

Denti-Cal Bulletin



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FURTHER CLARIFICATION OF \$1,800 LIMIT PER CALENDAR YEAR FOR BENEFICIARY SERVICES (DENTAL CAP)

Several procedures, once classified as requiring documentation to be paid as emergency services under the dental cap, have been identified as always exempt from the dental cap limitation. Those procedures are 150, 160, 260, 261, 263, 264, 265, 266, 269, 270, 271, 273, 276, 277, 278, 279, 280, 281, 282, 292, 685, 686, 687, 690, 694, 695, 696, 900, 901, 902, 903, 904, 905, 906, 907, 913, 915, and 916. For a complete list of both exempt and emergency procedure codes and their descriptions, please see the tables below.

The California Department of Health Services has implemented changes in covered benefits to be set forth as follows: The fiscal year (FY) 2005-2006 Budget Act requires the California Department of Health Services to employ changes in covered benefits as set forth in Assembly Bill 131 (Chapter 80, Statutes of 2005). Assembly Bill 131 amends Section 14080 of the Welfare and Institutions Code by limiting non-exempt dental services for beneficiaries 21 years of age or older to \$1,800 per beneficiary for each calendar year beginning January 1, 2006 and lasting through January 1, 2009.

Providers are responsible to check the beneficiary cap status prior to rendering services to determine the current remaining balance. This information can be accessed by telephoning Denti-Cal toll-free at (800) 423-0507.

To help reduce the possibility that procedures performed will not be fully paid because the dental cap has been reached, providers should

- ✓ verify the beneficiary cap.
- ✓ discuss with beneficiary any other treatment recently received from another provider.
- ✓ quickly submit claims for procedures not requiring prior authorization.
- ✓ upon receipt of a Notice of Authorization (NOA), promptly perform services and submit requests for payment.

Providers are reminded that *approval of a Treatment Authorization Request (TAR) does not guarantee payment*. Debits toward the cap are based upon the order in which claims and NOAs are processed. Non-exempt services will be paid in the order they are received and processed until the annual cap is reached for a calendar year. *Payments will not be applied towards the \$1,800 per calendar year limit for 1) Long Term Care; 2) pregnancy-related procedures; 3) services related to emergency treatment; and 4) exempt procedures.*

Exempt Procedure Codes

Denti-Cal Procedure Codes Exempt from the Dental Cap	
Procedure 150	Biopsy of Oral Tissue
Procedure 160	Gross and Microscopic Histopathologic Examination
Procedure 260	Incision and Drainage of Abscess, Intraoral
Procedure 261	Incision and Drainage of Abscess, Extraoral

Denti-Cal Procedure Codes Exempt from the Dental Cap	
Procedure 263	Sialolithotomy, Intraoral
Procedure 264	Sialolithotomy, Extraoral
Procedure 265	Closure of Salivary Fistula
Procedure 266	Dilation of Salivary Duct
Procedure 269	Excision of Benign Tumor, Up to 1.25 cm
Procedure 270	Excision of Benign Tumor, Larger Than 1.25 cm
Procedure 271	Excision of Malignant Tumor
Procedure 273	Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Permanent Teeth and/or Alveolus
Procedure 276	Removal of Foreign Body From Bone (Independent Procedure)
Procedure 277	Radical Resection of Bone for Tumor with Bone Graft
Procedure 278	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body
Procedure 279	Oral Antral Fistula Closure
Procedure 280	Excision of Cyst up to 1.25 cm
Procedure 281	Excision of Cyst over 1.25 cm
Procedure 282	Sequestrectomy
Procedure 292	Suture of Soft Tissue Wound or Injury
Procedure 299	Unlisted Surgical Service or Procedure
Procedure 685	Recement Inlay, Facing, Pontic
Procedure 686	Recement Crown
Procedure 687	Recement Bridge
Procedure 690	Repair Fixed Bridge
Procedure 694	Replace Broken Tru-Pontic
Procedure 695	Replace Broken Facing, Post Backing Broken
Procedure 696	Replace Broken Facing, Post Backing Broken
Procedure 700	Complete Maxillary Denture
Procedure 701	Complete Mandibular Denture
Procedure 702	Partial Upper or Lower Denture With Two Assembled Wrought Wire or Cast Chrome Cobalt Clasps With Occlusal Rests and Necessary Teeth, Acrylic Base
Procedure 703	Partial Upper or Lower Denture With Cast Chrome Skeleton, Two Cast Clasps, and Necessary Teeth
Procedure 704	Clasp, Third and Each Additional Clasp for Procedure 703
Procedure 705	Stressbreaker, Extra
Procedure 706	Partial Upper or Lower Stayplate, Acrylic Base Fee, Teeth and Clasps Extra
Procedure 708	Partial Upper or Lower Denture, All Acrylic With Two Assembled Wrought Wire Clasps having Two Clasp Arms, But No Rests, and Necessary Teeth
Procedure 709	Clasp, Third and Each Additional for Procedure 708
Procedure 712	Clasp, Third and Each Additional for Procedure 702

