Medicaid Information Bulletin
for the
Non-Traditional Medicaid Plan

October 2005

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NON-TRADITIONAL MEDICAID PLAN MANUAL ON-LINE

When the NTMP Section is updated, the on-line version will also be updated. Providers can obtain a copy of an updated page, or the entire NTMP Section, by using the web site or by contacting Medicaid Information. When pages are updated, the revision date appears at the top of the page. The change is typically marked in the left margin of the page with a vertical line.

The Medicaid Provider's web site http://health.utah.gov/medicaid/html/provider.html has a link to the NTMP Section. The link is a heading in bold print. Or go directly to www.health.state.ut.us/medicaid/ntmp.pdf

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05 - 129 Vision: Chapter 2 - 9, Dental Services

Codes S0620, Routine ophthalmologic exam including refraction; new patient, pays $39.29, and S0621, Routine ophthalmologic exam including refraction; established patient, pays $35.50, are now open for opticians and ophthalmologists. This change allows the vision exam and refraction to be billed under a single code.

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05 - 130 Dental: Chapter 2 - 21, Dental Services

Beginning October 1, 2005, Non-Traditional Medicaid recipients will receive a revised dental program. This expands the emergency only dental care to the same scope of dental care as received by PCN recipients. The following dental codes will be open for the Non-Traditional dental program:

D0120 Periodic exam - 2 per year, no sooner than 6 months apart
D0140 Limited exam, focused problem (emergency examination)
D0150 Comprehensive oral exam, one per provider
D0210 Intra oral complete series - including bitewings, total of 8 or more films
D0220 Periapical x-ray 1 film

World Wide Web: http://health.utah.gov/medicaid/

Medicaid Information
- **Salt Lake City area, call 538-6155.**
- **In Utah, Idaho, Wyoming, Colorado, New Mexico, Arizona and Nevada, call toll-free 1-800-662-9651.**
- **From other states, call 1-801-538-6155.**

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- **by FAX: 1-801-536-0476**
- **by mail to: Division Of Health Care Financing Box 143106, Salt Lake City UT 84114-3106**

D0230 Periapical x-ray additional film
D0270 Bitewing single
D0272 Bitewing 2 films
D0274 Bitewing 4 films
D1110 Adult prophy
D1205 Topical fluoride application
D4355 Debridement for diagnosis - instead of prophy, one per year
D2140 Amalgam 1 surface permanent
D2150 Amalgam 2 surface permanent
D2160 Amalgam 3 surface permanent
D2161 Amalgam 4+ surface permanent
D2330 Resin 1 surface anterior
D2331 Resin 2 surface anterior
D2332 Resin 3 surface anterior
D2335 Resin 4+ surface anterior
D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal).
D7210 Extraction surgical, document need to lay flap, section tooth

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