

CHAPTER 16: DENTAL SERVICES

REVISION HISTORY LOG

Revised/ Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
03/15/13	Table of Contents		4	<p>Removed CommunityCARE, corrected subheading under 16.2 “Exceptions to Filing Dental Claims Form” (changes on page 1)</p> <p>Removed Expanded Dental Services for Pregnant Women, Sections 16.12, 16.13, 16.14, and 16.15 (changes made on page 3)</p> <p>Renamed Appendices C, D, E, F, G, H, I, and J (changes made on page 4)</p>
03/15/13	16.0	Overview	1	<p>Removed reference to Expanded Dental Services for Pregnant Women (change made on page 1)</p>
03/15/13	16.1	Provider Requirements	7	<p>Removed references to Expanded Dental Services for Pregnant Women (changes made on pages 2, 3, and 5)</p> <p>Changed references to appendices (changes made on pages 2-4 and 7)</p> <p>Removed reference to CommunityCARE program (changes made on page 5)</p>
03/15/13	16.2	Claims Related Information	5	<p>Changed references to appendices (changes made on pages 1-4)</p> <p>Removed reference to EDSPW Program (changes made on pages 4 and 5)</p>

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03/15/13	16.3	EPSDT Recipient Eligibility	1	Added “LaCHIP Affordable” to the “NOTE”
03/15/13	16.4	EPSDT Securing Services	1	Added “LaCHIP Affordable”, deleted KIDMED information and changed reference to appendix
03/15/13	16.5	EPSDT Covered Services	55	<p>Changed references of “radiograph”, “film”, and X-ray” to “radiographic images (changes made on pages 1-3, 5-8, 18-19, 23-26, 29, 32-34, 38-39, 41-42, and 49-50)</p> <p>Clarified “application of fluoride” (change made on page 2)</p> <p>Changed codes “D1203 or D1204” to D1208 (change made on page 2)</p> <p>Clarified definition of codes D0210*, D0220, D0230, D0240*, D0272 and D0330* (changes made on pages 2, 5, 7,8)</p> <p>Removed codes D1203, D1204 and added code D1208 (changes made on page 10, 11 and 12)</p> <p>Changed reimbursement of fluoride for recipients less than six years from 12 months to 6 months. (change made on page 12)</p> <p>Changed “for recipients who have reached their fifth birthday” to “if the recipients are under five years of age.” (changes made on page 16)</p> <p>Changed appendix reference (changes made on pages 2, 16, 17, 45, 52, 54, and 55)</p>

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03/15/13	16.12	EDSPW – Recipient Eligibility Requirements	2	Section Deleted (EDSPW Program ended)
03/15/13	16.13	EDSPW – Covered Services	14	Section Deleted (EDSPW Program ended)
03/15/13	16.14	EDSPW – Non-Covered Services	1	Section Deleted (EDSPW Program ended)
03/15/13	16.15	EDSPW – Prior Authorization	4	Section Deleted (EDSPW Program ended)
03/15/13	Appendix C	Dental Claim Form Instructions	11	Deleted Appendix C – EDSPW Program Fee Schedule and renamed Appendix “D” to “C”, removed reference to EDSPW, and changed appendix reference. (changes made on page 1)
03/15/13	Appendix D	Adjustment/Void Forms and Instructions	10	Renamed Appendix “E” to Appendix “D”
03/15/13	Appendix E	Dental Periodicity Schedule	2	Renamed Appendix “F” to Appendix “E”
03/15/13	Appendix F	Claim Denial Simplification Process	5	Renamed Appendix “G” to Appendix “F”
03/15/13	Appendix G	Prior Authorization Checklist	2	Renamed Appendix “H” to Appendix “G”, deleted paragraph requiring BHSF Form 9-M, and deleted reference to EDSPW (changes made on page 2)

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03/15/13	Appendix H	Prior Authorization Sample Letter	1	Renamed Appendix “T” to Appendix “H”
03/15/13	Appendix I	Forms	3	Renamed Appendix from “J” to Appendix “T” and deleted BHSF FORM 9-M (changes made on pages 1 and 2)
03/15/13	Appendix J	Contact Referral Information	4	Renamed Appendix “K” to Appendix “J” and deleted KIDMED contact information (change made on page 2)
03/15/13	Appendix K			Deleted and renamed Appendix J