

# The Advanced Denti-Cal Seminar

Revised 6/20/12







# Denti-Cal

California Medi-Cal Dental Program

Dear Denti-Cal Provider and Staff:

Welcome! This seminar has been designed for dental providers and office staff who participate in the California Medi-Cal Dental program (Denti-Cal).

The material contained in the training packet has been prepared to help familiarize you with the Denti-Cal Programs' policies, procedures and billing requirements. You should also refer to the Denti-Cal Provider Handbook, located on the Denti-Cal website at [www.denti-cal.ca.gov](http://www.denti-cal.ca.gov) for additional information.

We hope that you will benefit from the information presented at today's seminar. For questions, please contact the toll-free provider line at (800) 423-0507.

Sincerely,

Arbie Melvin  
Director, Customer Service  
Medi-Cal Dental Program

# ***DENTI-CAL***

## Special Features and Services

### **TRAINING & EDUCATION**

- ❖ Free statewide seminars offering CE credits for attendees
- ❖ A Toll-free Telephone Service Center (TSC) to quickly answer inquiries on a variety of topics
- ❖ Outreach activities designed to distribute program education and promote dentist access in all areas of California
- ❖ Participating providers may access the *Denti-Cal Provider Handbook* (a comprehensive manual), monthly bulletins and other informational materials directly from the Denti-Cal website at [www.denti-cal.ca.gov](http://www.denti-cal.ca.gov)

### **BILLING AND PAYMENT**

- ❖ Electronic deposit of Denti-Cal payment checks directly into a bank account assures timely availability of funds
- ❖ Automated processing and faster payment of more Denti-Cal claims due to simplified prior authorization and billing requirements
- ❖ All billing forms needed for Denti-Cal processing are free of charge and are sent directly to the provider's office
- ❖ The ability to submit billing forms, radiographs and attachments electronically through Denti-Cal's Electronic Data Interchange (EDI)

### **CUSTOMER SERVICE**

- ✓ Denti-Cal Referral System:  
Helps increase a patient base by connecting providers with Medi-Cal beneficiaries who need dental care
- ✓ Telephone Service Center (TSC):  
A special toll-free telephone line with friendly, knowledgeable representatives to answer questions about Denti-Cal
- ✓ Interactive Voice Response System (IVR):  
May be used for quick inquiries, such as; patient history, billing criteria, Denti-Cal enrollment, upcoming seminar information, Denti-Cal payment information or year-to-date earnings
- ✓ On-site Visit:  
Upon request, an on-site visit may be scheduled in the provider's office and a Denti-Cal representative will assist you with billing and processing problems (subject to approval)

# ***GENERAL PROGRAM INFORMATION***

## **Provider Participation in the California Medi-Cal Dental Program**

To receive payment for dental services performed for eligible Medi-Cal beneficiaries, prospective providers must apply and be enrolled with active status to participate in the California Medi-Cal Dental Program. The Denti-Cal Provider Enrollment Department assigns each dental provider a Denti-Cal Provider Number [this number will be the National Provider Identifier (NPI) number that the enrollee obtained from NPPES for their type of business]. The number will be used to identify the provider throughout the claims processing system. The Provider Enrollment Department also:

- Accepts and verifies all applications for enrollment in the California Medi-Cal Dental Program
- Makes changes to Denti-Cal provider name and address records
- Updates the enrollment status of providers for Denti-Cal records

Additionally, all dentists under a billing provider are required to be enrolled as rendering providers in the Denti-Cal program, prior to performing services on Denti-Cal beneficiaries.

To obtain an application for enrollment, report name and address changes, or to obtain information concerning your current enrollment status, contact:

Denti-Cal  
California Medi-Cal Dental Program  
Provider Enrollment Dept.  
P.O. Box 15609  
Sacramento, CA 95852-0609  
(800) 423-0507

Enrollment forms are also available online at the Denti-Cal web site: [www.denti-cal.ca.gov](http://www.denti-cal.ca.gov).

## **Voluntary Termination of Provider Participation**

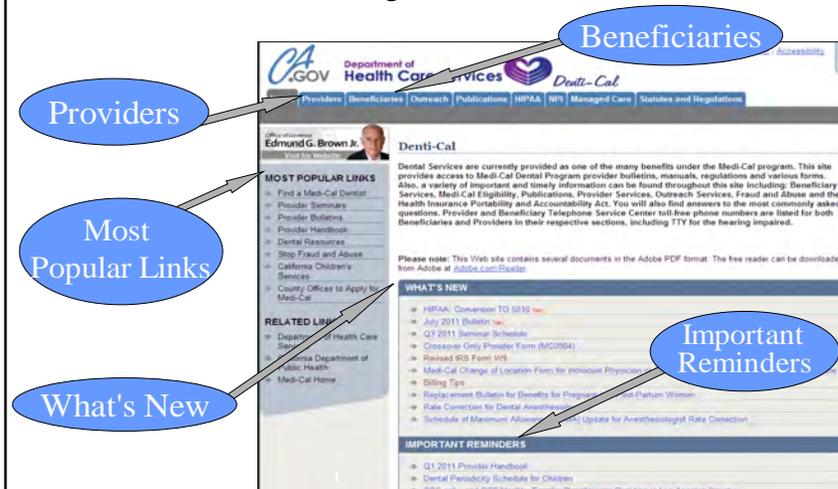
A provider may terminate participation in the California Medi-Cal Dental Program at any time. Written notification of voluntary termination must be made to the above address.

## **Suspended and Ineligible Providers**

The State Department of Health Care Services may suspend and inactivate the participation of a dental provider in accordance with the regulations contained in Article 1 (commencing with Section 51000.53) of Division 3, Title 22 of the California Code of Regulations (CCR). The State notifies Denti-Cal of the suspension or ineligibility of any provider.

# The Denti-Cal Website

www.denti-cal.ca.gov



## Surveillance & Utilization Review Subsystem (S/URS)

(Title 22, the California Code of Regulations)

### Record Keeping Criteria for the Denti-Cal Program:

1. Complete beneficiary treatment records shall be retained for 3 years from the date the service was rendered and must be readily retrievable upon request.
2. Records shall include documentation supporting each procedure provided including, but not limited to:
  - Type and extent of services, and/or radiographs demonstrating and supporting the need for each procedure provided
  - Indicate the type of materials used, anesthetic type, dosage, vasoconstrictor and number of carpules used
  - Prophylaxis and fluoride treatments
  - Include the date and ID of the enrolled provider who performed the treatment
3. Emergency services must have written documentation which includes, but not limited to, the tooth/area, condition and specific treatment performed. The statement, 'An emergency existed' is NOT sufficient.

## REQUIREMENTS FOR DENTI-CAL PROVIDERS

- Billing providers MUST ensure that all their rendering providers are enrolled in the Denti-Cal program prior to treating Medi-Cal patients. Payments made to billing providers for services performed by their unenrolled rendering providers will be subject to payment recovery
- Instructions about enrolling in the Denti-Cal program are found in the Provider Handbook, Section 3: Enrollment Requirements

# ADULT DENTAL SERVICES

## Adult Dental Services

- Federally Required Adult Dental Services - **FRADS**
- Specific dental services for pregnant beneficiaries and 60 days postpartum
- Dental services that are necessary in order to undergo a covered medical service
- Beneficiaries who reside in SNF, ICF, ICF-DD, ICF-DDH, and ICF-DDN
- Registered Consumers of the Department of Developmental Services (Effective 01-01-12)

## Adult Dental Services

- For treatment that requires prior authorization, the NOA remains valid for patients who reach their 21<sup>st</sup> birthday during the authorization period
- For treatment that does not require prior authorization, the treatment must be completed prior to the patient's 21<sup>st</sup> birthday

## Adult Dental Services

- Adj. code **355C**: Procedure does not require prior authorization; however, it has been reviewed as part of the total treatment plan
- Procedures appearing on NOA with adjudication codes **355C** have been reviewed and **may be completed within the authorization period**

## Federally Required Adult Dental Services ~ FRADS ~

- Allowable procedures are limited to those that may reasonably be provided by a physician
- Check Denti-Cal Website & Provider Handbook for list of allowable procedures

## Adult Dental Services Pregnant Beneficiaries and 60 Days Postpartum

- Includes treatment of conditions that might complicate the pregnancy
  - Comprehensive Oral Evaluation
  - Prophy / Fluoride
  - Root Planing / Osseous Surgery
  - FRADS procedures

Check Denti-Cal Website & Handbook for info

## Adult Dental Services

Dental services for beneficiaries who **reside** in a

- **SNF** - Licensed Skilled Nursing Facility
- **ICF** - Licensed Intermediate Care Facility
- **ICF-DD** - Intermediate Care Facility Developmentally Disabled
- **ICF-DDH** - Intermediate Care Facility Developmentally Disabled Habilitative
- **ICF-DDN** - Intermediate Care Facility Developmentally Disabled Nursing

Dental services do not have to be provided in the facility to be payable for **POS 4** or **POS 5 residents**

## Adult Dental Services

- Dental services for beneficiaries who **reside** in the following are limited to FRADS procedures
  - Acute Psychiatric Hospital
  - Congregate Living Health Facility (Residential Home or Group Home)
  - General Acute Care Hospital

## California Department of Public Health Website

<http://hfcis.cdph.ca.gov/servicesandfacilities.aspx>

Website may be used to confirm the classification and licensing of a specific facility

## Adult Dental Services (Effective Jan. 1, 2012)

- Beneficiaries who are **Registered Consumers of the Department of Developmental Services**
  - Aka **Regional Center Consumers**
  - Benefits reinstated – Adults are not limited to FRADS procedures
  - All prior authorization/criteria guidelines apply
  - Exempt from the 10% provider payment reduction (*with exceptions*) and exempt from the \$1800 annual dental cap

## REGIONAL CENTER CONSUMERS

- Verify Medi-Cal Eligibility (*call Medi-Cal*)
  - Understand Aid Codes, Other Coverage and Share of Cost issues
- Verify Regional Center Consumers (*call Denti-Cal*)
  - Verify at time of service
- Understand the difference between Regional Center Consumers and SNF/ICF beneficiaries
  - Prior Authorization guidelines
  - Scope of benefits may differ

**Adj. Code 503A**

**Adj. Code 503B**

**Optional adult dental procedure  
is not a benefit**

# FRADS

## Table 1 (pages 44-47)

### PERIAPICAL FIRST FILM - D0220 PERIAPICAL EACH ADD'L - D0230 PANORAMIC FILM - D0330

- Payable only when submitted with a related FRADS procedure
- Radiographs should **not** be billed on a **separate** claim form – but should be submitted with a FRADS procedure on the **same** claim form

