

Denti-Cal Bulletin



VOLUME 22, NUMBER 34 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 NOVEMBER/DECEMBER 2006

FREQUENTLY ASKED QUESTIONS (FAQs) ON THE EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (EPSDT) SERVICES AVAILABLE THROUGH THE MEDI-CAL DENTAL (DENTI-CAL) PROGRAM

What is EPSDT?

The early and periodic screening, diagnosis, and treatment (EPSDT) program is a special process within Denti-Cal specifically for children. Under federal law, EPSDT services are provided to any Medicaid beneficiary under age 21. For the Denti-Cal Program, this means medically necessary dental services provided for any Medi-Cal dental beneficiary who has not yet reached his or her 21st birthday are EPSDT services.

What kind of dental services are classified as EPSDT?

Whenever a Denti-Cal provider completes an oral examination on a child, an EPSDT screening service (and diagnostic service) has occurred. Any subsequent dental treatment resulting from that examination is considered an EPSDT dental service *if* the dental procedure is published in the Denti-Cal Manual of Criteria (see Section 4 of the *Denti-Cal Provider Manual*).

What is an EPSDT Supplemental Service?

Denti-Cal children may need dental services that are not part of the scope of benefits found within the Manual of Criteria (found in Section 4 of the *Denti-Cal Provider Manual*). Denti-Cal covers these services, too. In California, these services are called EPSDT Supplemental Services or “EPSDT-SS.”

Example 1: John S. has a craniofacial anomaly with multiple edentulous areas. The edentulous areas cannot be adequately restored using conventional prosthetics – an implant-retained fixed prosthesis may be authorized as EPSDT Supplemental Services. EPSDT-SS also covers situations when the dental service being requested may be listed in the Manual of Criteria, but the child does not meet the published criteria.

Example 2: Cindy T. (age 13) suffers from aggressive periodontitis and requires periodontal scaling and root planing. The Manual of Criteria, however, states this procedure is not a benefit for patients under 18 years of age. The medically necessary periodontal procedures may be authorized as EPSDT Supplemental Services.

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What is an EPSDT Supplemental Service (continued)?

Example 3: Alicia M. (age 15) has fractured an anterior tooth in an accident. Although only three surfaces were involved in the traumatic destruction, the extent is such that a bonded restoration will not be retentive. With adequate supplemental documentation (in this case, intraoral photographs of the fractured tooth) and narrative explanation by the dentist, a prefabricated or laboratory-processed crown may be authorized as an EPSDT Supplemental Service.

Example 4: Andre W. does not qualify for orthodontic services per the handicapping malocclusion criteria (he scores below 26 points on the HLD Index or does not have one of the five automatic qualifying conditions). However, a speech pathologist has determined that his malocclusion is a prime etiologic factor in his speech pathosis – resolution cannot be achieved unless his malocclusion is corrected. In this case, orthodontics may be authorized as an EPSDT Supplemental Service.

When would I request an EPSDT Supplemental Service for my child patients?

You would request prior authorization for an EPSDT Supplemental Service under any one of the following conditions:

- 1) To perform a medically necessary dental procedure that is not listed in the current Manual of Criteria.
- 2) To perform a medically necessary dental procedure that is listed in the current Manual of Criteria when the child does not meet the published criteria.
- 3) The child needs a dental service more frequently than is currently allowed under Program criteria.

How do I request an EPSDT Supplemental Service?

All EPSDT Supplemental Services must be prior authorized and you **MUST** print “**EPSDT Supplemental Services Request**” in Field 34 of the Treatment Authorization Request (TAR) form. If the requested dental service is not listed within the Manual of Criteria, use Procedure Code 999 and fully describe the service (in addition, please include the applicable CDT code for that service within the description, but do not place in Field 31). Do not limit your comments to Field 34 of the TAR form – attach all documents to the TAR that are needed to describe the requested services.

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What kind of clinical information does the Program need to determine the medical necessity?

At a minimum, you should address the following:

- ◆ Diagnosis of the dental condition
- ◆ Any overall health issues and medical conditions
- ◆ Prognosis with and without the requested treatment
- ◆ Clinical rationale for why a covered benefit or lower-cost service will not suffice (you are encouraged to include copies of published clinical studies or articles from peer-reviewed, professional dental journals to support your rationale).

Note: Documentation can be narrative, radiographic, photographic, or copies of any relevant documents (including diagnostic imaging).

In some cases, the dental services are necessary to resolve or improve an associated medical condition. For example, a child's speech therapist determines that a diagnosed speech pathosis cannot be resolved without dental treatment. A consultation letter from the speech therapist should be included with the EPSDT Supplemental Services TAR.

It is virtually impossible to submit too much documentation with your TAR for EPSDT Supplemental Services!

Whom can I call to obtain further information about the EPSDT and EPSDT-SS requirements under Denti-Cal?

Denti-Cal Telephone Service Center Representatives are available via the Provider Toll-Free Phone Line (800/423-0507) to answer all of your questions regarding EPSDT services and EPSDT Supplemental Services.