

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2024174 OCTOBER 31, 2024

IHCP updates reimbursement for certain dental codes

During a recent review of the Professional Fee Schedule, it was discovered that certain dental codes (see Table 1) were priced incorrectly. The Indiana Health Coverage Programs (IHCP) is updating the reimbursement for these dental codes from resource-based relative value scale (RBRVS) to manually priced, effective for dates of service (DOS) on or after **Jan. 1, 2024**.

Prior authorization (PA) is required only for D7284.

Any affected claims that paid incorrectly or denied in error, with DOS on or after Jan. 1, 2024, will be mass adjusted. Providers should see the reprocessed claims on remittance advices (RAs) beginning Dec. 4, 2024, with internal control numbers (ICNs)/ Claim IDs that begin with 80 (reprocessed denied claims).

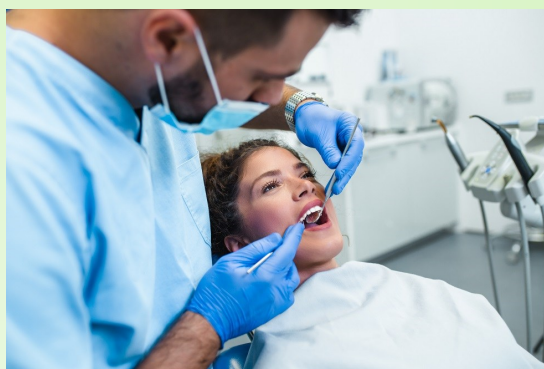


Table 1 – Dental codes that are manually priced, effective for DOS on or after Jan. 1, 2024

Dental code	Description
D1301	Immunization counseling
D2976	Band stabilization – per tooth
D6089	Accessing and retorquing loose implant screw – per screw
D7284	Excisional biopsy of minor salivary glands
D9954	Fabrication and delivery of oral appliance therapy (OAT) morning repositioning device

If providers want to resubmit any claims, they can submit claims to the IHCP within 90 days from the date of this publication for managed care claim submission, or 180 days of this publication date for fee-for-service (FFS) claim submission, to satisfy timely filing requirements. Providers should include a copy of this bulletin when submitting claims beyond the standard filing limit.

Pricing information for these codes will be reflected in the next regular update to the Professional Fee Schedule, accessible from the [IHCP Fee Schedules](https://in.gov/medicaid/providers) page at in.gov/medicaid/providers.

QUESTIONS?

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