



The Secretary for Health and Family Services

COMMONWEALTH OF KENTUCKY
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SECRETARY

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60 Dentist – Individual
61 Dentist – Group

Provider Letter A-143
Provider Letter A-5

Dear Dental Provider:

Effective January 2004, routine preventive and diagnostic dental services, provided to children age 18 to 19, who have Kentucky Children's Health Insurance Program (KCHIP) coverage will **not require** a \$2.00 co-pay. This letter provides further clarification of an April 3, 2003, provider letter (Dental Letter #A-139, Dental Group Letter #A-3).

Routine preventive and diagnostic dental services include oral examinations, prophylaxis and topical fluoride applications, sealants, and x-rays. The following CDT Codes for Preventive Dental Services covered through Kentucky Medicaid will not require a \$2.00 co-pay for KCHIP recipients:

- D0150 – Comprehensive oral evaluation – new or established patient
- D0210 – Intraoral – complete series (including bitewings)
- D0220 – Intraoral – periapical first film
- D0230 – Intraoral – periapical each additional film
- D0270 – Bitewings – single films
- D0272 – Bitewings – two films
- D0274 – Bitewings – four films
- D0330 – Panoramic film
- D0340 – Cephalometric film
- D1110 – Prophylaxis – adult – 14 years of age and over

- D1351 – Sealant – per tooth
- D1510 – Space maintainer – fixed – unilateral
- D1515 – Space maintainer – fixed – bilateral
- D1520 – Space maintainer – removable – unilateral
- D1525 – Space maintainer – removable – bilateral
- D1550 – Recementation of space maintainer

Providers who previously charged KCHIP recipients a \$2 co-pay for preventive and diagnostic dental services only, will be required to make a refund to the recipient. (The Department for Medicaid Services (DMS) will notify recipients by letter.) DMS will refund to dental providers the co-payment amount previously deducted from the payment retroactive to June 1, 2003.

If the KCHIP recipient receives other **additional** dental services during that same visit that are not routine preventive and diagnostic dental services, then the provider must collect the required co-payment from the recipient. Medicaid will reduce its amount of payment by \$2 per visit per day for applicable services. This action will not require a change in the way that Medicaid is billed for these services.

Please note, this change only applies to KCHIP recipients age 18 to 19. The \$2.00 co-pay will continue to apply to all dental services provided to Medicaid recipients. KCHIP recipients may be identified by their member card, which has either KENTUCKY CHILDREN'S HEALTH INSURANCE PROGRAM in all capital letters located at the very top of the card or the words "Eligible through the KY Children's Health Insurance Program (KCHIP)" on the upper right hand side of the card.

Thank you for your cooperation in this matter. If additional information is needed, please contact Duane Dringenburg, of the Physicians and Specialty Services Division at 502-564-5969.

Sincerely,



James W. Holsinger, Jr., M.D.
Secretary