### PANORAMIC FILM - D0330

- A benefit once in a **36-month** period per patient / per **billing provider**

### RECEMENT INLAY - D2910 CROWN - D2920 FIXED PARTIAL DENTURE - D6930

- Benefit once in 12 months
  - No radiographs or documentation required
- Additional requests within 12 months
  - Documentation is required

### PROTECTIVE RESTORATION D2940

- For use as temporary restoration
- Requires tooth #
- Benefit once per tooth in a 6-month period per provider
- Requires pre-op radiograph for payment
- **Not a benefit**
  - For RCT treated tooth
  - On same day as an amalgam or composite or crown on same tooth

# FRADS

## Oral Surgery D7000 – D7999

### ORAL SURGERY Extractions

- D7111 - Coronal Remnant - deciduous tooth
- D7140 - Extraction of erupted tooth or exposed root (elevation and/or forceps removal)
- D7210 - Surgical removal of erupted tooth requiring elevation of flap and removal of bone and/or section of tooth
- D7250 - Surgical removal of residual root (cutting procedure)
- D7220 - Impacted, soft tissue
- D7230 - Impacted, partial bony
- D7240 - Impacted, complete bony
- D7241 - Impacted, complete bony with surgical complications

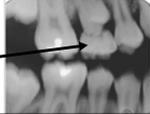
### CORONAL REMNANTS DECIDUOUS TOOTH - D7111

- Benefit for primary teeth
- Documentation / radiographs not required
- Requires a tooth code
- Not a benefit for asymptomatic teeth

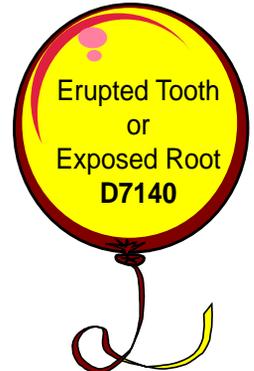
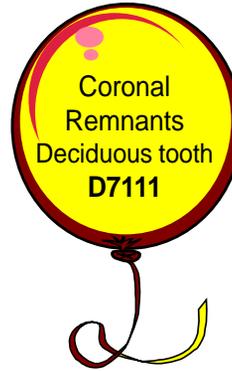


## EXTRACTION - ERUPTED TOOTH OR EXPOSED ROOT - D7140 (Elevation and/or forceps removal)

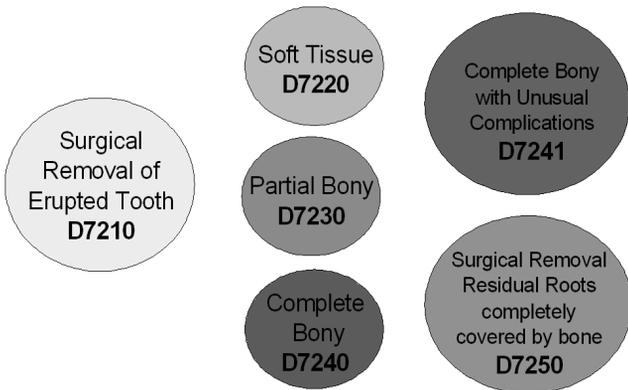
- Radiographs not required for payment of extraction(s) billed as Procedure D7140
- Requires a tooth code
- **Not a benefit**
  - For asymptomatic teeth (see Provider Handbook)
  - For root removal by the same billing provider who performed the initial extraction
  - For primary teeth near exfoliation



## NO RADIOGRAPHS REQUIRED



## RADIOGRAPHS REQUIRED



## SURGICAL REMOVAL D7210

Reflect a flap

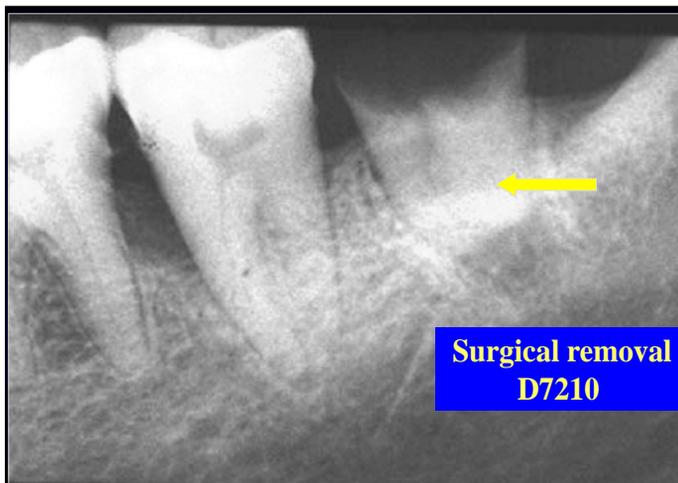
and

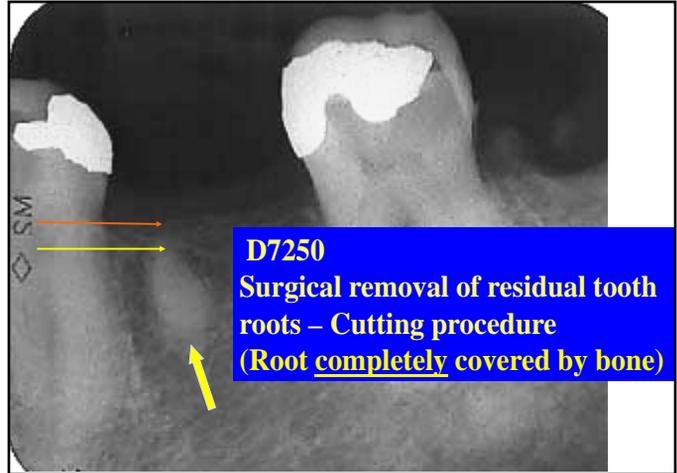
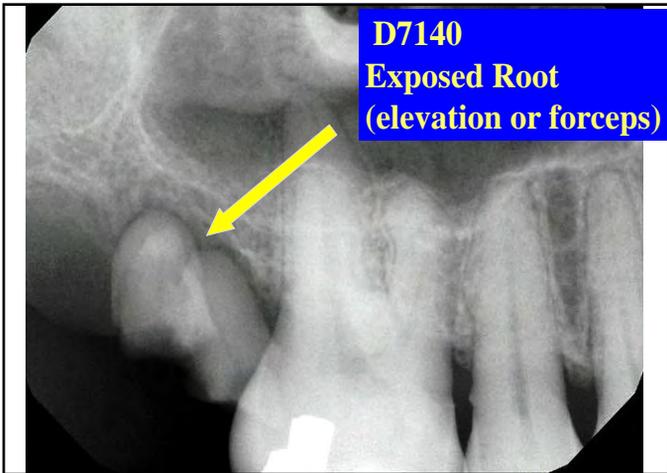
- Remove bone

or

- Section tooth

Classification of surgical extractions and impactions shall be based on the anatomical position of the tooth rather than the surgical technique employed in the removal.





**RADIOGRAPH vs. DOCUMENTATION**

“Removal of dense alveolar bone necessary to allow instrumentation of root. Suture(s) placed.”

**RADIOGRAPH vs. DOCUMENTATION**

“Surgical extractions, ankylosis, fused to bone, flap - surgical bur”

**Definitions**  
(Source: Stedman’s Medical Dictionary, 23<sup>rd</sup> Edition)

- **Unerupted tooth**
  - Denoting a tooth that has yet to pass through the alveolar process and perforate the gums
- **Impacted tooth**
  - Denoting a tooth so placed in the alveolus as to be incapable of eruption into normal position

**048 – Extraction of asymptomatic teeth**  
**Not a benefit**

## ORAL SURGERY 3<sup>rd</sup> Molar Extractions

- Document specific condition or medical necessity for **each tooth** identified for extraction
- Submit current radiograph depicting the entire tooth
- Prophylactic removal for some adverse condition that **may or may not** occur in the future is not a benefit

## ORAL SURGERY Extractions

- Includes
  - Local anesthesia
  - Sutures
  - Routine post-operative care within 30 days

## TREATMENT COMPLICATIONS - D9930 (Post-Surgical) Unusual Circumstances

- A benefit within 30 days of extraction for
  - Dry Socket
  - Excessive bleeding
  - Removal of bony fragment
  - Infection
  - Life threatening allergy related to recent extraction
- Requires documentation
  - Use formula for emergency visit

## INCISION AND DRAINAGE OF ABSCESS Intraoral soft tissue - D7510

- Requires written documentation (condition, specific tooth or area, rationale and any pertinent history)
- Benefit **once per quadrant** per date of service
- Not a benefit with other treatment in the same quadrant on the same date of service – except radiographs
- Fee includes the incision, placement and removal of a surgical draining device

## FRADS

### *General Anesthesia & Sedation*

#### DEEP SEDATION / GENERAL ANESTHESIA

- Must have valid anesthesia permit from the Dental Board to administer general and/or IV conscious sedation
- **A benefit in conjunction with payable associated procedures.** Payment will be denied if all associated procedures by the same provider are denied
- **Only the most profound anesthesia paid**

#### DEEP SEDATION / GENERAL ANESTHESIA

- **Document why local anesthesia is contraindicated or ineffective**
  - Severe mental or physical handicap
  - Extensive surgical procedure
  - Uncooperative child
  - Acute infection at injection site
  - Failure of a local anesthetic to control pain

## **DEEP SEDATION / GENERAL ANESTHESIA**

**First 30 minutes - D9220**

**Each additional 15 minutes - D9221**

- Does not require prior authorization
- Requires **OR Report** or **Anesthesia Report** that indicates the **anesthetic agent** and **length of anesthesia (Start & Stop time)**
- Length of anesthesia is the time necessary to complete the treatment (not prep or recovery time)

## **INHALATION OF NITROUS OXIDE ANXIOLYSIS, ANALGESIA - D9230**

- Does not require prior authorization
- **Under the age of 13** - No documentation is required
- **Age 13 and older** - Documentation is required that indicates physical, behavioral, developmental or emotional condition that prohibits the patient from adequately responding to provider's attempt to perform treatment

## **NON-INTRAVENOUS CONSCIOUS SEDATION - D9248**

Requires written documentation

- **Under the age of 13**
  - **Specific agent**
  - **Method of administration**
- **Age 13 or older**
  - **Medical necessity,**
  - **Specific agent**
  - **Method of administration**

## **NON-INTRAVENOUS CONSCIOUS SEDATION - D9248**

- Acceptable agents include, but are not limited to, Demerol, Chloral Hydrate, Fentanyl, Ketamine, Nembutal, Valium, Versed, Vistaril, etc.
- Acceptable methods of administration include **oral, patch, intramuscular** or **subcutaneous**
- A benefit once per date of service, per provider

## **THERAPEUTIC DRUG INJECTION D9610**

- Requires specific **drug name** and **classification**
- Maximum of **4** per date of service
- Analgesic or sedative drugs are only allowable when no other anesthetic modality (general, IV, non-IV conscious sedation, or nitrous oxide) is billed on the same date of service

