

Attention ALL Dentists

A revised “Dental Policy and Procedure Code Manual” and “Dental Fee Schedule” are available on the eMedNY website at:

www.emedny.org/ProviderManuals/Dental

The new manuals are effective for dates of service on or after 1/2/2013.

The major revisions are in compliance with changes that were made to the 2013 CDT and include the **removal** of procedure codes:

- D0360 (cone beam CT) - *use procedure code D0367 instead;*
- D1203 (topical fluoride application for beneficiaries under 21) – *use procedure code D1208 instead;*
- D1204 (topical application of fluoride for beneficiaries 21 and over) – *use procedure code D1208 instead;*
- D6970 (post and core in addition to fixed partial denture retainer, indirectly fabricated) – *use procedure code D2952 instead;* and,
- D6972 (prefabricated post and core in addition to bridge retainer) – *use procedure code D2954 instead.*

The **addition** of procedure codes:

- D0367 (cone beam CT capture);
- D0502 (other oral pathology procedures) – only available for enrolled oral pathologist;
- D1208 (topical application of fluoride);
- T1013 (sign language and oral interpretive services)

The 2013 “Dental Policy and Procedure Code Manual” and “Dental Fee Schedule” must be referenced for full details as well as a complete listing of all of the changes.

Attention Orthodontists

Authorizations for the initiation of orthodontic treatment (D8070, D8080 or D8090) that were issued through the “New York City Orthodontic Rehabilitation Program (NYCORP)” **prior to 1/1/2012** and treatment has not begun will not be honored without a re-assessment of the **current** needs of the patient case. A **new prior approval** will need to be submitted and reviewed and a new determination made by the benefit administrator (either fee-for-service or Managed Care) for that patient. If benefits are administered through fee-for-service, the request and all supporting documentation will need to be submitted to eMedNY following the instructions in the "Dental Policy and Procedure Code Manual" which is available on the internet at:

www.emedny.org/ProviderManuals/Dental

If only **interceptive treatment** was authorized by either Albany or NYCORP without an authorization for any comprehensive treatment and comprehensive treatment is now being requested, this represents a new phase of treatment with a different treatment plan. A **new prior approval** will need to be submitted and reviewed and a new determination made by the benefit administrator (either fee-for-service or Managed Care) for that patient.

Beginning 2/1/2013 authorizations for de-banding and retention (D8680) for patients whose orthodontic benefit is administered through the fee-for-service program will require the submission of a prior approval to eMedNY. The submission of documentation directly to the Dental Unit will no longer be accepted.

For orthodontic cases where **orthognathic surgery** is required and the patient is enrolled in a Managed Care plan, **the plan is responsible for the surgical component** of treatment even if the orthodontic phase is administered through the fee-for-service program. Regardless of any approvals or authorizations issued through NYCORP, the orthodontist and surgeon must coordinate treatment with the plan to obtain any approvals or authorizations for treatment that the plan may require for the orthognathic surgery.

Attention **Dental Clinics**

The following “Pre-Diagnostic” procedure codes will be added to APG’s **for dates of service on or after April 1, 2013:**

- D0190 (screening of a patient) – only available for treatment programs approved by the “Bureau of Dental Health (BDH)”;
- D0191 (assessment of a patient) - only available for “Academic Dental Centers (ADCs)”.

Any questions should be directed to the Division of OHIP Operations, Dental Prepayment Review Unit at (800) 342-3005 (option #2), or, (518) 474-3575 (option #2) or by email to: “dental@health.state.ny.us”.