Denti-Cal Procedure Codes Exempt from the Dental Cap	
Procedure 722	Reline Laboratory Processed
Procedure 724	Denture Duplication ("Jump", "Reconstruction"), Denture Base Including Necessary Tooth Replacement, Per Denture
Procedure 900	Maxilla - Open Reduction, Simple
Procedure 901	Maxilla - Closed Reduction, Simple
Procedure 902	Mandible - Open Reduction, Simple
Procedure 903	Mandible - Closed Reduction, Simple
Procedure 904	Maxilla - Closed Reduction, Compound
Procedure 905	Maxilla - Open Reduction, Compound
Procedure 906	Mandible - Closed Reduction, Compound
Procedure 907	Mandible - Open Reduction, Compound
Procedure 913	Reduction of Dislocation of Temporomandibular Joint
Procedure 915	Treatment of Malar Fracture, Simple, Closed Reduction
Procedure 916	Treatment of Malar Fracture, Simple or Compound Depressed, Open Reduction
Procedure 960	Speech appliance, transitional, with or without pharyngeal extension
Procedure 962	Speech appliance, permanent, edentulous, with or without pharyngeal extension
Procedure 964	Speech appliance, permanent, partially edentulous, cast framework, with or without pharyngeal extension
Procedure 966	Palatal lift, interim
Procedure 968	Palatal lift, permanent cast framework
Procedure 970	Obturator, immediate surgical, routine
Procedure 971	Obturator, immediate surgical, complex
Procedure 972	Obturator, permanent, complex
Procedure 973	Resection prosthesis, permanent, edentulous, complex
Procedure 974	Resection prosthesis, permanent, edentulous, routine
Procedure 975	Resection prosthesis, permanent, partially edentulous, complex
Procedure 976	Repositioner, mandibular, two piece
Procedure 977	Removable facial prosthesis
Procedure 978	Splints and stents
Procedure 979	Radiation therapy fluoride carrier
Procedure 980	Repairs, maxillofacial prosthesis
Procedure 981	Rebase, laboratory processed maxillofacial prosthesis
Procedure 982	Balancing (opposing) maxillofacial appliance
Procedure 985	Maxillofacial surgical procedures
Procedure 998	Unlisted therapeutic service
Procedure 999	Unlisted procedures

Emergency Services

As a reminder, an emergency dental condition is a condition manifesting itself by acute symptoms of sufficient severity, including severe pain, which in the absence of immediate dental attention could reasonably be expected to result in any of the following: placing the patient's health in serious jeopardy, serious impairment to bodily functions or serious dysfunction of any bodily organ or part. The emergency must be certified by the dental provider in accordance with Section 51056 of Title 22, California Code of Regulations. The California Department of Health Services may review the provider's decision that an emergency existed and that the services were medically necessary.

The following procedure codes may also be exempt from the limitation if they are related to an adequately documented emergency service.