# FRADS

## *Emergency Visits*

### **PALLIATIVE EMERGENCY TREATMENT OF DENTAL PAIN - D9110**

- Considered a “**HANDS ON**” visit  
(includes perio related emergencies)
- **Not payable with other procedures on same day except radiographs**
- Payable once per date of service  
(not per procedure or per tooth)
- **Requires documentation**

### **DOCUMENTATION FOR EMERGENCY PROCEDURES & AID CODES**

- Patient’s **CHIEF COMPLAINT**
- Your **DIAGNOSIS** with tooth number or area
- The **TREATMENT** performed

Emergency Certification Statement signed by the treating dentist is required for patients with aid codes for *emergency services only*

*Use  
Comments  
Box 34*

### **OFFICE VISIT FOR OBSERVATION (During regularly scheduled hours) No other services performed - D9430**

- Considered a “**HANDS OFF**” visit
- Observation visit only
- May include prescribing, reappointing, referral to specialist
- **Requires documentation**

### **OFFICE VISIT FOR OBSERVATION (During regularly scheduled hours) No other services performed - D9430**

- A benefit once per patient, per date of service, per billing provider
- Not payable with other procedures on the same day except radiographs
- Not a benefit when rendered in a facility (SNF/ICF) Note: Use D9410 in facility

### **APPLICATION OF DESENSITIZING MEDICAMENT - D9910**

- **Requires documentation**
  - Tooth / teeth
  - Specific treatment provided
- A benefit
  - Once per date of service
  - Once in a **12-month** period per provider
  - For permanent teeth only

### **APPLICATION OF DESENSITIZING MEDICAMENT - D9910**

- Not a benefit:
  - When used as a base, liner or adhesive under a restoration
  - On the same date as a fluoride procedure

## OFFICE VISIT

**After regularly scheduled hours - D9440**

- **Requires documentation**
  - Use formula for emergency visits
  - **Time** and **day of week** also required
- A benefit to compensate the provider for travel time back to the office for emergencies outside of his/her regular office hours
- A benefit **once per patient**, per date of service, per provider - regardless of the number of teeth/areas treated

## Children, Facility Residents & Regional Center Consumers

### *Oral Evaluations*

#### **COMPREHENSIVE ORAL EVALUATION D0150**

- Payable once per patient per billing provider

#### **PERIODIC ORAL EVALUATION D0120**

A benefit

- **Under the age of 21**
- Once every **6 months** per *billing provider*
- At least 6 months following comprehensive oral evaluation (D0150) by *same billing provider*

## Children, Facility Residents & Regional Center Consumers

### *Radiographs / Photos*

#### **COMPLETE SERIES - D0210 (Including Bitewings)**

Complete series shall be at least one of the following combinations:

- **10** periapicals & 2 or 4 bitewings
- **8** periapicals, **2** occlusals & 2 or 4 bitewings
- Panoramic film, 2 or 4 bitewings, and a minimum of **2** periapicals

#### **COMPLETE SERIES - D0210 (Including Bitewings)**

- A benefit once in a **36-month** period per billing provider
- Not payable when bitewings have been paid within 6 months to the same provider

## OCCLUSAL FILM - D0240

- Film size **2 ¼" x 3"**
  - Not periapical film taken as occlusal view
- Maximum of two in a **6-month** period per billing provider

## BITEWINGS - 2 FILMS - D0272 BITEWINGS - 4 FILMS - D0274

A benefit

- Once every **6** months per billing provider

Not a benefit

- Within 6-months of a Complete Series (D0210)

## PANORAMIC FILM - D0330

- A benefit once in a **36-month** period per patient / per billing provider

## PHOTOGRAPHS Oral/facial Images - D0350

- Photographs must be appropriate and necessary to demonstrate a clinical condition that is not readily apparent on the radiographs
- Not a benefit when used for patient identification

## PHOTOGRAPHS Oral/facial Images - D0350

- Recommended to supplement radiographs when the radiographs do not demonstrate *medical necessity*
- **Submit the photo with the procedure it supports**
- **Maximum photos 4 per date of service**
- **Date on photo(s) must match the DOS on the claim form for payment of the photos**

## RADIOGRAPHS & PHOTOS

- **Dated & current**
  - Primary teeth - 8 months
  - Permanent teeth - 14 months
  - Arch Integrity - 36 months
- Patient's **name**
- Indicate tooth # or quadrant / area
- Provider's name
- Diagnostic quality

## PHOTO SUBMITTED TO SUPPLEMENT RADIOGRAPH

Adj. Code 029a  
(Undated Photo)

#12 - O

First Last



#12 First Last 2/1/11

## RADIOGRAPHS & PHOTOS SUBMITTED ELECTRONICALLY

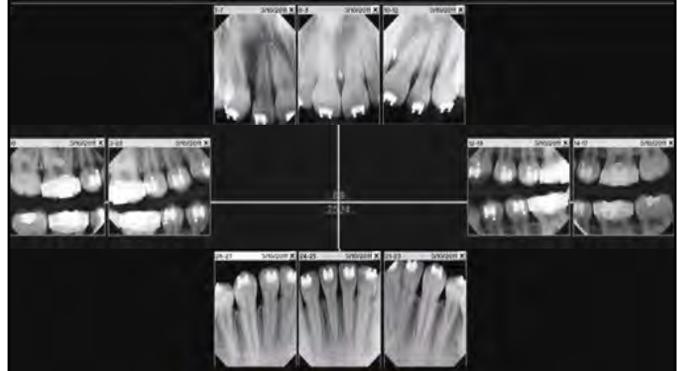
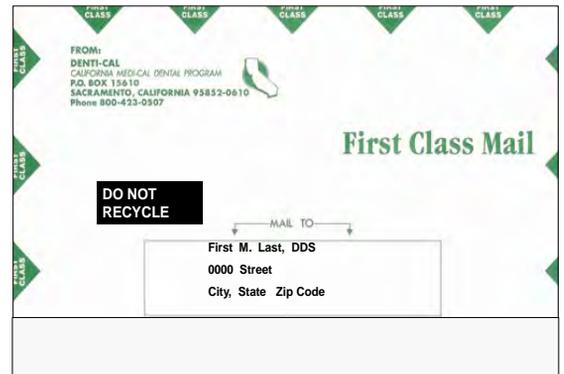


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## RADIOGRAPHS / PHOTOS Return Policy

Denti-Cal does not automatically return radiographs and/or photos

- Submit only **duplicate** radiographs / photos
  - 2-film packets
  - High-quality duplication
- For radiograph / photo return
  - **Pre-addressed** x-ray mailing envelope
  - **Do Not Recycle** sticker on front of envelope



Do not put DC-054 or perio charts in return envelopes.  
All attachments should be 8½ X 11 for scanning purposes.

# Children, Facility Residents & Regional Center Consumers

## Preventive Prophylaxis / Fluoride

**CHILD - UNDER AGE 21**  
**PROPHYLAXIS - D1120**  
**FLUORIDE - D1203**  
**TOPICAL FLUORIDE VARNISH - D1206**

- Benefit once in a **6-month** period per patient without prior authorization

**ADULT – AGE 21 & OLDER**  
**PROPHYLAXIS - D1110**  
**FLUORIDE - D1204**  
**TOPICAL FLUORIDE VARNISH - D1206**

- Benefit once in a **12-month** period per patient without prior authorization

## *Sealants / Preventive Resin Restoration*

### **SEALANT - PER TOOTH D1351**

- Benefit under the age of **21**
- Does not require prior authorization
- Permanent **1st & 2nd molars** only
- Indicate tooth # and surface(s) sealed
- **Occlusal surface must be sealed**

### **SEALANT - PER TOOTH D1351**

- Additional surfaces may be sealed as long as the occlusal is being sealed
- **Occlusal surface** must be caries free and restoration free to qualify
- Provider placing the sealants is responsible for replacement within **36-month** period

### **SEALANT - PER TOOTH D1351**

- Submit on claim form
- Documentation not required
- Radiographs / photos not required

### **PREVENTIVE RESIN RESTORATION - D1352**

- Benefit under the age of **21**
- Prior authorization not required
- Permanent **1st & 2nd molars**
- Only for active carious lesion in a pit or fissure that does not cross the DEJ
- Once per tooth in 36 months



### **PREVENTIVE RESIN RESTORATION - D1352**

- Submit on claim form
- Requires tooth # and surface(s)
- Documentation / radiographs / photos not required for payment
- Provider placing the restoration is responsible for replacement within **36-month** period

# Space Maintainers

## SPACE MAINTAINER General Policies

- Prior authorization not required
- Requires **pre-operative** radiograph(s)
- Requires arch/quadrant code
- Indicate **missing primary molar(s)**
- Not a benefit for
  - Anterior teeth
  - Missing permanent teeth

## SPACE MAINTAINER General Policies

- **Pre-operative** radiograph(s) should depict
  - Developing bicuspid
  - Adequate eruption space
  - Bicuspid not near eruption

## SPACE MAINTAINER General Policies

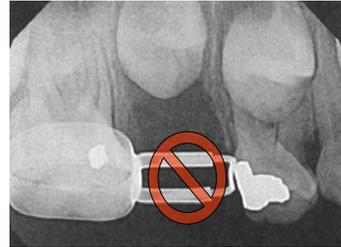
- **Acceptable Pre-operative** radiograph(s)
  - Before the extraction

*or*

  - After the extraction but before placement of the space maintainer



## ADJUDICATION CODE 029e



Payment denied due to date of radiograph/photograph is after the date of service or appears to be post-operative

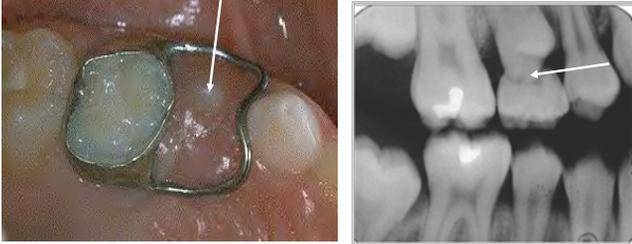
## Developing Permanent Tooth Not Depicted Adj. Code 190



## Insufficient Space For Eruption Adj. Code 191



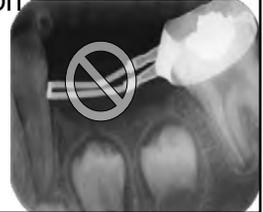
**Permanent Tooth Near Eruption  
Adj. Code 192**



**SPACE MAINTAINER  
Fixed - Unilateral - D1510  
Removable - Unilateral - D1520**

- Requires quadrant code
- Indicate **missing primary molar**
- Requires a pre-op radiograph

Effective March 1, 2011: Adj. Code  
**197A** – Procedure is only a benefit  
to maintain the space of a single  
primary molar



