

Denti-Cal Bulletin



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CHANGES IN COVERED BENEFITS AS SET FORTH IN SENATE BILL 26 (SBX1 26)

Effective July 1, 2003, the Department of Health Services implemented changes in covered benefits as set forth in Senate Bill 26 (SBX1 26), amending Welfare and Institutions Code Section 14132.88. Changes were made to the criteria for posterior laboratory processed crowns, to the definition of prefabricated crowns, and to the reimbursement rate for procedure 452. *Effective August 1, 2003, these same changes also apply to the Child Treatment Program (CTP).*

The County Medical Services Program (CMSP) is not subject to change at the present time.

RESTRICTION OF POSTERIOR LABORATORY PROCESSED CROWNS

Posterior laboratory processed crowns (procedure 650, 651, 652, 653, 660 and 663) are no longer a benefit for adults 21 years of age and older except when the posterior tooth is used as an abutment for a fixed partial denture that meets current program criteria, or for a removable partial denture with cast clasps and rests. The crown must also meet existing criteria for medical necessity. For existing removable partial dentures, providers must submit a radiograph or photograph that demonstrates that the removable partial denture has a cast clasp or rest that is supported by the requested crown. When an abutment crown is requested as part of a treatment plan that is to include a new removable partial denture, providers must submit the crown and the removable partial denture on the same Treatment Authorization Request (TAR). The requested removable partial denture in this scenario must meet existing program criteria. The restriction on posterior laboratory processed crowns includes both premolars and molars.

Notices of Authorization were processed and mailed to providers up to and including June 30, 2003, however all crowns must have been cemented prior to July 1, 2003 in order to be considered for payment. There will be no consideration for payment, full or partial, for undelivered crowns. *If cemented July 1, 2003 or any date of service thereafter, payment cannot be made and will be disallowed using the following adjudication reason code:*

263 Procedure requested is not a benefit for adults.

Denti-Cal created a new adjudication reason code to assist in processing the TARs received after July 1, 2003:

113C Laboratory processed crowns are not a benefit for posterior teeth except for abutments for any fixed or removable prosthesis with cast clasps and rests. Please reevaluate for alternate treatment.

Denti-Cal modified the following adjudication reason codes to assist in processing TARs received after July 1, 2003:

- 113** Tooth does not meet manual of criteria requirements for laboratory processed crowns. Please reevaluate for alternate treatment.
- 113B** Per x-rays, documentation or clinical evaluation, tooth is developmentally immature. Please reevaluate for alternate treatment.

PREFABRICATED CROWNS MADE FROM ADA-APPROVED MATERIALS

Beginning July 1, 2003, all services rendered for any prefabricated crown made of ADA-approved or certified materials used as a final restoration on posterior teeth will be reimbursed as a stainless steel crown (procedures 670 or 671). This will remain in effect until CDT codes are implemented for Denti-Cal. Prefabricated crowns will remain a benefit for posterior teeth.

RATE REDUCTION FOR SUBGINGIVAL CURETTAGE AND ROOT PLANING

Effective for dates of service beginning July 1, 2003, the reimbursement rate for subgingival curettage and root planing (procedure 452) has been decreased from \$200 to \$118 for all beneficiaries with the exception of those residing in a Skilled Nursing Facility (SNF) or an Intermediate Care Facility (ICF) for the Developmentally Disabled. This rate change also affects those services with a TAR approved prior to July 1, 2003 at the higher rate. The rate for beneficiaries residing in a SNF or ICF will not change.

For beneficiaries residing in a SNF or ICF, place of service fields 4, 5, or 8 must be indicated on the document in box 22, as explained in Section 3 of the Denti-Cal Provider Manual, in order to ensure payment at the correct rate. Place of service 4 or 5 should be indicated when treatment is performed in the SNF or ICF facility. Those providers treating a SNF or ICF beneficiary outside the facility in which they reside, either in a mobile van, at the provider's office, or in a hospital, must indicate place of service 8 in box 22, as explained in Section 3 of the Denti-Cal Provider Manual. Providers must supply the beneficiary's SNF or ICF facility name, address and telephone number in box 34 (Comments). If any other place of service is indicated, or those fields are left blank, the reduced rate will be paid. Please note: beneficiaries who reside in a SNF or ICF will continue to be screened for medical necessity.

If you have additional questions, please call Denti-Cal toll-free at (800) 423-0507.