

# Denti-Cal Bulletin



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## **REQUIRE DOCUMENTATION WITH CLAIMS FOR RESTORATIVE PROCEDURES PER AB 1762**

Assembly Bill 1762, which was chaptered (became law) on August 11, 2003, has necessitated this revised bulletin that replaces the previous bulletin (July 2003, Volume 19, Number 21).

AB 1762 amends Welfare and Institutions (W&I) Code 14132.88(f) to require pretreatment radiograph documentation for post treatment claims to establish the medical necessity for dental restorations (fillings and prefabricated crowns) and to reduce fraudulent claims for unnecessary restorative services. In order to avoid any undue barriers to accessing dental care, pretreatment radiographic documentation for post treatment claims will be required only when there are four or more dental fillings being completed in any 12-month period, per beneficiary, and all claims for prefabricated crowns. Denti-Cal will review a subset of these claims using a computerized selection method.

For dates of services beginning October 1, 2003, the Department of Health Services will require the following:

- ✓ Pretreatment radiographic documentation for post treatment claims to establish the medical necessity for all ADA-approved prefabricated crowns (including stainless steel crowns).
  - For procedure 670 (primary teeth), the radiograph must clearly demonstrate decay, fracture, or other damage involving three or more tooth surfaces; or two surfaces extending extensively buccolingually or mesiodistally; or submitted in conjunction with pulpal therapy on the same tooth.
  - For procedure 671 (permanent teeth), the radiograph must clearly demonstrate traumatic or pathological destruction to the crown that is identical to the existing tooth type-specific criteria for laboratory-processed crowns; or that the stainless steel crown will restore an endodontically treated tooth.
- ✓ Medi-Cal Dental claims for restorative procedures (600, 601, 602, 603, 611, 612, 613, 614, 645, and 646) require submission of radiographs that clearly demonstrate that destruction to the tooth (decay, fracture, missing restorations, et cetera) extends through the dentinoenamel junction (DEJ). This submission requirement also applies to the replacement of existing restorations. The placing of restorations solely to replace tooth structure that was lost by attrition, abrasion or erosion, or solely for cosmetic purposes will continue to not be a benefit.

If dental radiographs are contraindicated for a particular patient, or if the submitted radiographs do not accurately depict the decay/destruction observed clinically, then providers should submit

intraoral photographs. The contraindication must be specifically documented. Intraoral photographs may be submitted with:

- ✓ Fiber Optic Transillumination
- ✓ DIAGNOdent Readings
- ✓ Caries Detection Dye
- ✓ Caries Risk Assessment
- ✓ Operating Room (O.R.) Report

Without photographic documentation augmented, if necessary, with the aforementioned clinical adjuncts used to diagnose caries, restorative services will be denied or modified when the submitted radiograph does not adequately show that the destruction penetrates the DEJ. The written statement “caries penetrates the DEJ” will no longer be considered adequate documentation for payment of a restoration. In addition, claims will be denied when necessary radiographs and/or photographs are not submitted. Should the claim be denied and/or exceptional circumstances exist, a Claim Inquiry Form (CIF) may be submitted for reconsideration.

Submitted radiographs and photographs must conform to the existing requirements and must be:

- ✓ Properly dated with the mm/dd/yy and labeled legibly with the patient’s name as well as the Provider’s name and Medi-Cal provider number. In order to enhance Denti-Cal’s ability to return misplaced radiographs, it is recommended that providers also place the beneficiary’s Social Security number or Benefits Identification Card number on the radiographs.
- ✓ Current: taken within the last 8 months for primary teeth and within the last 14 months for permanent teeth.
- ✓ Of diagnostic quality.
- ✓ Labeled “right” or “left.”
- ✓ Radiographs in multiples of four or more must be mounted.

It is important that Denti-Cal Dental Consultants be able to correctly identify the area/arch/quadrant/tooth number(s) depicted in submitted intraoral photographs. If radiographs and/or photographs are NOT to be returned, indicate “do not return” on the envelope.

Providers who are currently using the Electronic Data Interchange (EDI) are encouraged to continue to use the EDI for procedure codes impacted by this bulletin. The documentation requirements as stated above apply to electronic claims, but radiographs, photographs and other clinical documentation DO NOT need to be mailed to Denti-Cal at the time the electronic claim is transmitted. Denti-Cal will select certain electronic claims using a computerized selection method and then request that the radiographs, photographs or attachments to support those claims be mailed. Electronic claims that are not selected will continue through the adjudication process. Providers who want to be considered for EDI should contact the Denti-Cal EDI Support Group at (916) 853-7373.

In the near future, a provider will be able to elect to submit a Treatment Authorization Request with restorative services listed, and include radiographs, photographs and other documentation. A bulletin will be forthcoming regarding this process.

California Schools of Dentistry participating in the University Pilot Project will continue to perform claims adjudication for their students in accordance with these program criteria.

For additional information please phone Denti-Cal toll-free at (800) 423-0507.