**SPACE MAINTAINER  
Fixed - Bilateral - D1515  
Removable - Bilateral - D1525**

- Requires arch code
- Indicate **missing primary molars**
- Requires pre-op radiograph(s)



**SPACE MAINTAINER  
Fixed - Bilateral - D1515  
Removable - Bilateral - D1525**

- Requires radiograph(s)
  - Missing 2 primary molars in same quadrant (x-ray the quadrant)
  - Missing 1 primary molar in both quadrants (x-ray both quadrants)

**SPACE MAINTAINER  
Removable - Unilateral - D1520  
Removable - Bilateral - D1525**

- Fee includes all
  - Clasps
  - Rests
  - Adjustments
- Replacement
  - Requires documentation and radiograph

**SPACE MAINTAINER  
Recementation - D1550**

- Requires quadrant / arch code
- Benefit **once per billing provider**  
**without documentation**
- Additional recementation procedures  
require documentation
- Benefit under the age of **18**

**SPACE MAINTAINER**  
**Removal of fixed space maintainer**  
**D1555**

- Bill on claim form
- Requires quadrant / arch code
- Documentation / radiographs not required for payment
- Not a benefit to original provider who placed the space maintainer

**Children, Facility Residents & Regional Center Consumers**  
***Restorative D2000 – D2999***

**RESTORATIVE DENTISTRY**

**Composites, Amalgams, Pre-Fab Crowns**

- Prior authorization not required
- Submit on a claim form

**RESTORATIVE DENTISTRY**

- Claim must include submission of **pre-treatment radiographs** that clearly demonstrate that destruction to the tooth extends through the **DEJ**
  - Caries
  - Recurrent caries
  - Fracture
  - Loss of restoration

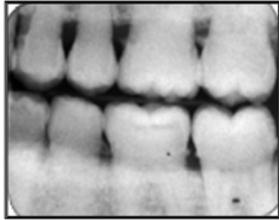
**RESTORATIVE DENTISTRY**

- If bitewings are submitted and the destruction appears to encroach upon the pulp, submit a PA radiograph depicting the apex / apices
- PA radiographs are required for endodontically treated permanent teeth

**RESTORATIVE DENTISTRY**

- When radiographs fail to demonstrate need, submit **photographs** as ***additional*** documentation (radiographs are still required)
- Written comment of *Caries through DEJ* is not adequate documentation

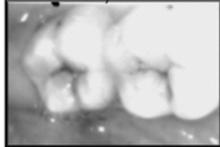
## USE OF PHOTOS



#14-O, #15-O  
#18-OB, #19-OB

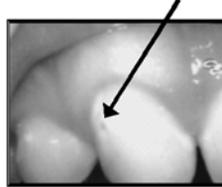


#14, #15

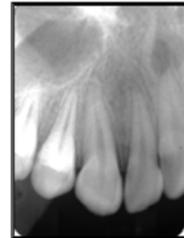


#18, #19

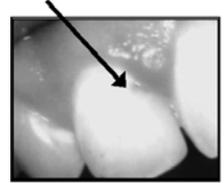
## USE OF PHOTOS



#6



#6-F, #7-F



#7

## RESTORATIVE DENTISTRY

### Unacceptable Documentation

- Patient / parent refused radiographs
- Cannot take radiographs (because provider does not have access to a portable x-ray unit)
- Unmanageable or uncooperative

## SB - 1403

Applies **only** to the following beneficiaries:

- **Age 0 – 3** (Under age 4) or
- Developmentally disabled (**under age 21**)
  - Provider must establish and document that patient is a **Registered Consumer of the Department of Developmental Services**

## SB - 1403

- **One** current diagnostic **radiograph or photo** showing caries on at least one tooth surface will be sufficient for payment of all restorations and prefabricated crowns
- The requirement for arch films will be waived for prefabricated crowns on permanent teeth

## AMALGAM AND COMPOSITE D2140 - D2394

- Surfaces listed on **same CSL** are considered **connected** Example: MIFL - D2335
- **Non-connected** restorations on the same tooth for the same date of service should be submitted on **separate CSLs**
  - Example: Tooth #8
    - MI - Composite - D2331
    - DI - Composite - D2331
    - (Will be paid as a **MID - D2332**)

## AMALGAM AND COMPOSITE D2140 – D2394

- Separate restorations on **same tooth** are allowable when different materials are used

Example: Tooth #3

- MODL - Amalgam
- F - Composite  
(Both restorations payable)

## AMALGAM AND COMPOSITE D2140 – D2394

- Original provider responsible for replacement unless failure / breakage from circumstances beyond provider's control

- **Primary** tooth - **12 months**
- **Permanent** tooth - **36 months**

## AMALGAM D2140 – D2161 ( Primary or Permanent )

- One surface - D2140
- Two surfaces - D2150
- Three surfaces - D2160
- Four or more surfaces - D2161
  - **D2161 is maximum paid for all amalgam restorations placed in a single tooth on the same date of service**

## COMPOSITE - ANTERIOR D2330 – D2335 (Primary or Permanent)

- One surface - D2330
- Two surfaces - D2331
- Three surfaces - D2332
- Four or more surfaces or involving incisal angle - D2335

## COMPOSITE - ANTERIOR D2330 – D2335

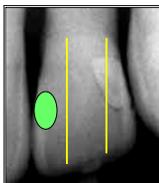
- A proximal restoration is paid as a **single** surface in anterior teeth – **unless** the **facial** or **lingual** involved tooth structure extends to at least **1/3** the width of the clinical crown.
- The radiographs must justify the request. Photos may be submitted along with the radiographs.

Tooth #10 - Example #1:

- MFL Paid as a single surface D2330

Tooth #10 - Example #2:

- DFL 1/3 Facial or Lingual involved D2331
- DFL 1/3 Facial & Lingual involved D2332



## COMPOSITE - ANTERIOR D2330 – D2335

**Two (2) separate single surfaces** paid for

- M, D or
- F, L

**(Request on separate lines)**

Example:

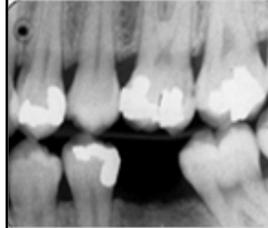
- # 8 M - Composite - D2330
- # 8 D - Composite - D2330

## COMPOSITE - POSTERIOR D2391 – D2394

- One surface - D2391
- Two surfaces - D2392
- Three surfaces - D2393
- Four or more surfaces - D2394

## ADJUDICATION CODE 121

Radiographs do not substantiate immediate need for restoration of surface(s) indicated

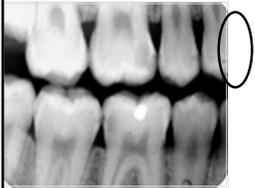


- #14 - MODL Payable
- #13 - DO Denied 121

## ADJUDICATION CODE 123

Radiograph / photo does not depict the entire crown / tooth

Must see both interproximal surfaces

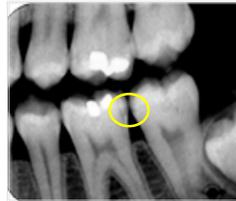


- #5 - DO Denied 123

## ADJUDICATION CODE 124

Additional surfaces require treatment

- #19 - DO Payable
- #18 - O Denied 124
- #8 - ML Denied 124
- #9 - ML Denied 124



## ADJUDICATION CODE 271i

- Permanent tooth has deep caries that appears to *encroach upon the pulp*, a periapical is required.



- #4 - MOD Payable
- #3 - MO Denied 271i

Periapical film required

# Children, Facility Residents & Regional Center Consumers

## Endodontics D3000 – D3999

### THERAPEUTIC PULPOTOMY

D3220

(Primary teeth only)

- Prior authorization is not required
- Written documentation or radiograph not required for payment
- Benefit once per tooth

### PULPAL THERAPY (Resorbable Filling)

(Pulpectomy)

Anterior, Primary Tooth - D3230

Posterior, Primary Tooth - D3240

- Prior authorization is not required
- Written documentation or radiograph not required for payment
- Benefit once per tooth

### PULPAL DEBRIDEMENT

Primary and Permanent - D3221

(Open & Drain)

- **Initial** open & drain procedure
- Prior authorization is not required
- Written documentation or radiograph not required for payment
- For permanent teeth or over-retained primary teeth with no successor

### PULPAL DEBRIDEMENT

Primary and Permanent - D3221

(Open & Drain)

- Benefit once per tooth
- For the relief of acute pain prior to conventional root canal therapy
- Not to be used for root canal therapy visits
- Additional emergency visit - use D9110
- **Note: Not a FRADS procedure for adults**



### ENDODONTICS

- **Initial** root canal therapy - D3310, D3320, D3330
- Root canal **retreatment** - D3346, D3347, D3348
- **Apexification** - D3351, D3352
- **Apexogenesis** – D3222
- **Apicoectomy** / periradicular surgery - D3410  
D3421, D3425, D3426 (procedure code for *each additional root of bicuspid or molar*)

### Adj. Code 293a



Mineral Trioxide  
Aggregate (MTA)

Needs Apexification - D3351 or  
Apexogenesis - D3222

## PARTIAL PULPOTOMY FOR APEXOGENESIS - D3222

- For **vital** permanent teeth with incomplete root development
- Benefit once per tooth
- Under age 21
- Requires
  - Prior authorization
  - PA radiograph



## APEXIFICATION / RECALCIFICATION / PULPAL REGENERATION Initial visit - D3351

- **Prior authorization is required**
- Requires **PA radiograph**
- Radiograph not required for payment of NOA
- Benefit once per tooth
- Benefit for permanent teeth under the age of **21**

## APEXIFICATION / RECALCIFICATION / PULPAL REGENERATION Interim Med Replacement - D3352

- Prior authorization is **not** required
- Initial visit D3351 must be completed before D3352 is paid
- Radiograph not required for payment
- Benefit once per tooth
- Benefit for permanent teeth under the age of **21**

## APEXIFICATION / RECALCIFICATION / PULPAL REGENERATION

- One initial visit
- One interim replacement
- Final visit is the root canal completion
  - Anterior
  - Bicuspid
  - Molar

## ENDODONTICS General Policies

- Not a benefit for 3<sup>rd</sup> molars unless occupying the 1<sup>st</sup> or 2<sup>nd</sup> molar position
- Date of service on NOA submitted for payment must be the final treatment date
- **A post-treatment radiograph is not required for payment**

## ROOT CANAL TREATMENT Anterior - D3310 Bicuspid - D3320 Molar - D3330 ROOT CANAL RETREATMENT Anterior - D3346 Bicuspid - D3347 Molar - D3348

