



RE: Medi-Cal Dental Benefits for Adults – May 1, 2014

Dear Provider:

As you may already know, there is a change to adult dental benefits under Medi-Cal. As of May 1, 2014, Medi-Cal will cover additional services for adults. These services will include:

- Exams and x-rays
- Cleanings
- Fluoride treatments
- Fillings
- Anterior root canals
- Prefabricated crowns
- Full dentures
- Other medically necessary dental services

This does not include all adult services that Medi-Cal covered before 2009. There is no change to children's benefits.

A full list of added services is available online, along with pre-authorization requirements, at www.premierlife.com, under the Provider Forms and Materials page.

A Compensation Attachment Amendment for Medi-Cal Adult members (age 21 and over) is enclosed. This amendment is effective May 1, 2014.

Please call Provider Services at 1-888-620-2447 if you have questions.

Sincerely,

A handwritten signature in cursive script that reads "Lynn Thompson".

Director, Provider Relations

Enclosure



**Los Angeles Prepaid Health Plan
Restored Benefits for Members Age 21 and Over
Effective May 1, 2014**

The following procedure codes are covered for Medi-Cal beneficiaries 21 years of age and older beginning May 1, 2014. These procedures are in addition to Federally Required Adult Dental Services (FRADS).

Code	Description	Preauthorization Required
D0150	Comprehensive oral evaluation – new or established patient	No
D0210	Intraoral – complete series (including bitewings)	No
D0220	Intraoral - periapical first film	No
D0230	Intraoral - periapical each additional film	No
D0270	Bitewing – single film	No
D0272	Bitewings – two films	No
D0274	Bitewings – four films	No
D0330	Panoramic Film	No
D0350	Oral/Facial photographic images	No
D1110	Prophylaxis – adult	No
D1204	Topical application of fluoride – adult	No
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients – adults 21 and over	No
D2140	Amalgam – one surface, primary or permanent	No
D2150	Amalgam – two surfaces, primary or permanent	No
D2160	Amalgam – three surfaces, primary or permanent	No
D2161	Amalgam – four or more surfaces, primary or permanent	No
D2330	Resin-based composite – one surface, anterior	No
D2331	Resin-based composite – two surfaces, anterior	No
D2332	Resin-based composite – three surfaces, anterior	No
D2335	Resin-based composite – four or more surfaces or surfaces or involving incisal angle (anterior)	No
D2390	Resin-based composite crown, anterior	No
D2391	Resin-based composite – one surface, posterior	No
D2392	Resin-based composite – two surface, posterior	No
D2393	Resin-based composite – three surface, posterior	No
D2394	Resin-based composite – four or more surfaces, posterior	No
D2931	Prefabricated stainless steel crown – permanent tooth	No
D2932	Prefabricated resin crown	No
D2933	Prefabricated stainless steel crown with resin window	No
D2952	Post and core in addition to crown, indirectly fabricated	No
D2954	Prefabricated post and core in addition to crown	No
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	No
D3346	Retreatment of previous root canal therapy – anterior	No
D5110	Complete denture – maxillary	Yes
D5120	Complete denture – mandibular	Yes
D5130	Immediate denture – maxillary	Yes
D5140	Immediate denture – mandibular	Yes
D5410	Adjust complete denture – maxillary	No
D5411	Adjust complete denture – mandibular	No
D5510	Repair broken complete denture base	No
D5520	Replace missing or broken teeth – complete denture (each tooth)	No
D5610	Repair resin denture base	No
D5730	Reline complete maxillary denture (chairside)	No
D5731	Reline complete mandibular denture (chairside)	No
D5750	Reline complete maxillary denture (laboratory)	No
D5751	Reline complete mandibular denture (laboratory)	No
D5850	Tissue conditioning, maxillary	No
D5851	Tissue conditioning, mandibular	No
D5860	Overdenture – complete, by report	No