov.

For questions regarding Dental prior authorizations, please contact Kelsey Thomas at kelsey.thomas@medicaid.alabama.gov.

Dr. Stuart Lockwood is Medicaid's dental consultant and can be contacted at stuart.lockwood@medicaid.alabama.gov .