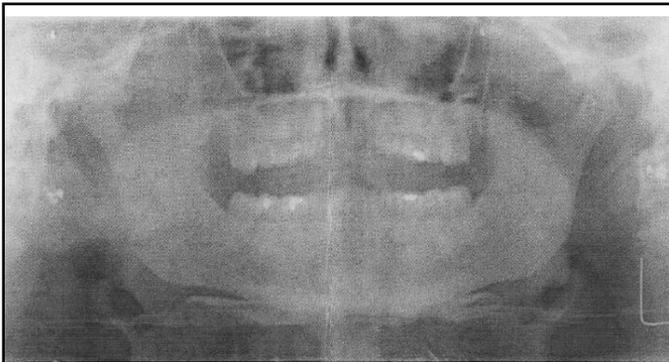
- Requires
  - Prior authorization
  - **PA radiograph** depicting entire tooth
    - Restorability
    - Tooth longevity
    - Periodontal status
  - **Arch films** to determine **arch integrity** for age 21 and older

## ARCH FILMS TO DETERMINE ARCH INTEGRITY

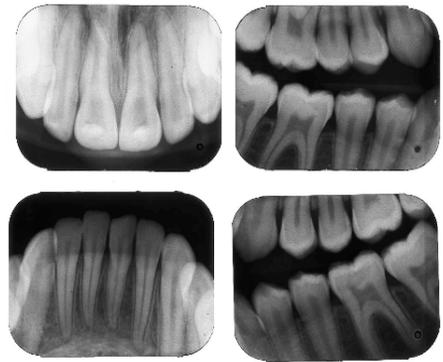
- Required for patients age 21 and older
- **Not** required for patients under the age of 21 (Effective 04-02-12)



Diagnostic Quality Panorex



Poor Diagnostic Quality Panorex  
266H - Radiographs submitted to establish arch integrity are non-diagnostic



Diagnostic Quality Arch Integrity Radiographs

## ROOT CANAL TREATMENT

Anterior - D3310 Bicuspid - D3320 Molar - D3330

- Prior authorization may be waived when one of the following has occurred
  - Tooth has been accidentally **avulsed**
  - Crown **fracture exposed vital pulp tissue**

## ROOT CANAL TREATMENT

Anterior - D3310 Bicuspid - D3320 Molar - D3330

## ROOT CANAL RETREATMENT

Anterior - D3346 Bicuspid - D3347 Molar - D3348

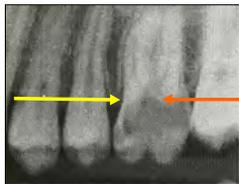
- **Fee includes**
  - All treatment and post-treatment radiographs
  - Temporary restoration and/or occlusal amalgam or composite seal

## ROOT CANAL RETREATMENT

Anterior - D3346 Bicuspid - D3347 Molar - D3348

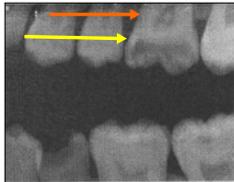
- Requires written documentation including rationale for retreatment (if not evident on radiograph)
- Not a benefit to original provider within **12 months** of initial treatment

## 271F - Gross Destruction



**271F - Gross destruction of crown or root**

PA film - *appears non-restorable*



But appears restorable on Bitewing

RCT request # 14

## CLINICAL CROWN LENGTHENING D4249

- Clinical crown lengthening (hard tissue) is not a separate benefit of the program
- Included in the fee for another procedure  
( Effective 04-02-12 )

## Children, Facility Residents & Regional Center Consumers *Laboratory Crowns*

### LABORATORY CROWNS

- Requires
  - Prior authorization
  - Tooth #
  - PA radiograph of entire tooth
    - (Post-endodontic film if applicable)
  - Arch films required for age 21 and older (Waived if the RCT has been paid on the same tooth within the last 6 months)

### ADJUDICATION CODE 094

- Do not request prior authorization for both a root canal and a laboratory crown on the same tooth / same TAR
- When the RCT is completed, submit a new TAR for the laboratory crown and include the RCT final film depicting the entire tooth

## LABORATORY CROWNS General Policies D2710 – D2792

- Benefit once in a 5-year period
- Not a benefit for
  - Patients under the age of 13
  - 3<sup>rd</sup> molars unless first **meets criteria** and is occupying 1<sup>st</sup> or 2<sup>nd</sup> molar position

## NOBLE METALS ARE NOT A BENEFIT OF THE DENTI-CAL PROGRAM

- Not a benefit
  - Gold / Precious / Semi-Precious

**NOBLE METAL REQUESTED ON A TAR  
will be denied as “Not a benefit” – 261**

## LABORATORY CROWNS D2710 – D2792

- Resin (Indirect) - D2710
- ¾ Resin Based Composite (Indirect) - D2712
- Resin/predominantly base metal - D2721
- **Porcelain** fused/ceramic substrate - D2740
- **Porcelain fused**/predominantly **base metal** - D2751
- ¾ Cast predominantly base metal - D2781
- ¾ Porcelain/ceramic - D2783
- **Full cast** predominantly **base metal** - D2791

4 surfaces including an incisal angle  
*or*  
Destruction of more than 50% of the tooth

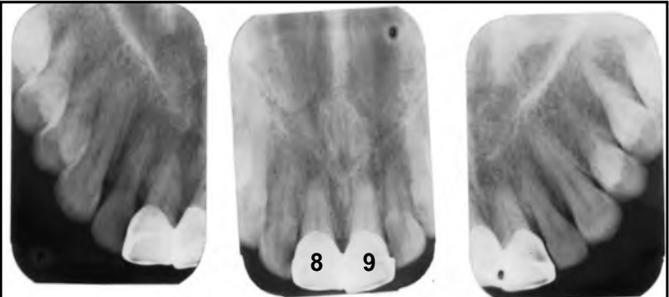


DI  
2-surface composite

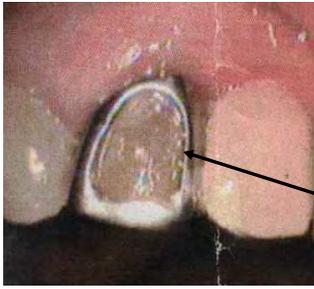


DFLI involving  
incisal angle

Destruction of more than 50% of the tooth  
(Incisal angle not involved)



Request to replace shell crowns # 8, 9  
**268** - Per radiographs, documentation or  
photographs, need for procedure is not  
medically necessary



Request to replace existing shell-type crown

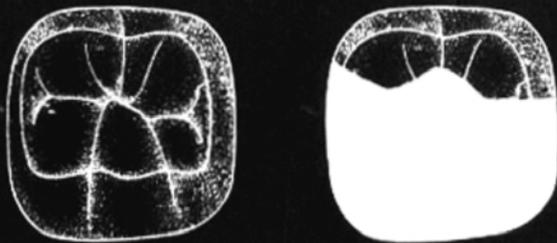
Photo submitted with radiograph shows recurrent caries

3 surfaces including 1 cusp involved



DOB – Involving Buccal Cusp

4 surfaces including 2 cusps involved



#19 MODB  
Missing MB & DB Cusps

## ADJUDICATION CODES

- **113** Tooth does not meet the Manual of Criteria for a laboratory processed crown. Please re-evaluate for alternate treatment, e.g., amalgam or composite
- **113A** Per history, radiographs or photographs, it has been determined that this tooth has been recently restored with a restoration or prefabricated crown

## ADJUDICATION CODES

- **113B** Per radiographs, the **tooth /eruption pattern** is developmentally immature. Please re-evaluate for alternate treatment, e.g., **prefabricated crown** (or amalgam or composite)

## POSTERIOR LAB CROWNS

- Not a benefit for age **21** or older – except when the tooth meets existing criteria **and** is an abutment for a removable prosthesis with cast clasps or rests
- **113C** Laboratory processed crowns are not a benefit for posterior teeth except for abutments for a removable prosthesis with cast clasps or rests. Please re-evaluate for alternate treatment

## POSTERIOR CROWNS

Alternate treatment for age 21 or older

- Prefabricated crown
- Amalgam or composite
- Private-pay patient for lab crown

## GOOD DOCUMENTATION

Include current x-ray of tooth and arch x-rays



# 15 MODB  
Missing MB & DB  
Cusps

Abutment for PUD -  
cast clasps and  
rests

## PFM CROWN

Is a benefit for molars when  
tooth meets criteria for crown

## PAYMENT OF CROWNS

- Payment is made upon final cementation
- Partial payment is not made for *undeliverable* crowns

## Children, Facility Residents & Regional Center Consumers

### *Prefabricated Crowns*

### PREFABRICATED CROWNS D2930 – D2933

- SS (primary tooth) - D2930
- SS (permanent tooth) - D2931
- Resin (primary or permanent) - D2932
- SS with resin window (primary or permanent) - D2933

### PREFABRICATED CROWNS Primary teeth (D2930 - D2932 - D2933)

- Prior authorization not required
- Requires
  - Tooth #
  - **Pre-operative** radiograph
- Benefit once in a **12-month** period

## PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN

### Primary teeth – D2934

- Example: Nu-Smile
- Not a benefit of the program

## PREFABRICATED CROWNS Primary teeth (D2930 - D2932 - D2933)

- Three or more tooth surfaces  
*or*
- Extensive two-surface interproximal preparation  
*or*
- In conjunction with pulpotomy

## PREFABRICATED CROWNS Permanent teeth (D2931- D2932 - D2933)

- Prior authorization not required
- Requires
  - Tooth #
  - **Pre-operative PA radiograph**  
(Post-endodontic film if applicable)
  - **Arch films** for age 21 and older  
(Waived if the RCT has been paid on the same tooth within the last 6 months)
- Benefit once in a **36-month** period



## PREFABRICATED CROWNS Permanent teeth (D2931 - D2932 - D2933)

- Same tooth type-specific criteria (involved surfaces and cusps or incisal angles) as laboratory crowns *or*
- Used to restore an **endodontically treated bicuspid or molar**

## PREFABRICATED CROWNS Permanent teeth (D2931 - D2932 - D2933)

- Prefabricated crowns are not a benefit for
  - Abutment teeth for cast metal framework partial dentures (**Laboratory crown should be submitted for prior authorization**)
- 3<sup>rd</sup> molars unless occupying the 1<sup>st</sup> or 2<sup>nd</sup> molar position

## CAST POST & CORE - D2952 PREFABRICATED POST & CORE - D2954

- Does not require prior authorization
- Requires
  - Tooth #
  - PA radiograph
  - Arch films (Age 21 and older)
- Tooth must be endodontically treated
- A benefit only in conjunction with allowable crowns (prefabricated or lab crown)

Lab crown or Pre-Fab crown must have been paid or authorized by program



**Children, Facility Residents & Regional Center Consumers**  
***Periodontics D4000 – D4999***  
***Scaling & Root Planing***

