

Denti-Cal Bulletin



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Quarterly Orthodontic Reimbursement Process to be Implemented July 2008

New law resulting from Assembly Bill (AB) 383 will change the clinical criteria for Current Dental Terminology Version 4 (CDT-4) Procedure Code D8670 (Periodic orthodontic treatment visit (as part of contract)), effective July 1, 2008. In response to AB 383 and the subsequent addition of Section 14132.23 to the Welfare and Institutions Code, Denti-Cal will change the monthly reimbursement process for certified orthodontists. This change will apply to services for treatment plans authorized March 1, 2008 and later, specifically:

Procedure Code D8670 Periodic orthodontic treatment visit (as part of contract)

The change also applies to services for treatment plans authorized prior to March 1, 2008 as local codes, specifically:

- Procedure 554 Per treatment visit - 24 visits maximum. One visit maximum per calendar month.
- Procedure 564 10 visits maximum. One visit maximum per calendar month.
- Procedure 572 14 visits maximum. One visit maximum per calendar month.
- Procedure 582 30 visits maximum. One visit maximum per calendar month.
- Procedure 593 Per Treatment Visit (Primary Dentition for Facial Growth Management).
- Procedure 597 Per Treatment Visit (Mixed Dentition for Facial Growth Management).
- Procedure 598 Per treatment visit 24 visits maximum. One visit maximum per calendar month.

Notices of Authorization (NOAs) with dates of service on or after July 1, 2008, related to the active phase of orthodontic treatment will be paid on a quarterly basis.

- ◆ Payment for each incidence of CDT-4 Procedure Code D8670 or local Procedure Codes 554, 564, 572, 582, 593, 597 or 598 will be once per quarter for the duration of active treatment.
- ◆ The treatment visits may occur at any frequency deemed necessary during the quarter to complete the active phase of treatment, e.g., monthly, bimonthly, quarterly.
- ◆ It will no longer be necessary to see the patient each month of a given quarter in order to receive payment.

Additionally, Adjudication Reason Code (ARC) 200A has been created for CDT-4 Procedure Code D8670. This new ARC will also be used for local Procedures Codes 554, 564, 572, 582, 593, 597, and 598 for treatment plans authorized prior to March 1, 2008. The code reads as follows:

200A Adjustments of banding and/or appliances are allowable once per quarter.

Providers will continue to receive monthly NOAs until the Denti-Cal system has been updated to reflect the quarterly process. Please note that only one NOA with a date of service in a given quarter needs to be submitted in order to receive the quarterly payment.

If you have questions on the above, or require any other information, please contact the Denti-Cal Telephone Service Center at (800) 423-0507.