



State of New Jersey
Department of Human Services
Division of Medical Assistance & Health Services

NEWSLETTER

Volume 13 No. 47

June 2003

TO: Providers of Dental Services and Federally Qualified Health Centers - **For Action**
HMOs - **For Information Only**

SUBJECT: Updates to the Healthcare Common Procedure Coding System (HCPCS)

EFFECTIVE:

1. Additions Effective for Claims with Dates of Service on or after **July 1, 2003**
2. Deletions Effective for Claims with Dates of Service on or after **July 1, 2003**
3. Changes in reimbursement for certain HCPCS for Claims with Dates of Service on or after **July 1, 2003**

PURPOSE: To notify providers of dental services and federally qualified health centers of additions and deletions to the 2003 Healthcare Common Procedure Coding System (HCPCS) for reimbursement of Medicaid and NJ FamilyCare fee-for-service covered dental services. The Division is also deleting certain HCPCS procedure codes for dental services for claims with service dates on or after July 1, 2003.

ACTION: The New Jersey Division of Medical Assistance and Health Services (DMAHS) has added new HCPCS procedure codes and their applicable maximum fee allowances. These procedure codes reflect maximum fee allowances, which are reimbursable to providers of dental services and federally qualified health centers by the New Jersey Medicaid and NJ FamilyCare programs. Providers should use these HCPCS procedure codes when submitting claims for processing.

Attachments to this Newsletter include: additions, deletions and changes to N.J.A.C. 10:56-3, HCFA Common Procedure Coding System (HCPCS).

Providers of dental services, please add these attachments to Subchapter 3 in your Dental Services manual (N.J.A.C. 10:56).

If there are any questions regarding this Newsletter, please contact the Office of Utilization Management, Dental Unit at 1-800-782-0181.

**RETAIN THIS NEWSLETTER BEHIND THE NEWSLETTER TAB
(BLUE TAB MARKED "5")**

10:56-3. HCFA Common Procedure Coding System (HCPCS).

Effective for claims with dates of service on or after July 1, 2003, the following represent **additions** to the dental procedure codes as noted in the CDT-4 Manual that will be included in the New Jersey Medicaid and NJ FamilyCare fee-for-service covered dental services as contained in the Dental Services manual, N.J.A.C. 10:56. The new procedure code, description, specialist and non-specialist fees are noted.

IND	HCPCS Code/Mod	Procedure Description	Maximum Fee		
			S	\$	NS
Restorative					
	D2390	Resin-based composite crown, anterior		\$40/\$35	
	D2391	Resin-based composite- one surface, posterior		\$32/\$30	
	D2392	Resin-based composite- two surfaces, posterior		\$38/\$35.50	
	D2393	Resin-based composite- three surfaces, posterior		\$44/\$41	
	D2394	Resin-based composite- four or more surfaces, posterior		\$44/\$41	
Periodontics					
	D4261	Osseous surgery (including flap entry and closure)- one to three teeth, per quadrant		\$56.25/\$48.40	
	D4265	Biologic materials to aid in soft and osseous tissue re-generation		By report	
	D4275	Soft tissue allograft		By report	
	D4342	Periodontal scaling and root planning- 1-3 teeth, per Quadrant		\$30/\$27	
Oral and Maxillofacial Surgery					
	D7111	Coronal remnants-deciduous tooth		\$19.50/\$18	
	D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)		\$32/\$30	
	D7261	Primary closure of a sinus perforation		\$108/\$99	
	D7282	Mobilization of erupted or malpositioned tooth to aid eruption		\$50.50/\$47	
	D7287	Cytology sample collection		\$10/\$10	
	D7411	Excision of benign lesion greater than 1.25 cm		\$42/\$37	
	D7412	Excision of benign lesion, complicated		\$100/\$86	
	D7413	Excision of malignant lesion up to 1.25 cm		\$100/\$86	
	D7414	Excision of malignant lesion greater than 1.25 cm		\$274/\$256	
	D7415	Excision of malignant lesion, complicated		\$473/\$413	
	D7472	Removal of torus palatinus		\$109/\$98	
	D7473	Removal of torus mandibularis		\$62.50/\$56.50	

D7485	Surgical reduction of osseous tuberosity	\$62.50/\$56.50
D7671	Alveolus-open reduction, may include stabilization of teeth	\$138/\$126
D7771	Alveolus, closed reduction stabilization of teeth	\$92/\$84
D7972	Surgical reduction of fibrous tuberosity	\$64/\$59

Effective for claims with dates of services on or after July 1, 2003, the following represent **revisions to the description or nomenclature** for procedure codes that resulted in a revision of the associated reimbursement.

			Maximum Fee		
HCPCS			Allowance		
IND	Code/Mod	Procedure Description	S	\$	NS
Periodontics					
	D4211	Gingivectomy or gingivoplasty- one to three teeth, per Quadrant		\$32.60/\$28.10	
Oral and Maxillofacial Surgery					
	D7670	Alveolus - closed reduction, may include stabilization of teeth		\$92/\$84	
		Note1 - Alveolar fracture			
		Note2 - Teeth may be wired, banded or splinted together to prevent movement			

Effective for claims with dates of services on or after July 1, 2003, the following represent **deletions** to the dental procedure codes as noted in the CDT-4 Manual that will be excluded in the New Jersey Medicaid and NJ FamilyCare fee-for-service covered dental services.

<u>CODES DELETED</u>	<u>TO REPORT, USE CODE</u>
D0501	No crosswalk
D2110	No crosswalk
D2120	No crosswalk
D2130	No crosswalk
D2131	No crosswalk
D2336	No crosswalk
D2337	No crosswalk
D2380	No crosswalk
D2381	No crosswalk
D2382	No crosswalk
D2385	No crosswalk
D2386	No crosswalk
D2387	No crosswalk
D2388	No crosswalk

D4220
D7110
D7120

No crosswalk
No crosswalk
No crosswalk

CODES DELETED

TO REPORT, USE CODE

D7130
D7420
D7430
D7431
D7480
Y2115
Y2125
Y2505

No crosswalk
No crosswalk
No crosswalk
No crosswalk
No crosswalk
D1510 52
D9999
D5899 22