**SCALING AND ROOT PLANING**  
**D4341 – D4342**

- A benefit once per quadrant in a 24-month period

**SCALING AND ROOT PLANING**  
**D4341 – D4342**

- Requires
  - Prior authorization
  - Quadrant code
  - Complete periodontal charting
  - Periapical radiographs of all involved teeth in the requested quadrant and arch films showing arch integrity (Age 21 and older)

**SCALING AND ROOT PLANING**  
**D4341 – D4342**

- Requires documentation specifying the ***definitive periodontal diagnosis***
  - Periodontitis
    - Aggressive or Chronic
    - Localized or Generalized

**SCALING AND ROOT PLANING**  
**D4341 – D4342**  
**Adj. Code 268**

- Per **radiographs, documentation** or photographs, the need for the procedure is not medically necessary
  - Gingivitis
  - Bleeding gums
  - Poor oral hygiene

**SCALING AND ROOT PLANING**  
**D4341 – D4342**

- Procedure **D4341** a benefit when **at least four** teeth in the quadrant **qualify** for treatment
- Procedure **D4342** a benefit when **one, two, or three** teeth in the quadrant **qualify** for treatment

**SCALING AND ROOT PLANING**  
**D4341 – D4342**

- Only teeth that **qualify as diseased** are considered in the count for the number of teeth to be treated in a particular quadrant
- **Teeth will not be counted as qualifying when they are indicated for extraction**

# SCALING AND ROOT PLANING D4341 – D4342

- Each **qualifying tooth** must exhibit
  - At least one 4mm+ pocket
  - Connective tissue attachment loss
  - **Radiographic evidence of at least minimal bone loss and/or subgingival calculus**

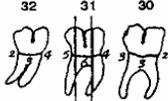


## EXAMPLE OF PERIODONTAL EVALUATION CHART

Patient Name           Last, First                                Charting Date           02/14/2012          

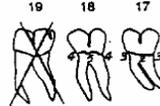
**INFORMATION REQUIRED:** NUMERICAL CHARTING OF POCKET DEPTHS, BONE LOSS, MOBILITIES, TEETH TO BE EXTRACTED AND MISSING TEETH. CHART AT LEAST TWO NUMBERS FOR FACIAL AND TWO NUMBERS FOR LINGUAL SURFACES OF EACH TOOTH.

Teeth to be extracted ( # 31)



EXAMPLES

Missing Teeth ( # 19)



TOOTH MOBILITY (PLEASE SCORE EACH TOOTH)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
X	0	0	0	0	0	0	1	//	0	0	0	0	X	0	X
X	0	0	0	0	0	0	0	1	1	0	0	0	X	0	X
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

MOBILITY

NONE = 0  
SLIGHT = 1  
MODERATE = 2  
SEVERE = 3

Diagram illustrating the periodontal evaluation chart for 16 teeth, showing facial and lingual views. The chart includes tooth numbers 1 through 16. Teeth 1, 14, and 15 are marked with a large 'X' on the facial view, indicating they are to be extracted. Teeth 1, 14, and 15 are also marked with a large 'X' on the lingual view, indicating they are missing. Teeth 9 and 10 are marked with a double slash (//) on the facial view, indicating they are to be extracted. Teeth 9 and 10 are also marked with a double slash (//) on the lingual view, indicating they are missing. Teeth 11, 12, 13, and 16 are marked with a large 'X' on the lingual view, indicating they are missing.

## SCALING AND ROOT PLANING D4341 – D4342

- Periodontal evaluation chart should include
  - Teeth to be extracted
  - At least **4** pocket depths per tooth
    - **Two buccal**
    - **Two lingual**
  - Mobility charted for each tooth
    - Helpful to chart missing teeth

## SCALING AND ROOT PLANING D4341 – D4342

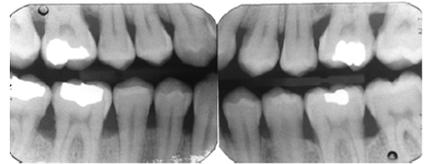
- Periodontal evaluation charts are considered **current** when
  - Dated no more than **12 months** before authorization request *and*
  - No periodontal treatment has been performed since the charting

## SCALING AND ROOT PLANING D4341 – D4342

Adj. Code **081**

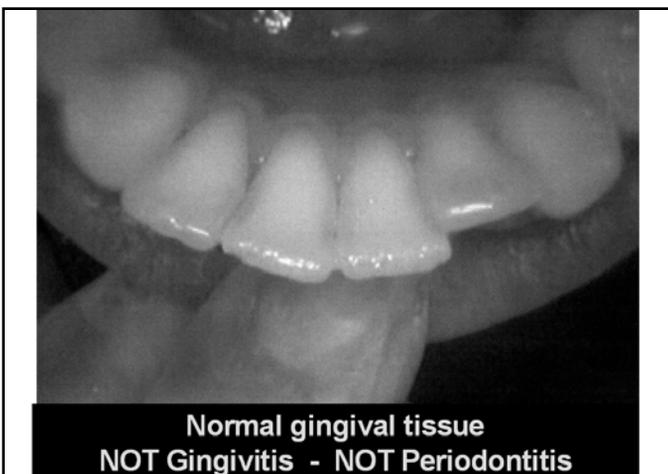
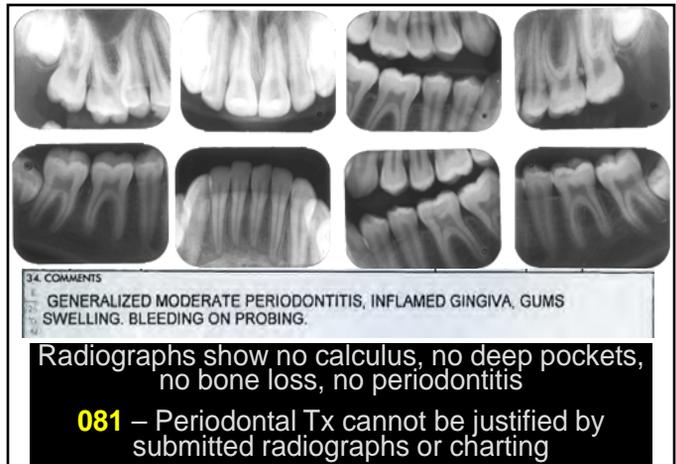
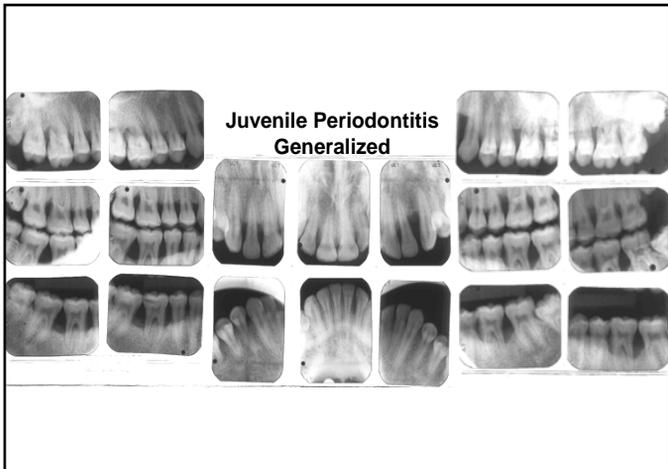
- Cannot be justified on the basis of pocket depth, bone loss, and/or degree of deposits as evidenced by the submitted radiographs and/or charting

Localized Juvenile Periodontitis



Localized Juvenile Periodontitis





**SCALING AND ROOT PLANING  
D4341 – D4342**

- Prophylaxis not a benefit on same date of service as scaling and root planing

# Children, Facility Residents & Regional Center Consumers

## Prosthodontics, Removable D5000 – D5899

### PROSTHODONTICS - REMOVABLE



- Appliances
- Relines
- Adjustments
- Repairs



*Not FRADS procedures for adults*

### PROSTHETIC APPLIANCES

Complete Dentures – Immediate Dentures – Partial Dentures  
 D5110 – D5120      D5130 – D5140      D5211 – D5212 Resin  
 D5213 – D5214 Cast

- Require
  - Prior authorization
  - Radiographs of all remaining teeth in both arches
  - Properly completed DC-054 form

### PROSTHETIC APPLIANCES

Complete Dentures – Immediate Dentures – Partial Dentures  
 D5110 – D5120      D5130 – D5140      D5211 – D5212 Resin  
 D5213 – D5214 Cast

- Precision attachments and other specialized techniques are **included** in the fee for the appliance
- Includes all **adjustments** for **6** months
- Relines not a benefit for
  - **6 months** – If case involved extractions
  - **12 months** – If case did not involve extractions

### PROSTHETIC APPLIANCES

Complete Dentures – Immediate Dentures – Partial Dentures  
 D5110 – D5120      D5130 – D5140      D5211 – D5212 Resin  
 D5213 – D5214 Cast

- A benefit only once in a **5-year** period
- Authorization for replacement considered when existing prosthesis cannot be made serviceable by repair, replacement of broken/missing teeth or reline

### PARTIAL DENTURES

#### Resin Base

**Maxillary - D5211    Mandibular - D5212**

- A benefit when
  - Replacing a permanent anterior tooth/teeth or
  - The arch lacks posterior balanced occlusion

Resin Base partial does not need to oppose a complete denture

### PARTIAL DENTURES

#### Cast Metal Framework

**Maxillary - D5213    Mandibular - D5214**

- A benefit only when
  - **Opposing a full denture** and
  - **The arch lacks posterior balanced occlusion**



# JUSTIFICATION OF NEED FOR PROSTHESIS

## *Complete Dentures, Resin Base Partial Dentures, Cast Metal Framework Partial Dentures*

This form is to be completed by the dentist providing treatment. Both arches must be evaluated and addressed. Chart missing teeth and teeth to be extracted. Complete each section of the form. Attach this form to the submitted TAR.