Denti-Cal Procedure Codes for Emergency Services	
Procedure 020	Office Visit During Regular Office Hours, for Treatment and/or Observation of Teeth or Supporting Structures
Procedure 030	Professional Visit After Regular Office Hours or to Bedside
Procedure 035	Hospital Care
Procedure 040	Specialist Consultation
Procedure 080	Emergency Treatment, Palliative
Procedure 110	Intraoral Periapical, Single, First Radiograph
Procedure 111	Intraoral Periapical, Each Additional Radiograph
Procedure 113	Intraoral, Occlusal Radiograph
Procedure 114	Extraoral, Single, Head or Lateral Jaw
Procedure 115	Extraoral, Each Additional Head or Lateral Jaw
Procedure 116	Bitewings, Two Radiographs
Procedure 117	Bitewings, Four Radiographs
Procedure 118	Bitewings, Anterior, One Radiograph
Procedure 125	Panographic Film, Single Radiograph
Procedure 200	Removal of Erupted Tooth, Uncomplicated, First Tooth
Procedure 201	Removal of Erupted Tooth (Teeth), Uncomplicated, Each Additional Tooth
Procedure 202	Removal of Erupted Tooth, Surgical
Procedure 203	Removal of Root or Root Tip Completely Covered by Bone
Procedure 204	Removal of Root or Root Tip Not Totally Covered by Bone
Procedure 220	Postoperative Visit, Complications, e.g., Osteitis
Procedure 230	Removal of Impacted Tooth, Soft Tissue
Procedure 231	Removal of Impacted Tooth, Partial Bony
Procedure 232	Removal of Impacted Tooth, Complete Bony
Procedure 259	Excision of Hyperplastic Tissue, Per Arch
Procedure 262	Excision Pericoronal Gingiva (Operculectomy)
Procedure 290	Excision of Foreign Body, Soft Tissue
Procedure 300	Therapeutic Drug Injection
Procedure 301	Conscious Sedation, Relative Analgesia (Nitrous Oxide), Per Visit

Denti-Cal Procedure Codes for Emergency Services	
Procedure 400	General Anesthesia
Procedure 451	Emergency Treatment (Periodontal Abscess, Acute Periodontitis, etc.)
Procedure 501	Therapeutic Pulpotomy
Procedure 502	Vital Pulpotomy
Procedure 503	Recalcification, Includes Temporary Restoration, Per Tooth
Procedure 750	Repair Broken Denture Base Only (Complete or Partial)
Procedure 754	Each Additional Denture Tooth Replaced on 753 Repair (Maximum Two)
Procedure 755	Adding First Tooth to Partial Denture to Replace Newly Extracted Natural Tooth
Procedure 751	Repair Broken Denture Base and Replace One Broken Denture Tooth (Maximum Two)
Procedure 752	Each Additional Denture Tooth Replaced on 751 Repair (Maximum Two)
Procedure 753	Replace One Broken Denture Tooth Only (Complete or Partial)
Procedure 756	Each Additional Natural Tooth Replaced on 755 Repair (Maximum Two)
Procedure 757	Add a New or Replace Broken Chrome Cobalt Assembled Wrought Clasp with Two Clasp Arms and Rest to an Existing 702 Partial Denture
Procedure 758	Each Additional New or Replacement Clasp for Repair 757 (Maximum Two)
Procedure 759	Add a New or Replace Broken Chrome Cobalt Assembled Wrought Clasp with Two Clasp Arms and No Rest to an Existing 708 Partial Denture
Procedure 760	Each Additional New or Replacement Clasp for Repair 759 (Maximum Two)
Procedure 761	Reattaching Clasp on Partial Denture, Clasp Intact, Each (Maximum Two)
Procedure 762	Add a New Clasp or Replace a Broken Cast Chrome Cobalt Clasp With Two Clasp Arms and Rest to an Existing 703 Partial Denture
Procedure 763	Each Additional New or Replacement Clasp for Repair 762 (Maximum Two)

All other procedure codes will be subject to the \$1,800 calendar year limitation. If the annual cap has been met and nothing has been paid on a procedure, providers are allowed to bill beneficiaries their usual, customary and reasonable fees.

For questions regarding any of the above, please contact Denti-Cal toll-free at (800) 423-0507.