



Department of Medicaid

John R. Kasich, Governor
Barbara R. Sears, Director

Medicaid Advisory Letter (MAL) No. 629

DATE: December 20, 2018

TO: Eligible Medicaid Providers of Dental Services
Chief Executive Officers, Managed Care Plans
Officers, Directors, County Departments of Job and Family Services

FROM: Barbara R. Sears, Medicaid Director

SUBJECT: Coverage of D2929 "Prefabricated porcelain/ceramic crown – primary"

The purpose of this Medicaid Advisory Letter is to provide notice of coverage of D2929 "Prefabricated porcelain/ceramic crown – primary" in the Ohio Medicaid dental program effective January 1, 2019.

This change allows dental providers another option to provide an "equivalent" covered restorative crown at the same maximum payment amounts as existing covered restorative crowns for primary teeth.

Coverage and payment are as follows:

D2929 prefabricated porcelain/ceramic crown – primary, anterior (equivalent to D2933, D2934) on teeth C, D, E, F, G, H, M, N, O, P, with a maximum fee of \$153.00. Prior authorization is not required.

D2929 prefabricated porcelain/ceramic crown – primary, posterior (equivalent to D2930) on teeth A, B, I, J, K, L, S, T with a maximum fee of \$101.92. Prior authorization is not required.

The list of CDT procedure codes, maximum fees and effective dates of coverage has been added to Appendix DD of 5160-1-60 "Medicaid payment" and is posted on the Fees Schedules and Rates page of the Ohio Medicaid web site, <http://medicaid.ohio.gov/providers/FeeScheduleAndRates.aspx> (or its successor).

Additional Information

Information about the services and programs of the Ohio Department of Medicaid (ODM) may be accessed through the main ODM web page, <http://www.medicaid.ohio.gov>.

Questions pertaining to this letter should be directed to the Ohio Department of Medicaid:

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