PATIENT: \_\_\_\_\_

DATE: \_\_\_\_\_

### ADDRESS BOTH ARCHES -- COMPLETE EACH APPROPRIATE ITEM (TYPE OR PRINT CLEARLY)

MAXILLARY ARCH	MANDIBULAR ARCH																																
Appliance Requested: <input type="checkbox"/> FUD <input type="checkbox"/> Cast Metal PUD <input type="checkbox"/> Resin base PUD	Appliance Requested: <input type="checkbox"/> FLD <input type="checkbox"/> Cast Metal PLD <input type="checkbox"/> Resin base PLD																																
Existing Appliance: <input type="checkbox"/> FUD <input type="checkbox"/> Cast Metal PUD <input type="checkbox"/> Resin base PUD <input type="checkbox"/> Never had a maxillary prosthetic appliance	Existing Appliance: <input type="checkbox"/> FLD <input type="checkbox"/> Cast Metal PLD <input type="checkbox"/> Resin base PLD <input type="checkbox"/> Never had a mandibular prosthetic appliance																																
Wears appliance? <input type="checkbox"/> Yes <input type="checkbox"/> No Age of Appliance: _____	Wears appliance? <input type="checkbox"/> Yes <input type="checkbox"/> No Age of Appliance: _____																																
Catastrophic Loss? <input type="checkbox"/> Yes <input type="checkbox"/> No **Catastrophic loss (fire, earthquake, theft, etc.) requires attachment of Official Public Service Agency Report.	Catastrophic Loss? <input type="checkbox"/> Yes <input type="checkbox"/> No **Catastrophic loss (fire, earthquake, theft, etc.) requires attachment of Official Public Service Agency Report.																																
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Opposing Dentition <input type="checkbox"/>	Opposing Dentition <input type="checkbox"/>																																
Centric Occlusion <input type="checkbox"/>	Edentulous <input type="checkbox"/> Maxillary <input type="checkbox"/> Mandibular																																
Vertical Relation <input type="checkbox"/> Open ____ mm. Closed ____ mm.	<table style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 0 5px;">1</td><td style="padding: 0 5px;">2</td><td style="padding: 0 5px;">3</td><td style="padding: 0 5px;">4</td><td style="padding: 0 5px;">5</td><td style="padding: 0 5px;">6</td><td style="padding: 0 5px;">7</td><td style="padding: 0 5px;">8</td><td style="padding: 0 5px;">9</td><td style="padding: 0 5px;">10</td><td style="padding: 0 5px;">11</td><td style="padding: 0 5px;">12</td><td style="padding: 0 5px;">13</td><td style="padding: 0 5px;">14</td><td style="padding: 0 5px;">15</td><td style="padding: 0 5px;">16</td> </tr> <tr> <td style="padding: 0 5px;">32</td><td style="padding: 0 5px;">31</td><td style="padding: 0 5px;">30</td><td style="padding: 0 5px;">29</td><td style="padding: 0 5px;">28</td><td style="padding: 0 5px;">27</td><td style="padding: 0 5px;">26</td><td style="padding: 0 5px;">25</td><td style="padding: 0 5px;">24</td><td style="padding: 0 5px;">23</td><td style="padding: 0 5px;">22</td><td style="padding: 0 5px;">21</td><td style="padding: 0 5px;">20</td><td style="padding: 0 5px;">19</td><td style="padding: 0 5px;">18</td><td style="padding: 0 5px;">17</td> </tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
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32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17																		
	<b>X Block out missing teeth</b> <b>O Circle teeth to be extracted</b>																																

### REQUIRED FIELD FOR PARTIAL DENTURES (All Types)

#### MAXILLARY ARCH

Teeth Being Replaced: \_\_\_\_\_

Teeth Being Clasped: \_\_\_\_\_

#### MANDIBULAR ARCH

Teeth Being Replaced: \_\_\_\_\_

Teeth Being Clasped: \_\_\_\_\_

If treatment involves retaining teeth in the arch(es), indicate treatment plan for remaining teeth (Root canals, periodontal treatment, restorative, crowns, etc.): \_\_\_\_\_

Does the patient want requested services?  No  Yes

Does health condition of the patient limit dental adaptability?  No  Yes Explain: \_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_

CONVALESCENT CARE: Comments about patient's condition as stated by Charge Nurse / Social Services / Caregiver: \_\_\_\_\_

Provider Signature \_\_\_\_\_ License # \_\_\_\_\_

**JUSTIFICATION OF NEED FOR PROSTHESIS**

**Good Example**

*Complete Dentures, Resin Base Partial Dentures, Cast Metal Framework Partial Dentures*

This form is to be completed by the dentist providing treatment. Both arches must be evaluated and addressed. Chart missing teeth and teeth to be extracted. Complete each section of the form. Attach this form to the submitted TAR.

PATIENT: NAME DATE: MM/DD/YY

**ADDRESS BOTH ARCHES -- COMPLETE EACH APPROPRIATE ITEM (TYPE OR PRINT CLEARLY)**

<p><b>MAXILLARY ARCH</b></p> <p>Appliance Requested: <input checked="" type="radio"/> FUD <input type="checkbox"/> Cast Metal PUD <input type="checkbox"/> Resin base PUD                  Existing Appliance: <input checked="" type="radio"/> FUD <input type="checkbox"/> Cast Metal PUD <input type="checkbox"/> Resin base PUD  <input type="checkbox"/> Never had a maxillary prosthetic appliance</p> <p>Wears appliance? <input checked="" type="radio"/> Yes <input type="checkbox"/> No Age of Appliance: <u>7 yrs</u></p> <p>Catastrophic Loss? <input type="checkbox"/> Yes <input type="checkbox"/> No **Catastrophic loss (fire, earthquake, theft, etc.) requires attachment of Official Public Service Agency Report.</p> <p>If lost in facility or hospital, explain circumstances: _____</p>	<p><b>MANDIBULAR ARCH</b></p> <p>Appliance Requested: <input type="checkbox"/> FLD <input checked="" type="radio"/> Cast Metal PLD <input type="checkbox"/> Resin base PLD                  Existing Appliance: <input type="checkbox"/> FLD <input type="checkbox"/> Cast Metal PLD <input type="checkbox"/> Resin base PLD  <input checked="" type="radio"/> Never had a mandibular prosthetic appliance</p> <p>Wears appliance? <input type="checkbox"/> Yes <input type="checkbox"/> No Age of Appliance: _____</p> <p>Catastrophic Loss? <input type="checkbox"/> Yes <input type="checkbox"/> No **Catastrophic loss (fire, earthquake, theft, etc.) requires attachment of Official Public Service Agency Report.</p> <p>If lost in facility or hospital, explain circumstances: _____</p>																																																																
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**REQUIRED FIELD FOR PARTIAL DENTURES (All Types)**

<p><b>MAXILLARY ARCH</b></p> <p>Teeth Being Replaced: _____                  Teeth Being Clasped: _____</p>	<p><b>MANDIBULAR ARCH</b></p> <p>Teeth Being Replaced: <u>18, 19, 24, 25, 30, 31</u>                  Teeth Being Clasped: <u>20, 29</u></p>
---	--

If treatment involves retaining teeth in the arch(es), indicate treatment plan for remaining teeth (Root canals, periodontal treatment, restorative, crowns, etc.): Some bone loss. No mobility. Previous perio surgery (2007) before admitted. Pockets WNL. Good oral hygiene.

Does the patient want requested services?  No  Yes

Does health condition of the patient limit dental adaptability?  No  Yes Explain: \_\_\_\_\_

ADDITIONAL COMMENTS: We have a Notice of Authorization for restorations on 20, 21, 27, 28

CONVALESCENT CARE: Comments about patient's condition as stated by Charge Nurse Social Services / Caregiver: \_\_\_\_\_

Patient is alert and has no functional issues that would compromise adaptability to wearing prostheses. Charge nurse, Sophie, says patient wants and would wear prosthetic appliances.

Provider Signature First M. Last, DDS License # 99999

DC 054 (R10/05)

Current Version (10/05)

**TAR for SNF Resident**

- FUD
- Cast Metal PLD

**COMPLETE TX PLAN**

- Reason to replace
- Both arches
- Perio condition
- Restorative
- Missing teeth
- Teeth to replace
- Teeth to clasp

## PROSTHODONTICS - REMOVABLE General Policies

- Use date prosthesis sent to lab for processing acrylic as the **Date of Service** (*Laboratory order date*)
- Prosthesis must be **delivered** and **in use** by patient before submitting for payment

## PROSTHODONTICS - REMOVABLE General Policies

*Undeliverable denture payable at 80%*

- Indicate **reason** for non-delivery
- **Box 44** - Date Prosthesis Ordered from Lab
- Submit NOA with **lab invoice** indicating prosthesis was processed in acrylic
- Keep prosthesis in office in a deliverable condition for one year

## DENTURE ADJUSTMENT

Max Complete - D5410

Max Partial - D5421

Mand Complete - D5411

Mand Partial - D5422

- Allowed **twice** per appliance in a **12-month** period per billing provider
- Payable once per date of service per procedure
- Not payable to same provider for **6 months** after
  - Delivery of denture
  - Reline - Laboratory or Chairside
  - Repair - Same appliance

## CHAIRSIDE RELINES LABORATORY RELINES

- Do **not** require
  - Prior authorization (unless facility resident)
  - Radiographs
  - Written documentation
- **Resin base** partial does not qualify for laboratory reline - **only a chairside reline**

## TISSUE CONDITIONING

Maxillary - D5850

Mandibular - D5851

- Does not require
  - Prior authorization
  - Radiographs
  - Documentation
- Benefit twice in 36-month period (per appliance, not per provider) – check Denti-Cal history
- Allowable same date of service as insertion of immediate denture

# Pregnancy

(Includes 60 Days Postpartum)

## PREGNANCY - POSTPARTUM BENEFITS FOR ADULTS

- FRADS – Table 1 *and*
- Allowable Procedures for Pregnant Women – Table 2
  - Comprehensive Oral Evaluation
  - Prophylaxis / Fluoride
  - Scaling & Root Planing
  - Gingivectomy / Gingivoplasty
  - Osseous Surgery
  - Unscheduled dressing change (by other than treating dentist)
  - Occlusal Adjustment – limited
  - Bitewings

Table 2  
See page 48

## PREGNANCY - POSTPARTUM SCALING AND ROOT PLANING D4341 – D4342

### Requires

- Complete periodontal charting
- Quadrant code
- Documentation of pregnant or postpartum
- **Periapical films of involved areas**

### When documented pregnant or postpartum

- Waive prior authorization
- Waive arch integrity films
- Waive definitive periodontal diagnosis

## PREGNANCY - POSTPARTUM CHECKLIST

Indicate "Pregnant" or "Postpartum" for all Aid Codes

- Limited Scope Aid Code (all ages)
  - Submit on **Claim**
  - Do not submit a TAR
- Full Scope Aid Code (under age 21)
  - Submit on **Claim**
- Full Scope Aid Code (age 21 & older)
  - Submit on **Claim** - Claim automatically denied & must be resubmitted on a **Claim Inquiry Form**
  - Do not submit a TAR

## PREGNANCY - POSTPARTUM

- **If Pregnancy Aid Code** – Submit on **Claim**
- If not documented pregnant or postpartum, the claim will be denied – Procedure is not a benefit for recipient aid code

# Facility Residents

*SNF, ICF, ICF-DD, ICF-DDH, ICF-DDN*

## FACILITY RESIDENTS

- When the patient resides in a SNF, ICF, ICF-DD, ICF-DDH, or ICF-DDN, the following information is required on TARs and Claims
  - Facility name
  - Facility address
  - Facility phone number
- Use **POS 4** or **POS 5**
- Write where patient treated in Comments Box 34
  - Treated at facility
  - Treated at office

## PRIOR AUTHORIZATION REQUIREMENTS FOR FACILITY RESIDENTS



- Facility providers must be aware of prior authorization requirements specific to treatment of facility residents
- Prior authorization is required for all procedures except emergency and/or diagnostic services

**PRIOR AUTHORIZATION  
NOT REQUIRED FOR THESE PROCEDURES  
FOR FACILITY RESIDENTS**

- Exams
- Radiographs
- Photos
- Palliative Tx - Hands On
- Observation Visit - Hands Off
- After Hours Visit
- Facility Call
- Pulpal Debridement
- Prophylaxis
- Tissue Conditioning
- Biopsy
- Temporary Crown
- Sedative Filling
- Denture Adjustment
- Denture Repairs
- Desensitizing Medicament
- Oral Surgery Complications

**HOUSE/EXTENDED CARE FACILITY CALL  
D9410**

- A benefit **once per patient**, per date of service
- A benefit only in conjunction with procedures that are payable benefits
- Not a benefit on the same date of service as **D9430** (Office visit for observation)

**COMPREHENSIVE ORAL EVALUATION  
D0150**

- Payable once per patient per billing provider

**COMPREHENSIVE PERIODONTAL  
EVALUATION - D0180**

- Included in the fee for comprehensive oral evaluation (D0150)
- Not payable by Denti-Cal as a separate procedure

**PERIODONTAL  
MAINTENANCE  
D4910**

**Effective 04-02-12  
Do not use D4999**

**PERIODONTAL MAINTENANCE  
D4910**

- Benefit only for beneficiaries **residing** in a:
  - Skilled Nursing Facility (SNF) (POS 4)
  - Intermediate Care Facility (ICF) (POS 5)
  - ICF-DD, ICF-DDH, ICF-DDN (POS 5)

**PERIODONTAL MAINTENANCE  
D4910**

- Benefit as full-mouth treatment when root planing has been paid within the last 24 months
- Payable **once per calendar quarter** for up to 7 calendar quarters following root planing
- Not a benefit in same calendar quarter as root planing
- Not a benefit in same calendar quarter as a prophylaxis by the same provider

**PERIODONTAL MAINTENANCE  
D4910**

- Does not require
  - Prior authorization
  - Periodontal chart
  - Radiographs

**INCREASE IN SMA FOR  
PERIODONTAL SCALING &  
ROOT PLANING  
D4341 / D4342**

- Only applies to beneficiaries **residing** in a:
  - Skilled Nursing Facility (SNF) (POS 4)
  - Intermediate Care Facility (ICF) (POS 5)
  - ICF-DD, ICF-DDH, ICF-DDN (POS 5)

# Aid Codes

- *Emergency Services Only* aid codes (for OBRA beneficiaries) contain specific emergency procedures, regardless of age
  - These procedures are *not* synonymous with the Federally Required Adult Dental Services (FRADS) procedures
  - See Table 3 for the allowable procedures

## ~ Aid Code Reference Guide ~

(for Emergency/Pregnancy, Full Scope Aid Codes & other Exempt Groups)

	Emergency TABLE	FRADS TABLE 1	Pregnancy TABLE 2	Full Benefits
Under 21 - Full Scope aid code			X	X
21 & over - Full Scope aid code - Beneficiary is pregnant/postpartum		X	X	
21 & over - Full Scope aid code - Beneficiary <u>does not</u> reside in an ICF or SNF		X		
21 & over - Full Scope aid code - Beneficiary resides in an ICF or SNF				X
Under 21 - Emergency/Pregnancy aid code - Beneficiary is pregnant/postpartum	X		X	
Under 21 - Emergency/Pregnancy aid code - Beneficiary is <u>NOT</u> pregnant/postpartum	X			
21 & over - Emergency/Pregnancy aid code - Beneficiary is pregnant/postpartum	X		X	
21 & over - Emergency/Pregnancy aid code - Beneficiary is <u>NOT</u> pregnant/postpartum (regardless of where the beneficiary resides)	X			
* 21 & over - Emergency/Pregnancy aid code & Full Scope aid code - Beneficiary is pregnant/postpartum (Beneficiary <u>does not</u> reside in an ICF or SNF)	X	X	X	
* 21 & over - Emergency/Pregnancy aid code & Full Scope aid code - Beneficiary is <u>NOT</u> pregnant/postpartum (Beneficiary <u>does not</u> reside in an ICF or SNF)	X	X		

- Each table has its own documentation requirements
- For Emergency-Only, & Pregnant /Postpartum Beneficiaries - see benefits in the Provider Handbook, **Section 4 - Treating Beneficiaries**

**Table 1: Federally Required Adult Dental Services (FRADS)**

The following procedure codes are reimbursable procedures for Medi-Cal beneficiaries 21 years of age and older.

**\*Please note:** The CDT 11-12 procedure codes marked with an asterisk (D0220, D0230, D0250, D0260, D0290, D0310, D0322 and D0330) are only payable for Medi-Cal beneficiaries age 21 and older who are not otherwise exempt when the procedure is appropriately rendered in conjunction with another FRADS.

Proc. Code	Code Description
D0220*	Intraoral - periapical first film
D0230*	Intraoral - periapical each additional film
D0250*	Extraoral - first film
D0260*	Extraoral - each additional film
D0290*	Posterior - anterior or lateral skull and facial bone survey film
D0310*	Sialography
D0320	Temporomandibular joint arthrogram, including injection
D0322*	Tomographic survey
D0330*	Panoramic film
D0502	Other oral pathology procedures, by report
D0999	Unspecified diagnostic procedure, by report
D2910	Recement inlay, onlay, or partial coverage restoration
D2920	Recement crown
D2940	Protective restoration
D5911	Facial moulage (sectional)
D5912	Facial moulage (complete)
D5913	Nasal prosthesis
D5914	Auricular prosthesis
D5915	Orbital prosthesis
D5916	Ocular prosthesis
D5919	Facial prosthesis
D5922	Nasal septal prosthesis
D5923	Ocular prosthesis, interim
D5924	Cranial prosthesis
D5925	Facial augmentation implant prosthesis

Proc. Code	Code Description
D5926	Nasal prosthesis, replacement
D5927	Auricular prosthesis, replacement
D5928	Orbital prosthesis, replacement
D5929	Facial prosthesis, replacement
D5931	Obturator prosthesis, surgical
D5932	Obturator prosthesis, definitive
D5933	Obturator prosthesis, modification
D5934	Mandibular resection prosthesis with guide flange
D5935	Mandibular resection prosthesis without guide flange
D5936	Obturator prosthesis, interim
D5937	Trismus appliance (not for TMD treatment)
D5953	Speech aid prosthesis, adult
D5954	Palatal augmentation prosthesis
D5955	Palatal lift prosthesis, definitive
D5958	Palatal lift prosthesis, interim
D5959	Palatal lift prosthesis, modification
D5960	Speech aid prosthesis, modification
D5982	Surgical stent
D5983	Radiation carrier
D5984	Radiation shield
D5985	Radiation cone locator
D5986	Fluoride gel carrier
D5987	Commissure splint
D5988	Surgical splint
D5999	Unspecified maxillofacial prosthesis, by report
D6092	Recement implant/abutment supported crown

**Table 1: FRADS *continued***

Proc. Code	Code Description
D6093	Recement implant/abutment supported fixed partial denture
D6100	Implant removal, by report
D6930	Recement fixed partial denture
D6999	Unspecified fixed prosthodontic procedure, by report
D7111	Extraction, coronal remnants - deciduous tooth
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated
D7220	Removal of impacted tooth - soft tissue
D7230	Removal of impacted tooth - partially bony
D7240	Removal of impacted tooth - completely bony
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications
D7250	Surgical removal of residual tooth roots (cutting procedure)
D7260	Oroantral fistula closure
D7261	Primary closure of a sinus perforation
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth
D7285	Biopsy of oral tissue - hard (bone, tooth)
D7286	Biopsy of oral tissue - soft
D7410	Excision of benign lesion up to 1.25 cm
D7411	Excision of benign lesion greater than 1.25 cm
D7412	Excision of benign lesion, complicated
D7413	Excision of malignant lesion up to 1.25 cm
D7414	Excision of malignant lesion greater than 1.25 cm

Proc. Code	Code Description
D7415	Excision of malignant lesion, complicated
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm
D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25cm
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm
D7465	Destruction of lesion(s) by physical or chemical method, by report
D7490	Radical resection of maxilla or mandible
D7510	Incision and drainage of abscess - intraoral soft tissue
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (including drainage of multiple fascial spaces)
D7520	Incision and drainage of abscess - extraoral soft tissue
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue
D7540	Removal of reaction producing foreign bodies, musculoskeletal system
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body
D7610	Maxilla - open reduction (teeth immobilized, if present)
D7620	Maxilla - closed reduction (teeth immobilized, if present)

**Table 1: FRADS *continued***

Proc. Code	Code Description
D7630	Mandible - open reduction (teeth immobilized, if present)
D7640	Mandible - closed reduction (teeth immobilized, if present)
D7650	Malar and/or zygomatic arch - open reduction
D7660	Malar and/or zygomatic arch - closed reduction
D7670	Alveolus - closed reduction, may include stabilization of teeth
D7671	Alveolus - open reduction, may include stabilization of teeth
D7680	Facial bones - complicated reduction with fixation and multiple surgical approaches
D7710	Maxilla - open reduction
D7720	Maxilla - closed reduction
D7730	Mandible - open reduction
D7740	Mandible - closed reduction
D7750	Malar and/or zygomatic arch - open reduction
D7760	Malar and/or zygomatic arch - closed reduction
D7770	Alveolus - open reduction stabilization of teeth
D7771	Alveolus, closed reduction stabilization of teeth
D7780	Facial bones - complicated reduction with fixation and multiple surgical approaches
D7810	Open reduction of dislocation
D7820	Closed reduction of dislocation
D7830	Manipulation under anesthesia
D7840	Condylectomy
D7850	Surgical discectomy, with/without implant
D7852	Disc repair
D7854	Synovectomy
D7856	Myotomy
D7858	Joint reconstruction
D7860	Arthrotomy

Proc. Code	Code Description
D7865	Arthroplasty
D7870	Arthrocentesis
D7872	Arthroscopy - diagnosis, with or without biopsy
D7873	Arthroscopy - surgical: lavage and lysis of adhesions
D7874	Arthroscopy - surgical: disc repositioning and stabilization
D7875	Arthroscopy - surgical: synovectomy
D7876	Arthroscopy - surgical: debridement
D7877	Arthroscopy - surgical: debridement
D7910	Suture of recent small wounds up to 5 cm
D7911	Complicated suture - up to 5 cm
D7912	Complicated suture - greater than 5 cm
D7920	Skin graft (identify defect covered, location and type of graft)
D7940	Osteoplasty - for orthognathic deformities
D7941	Osteotomy - mandibular rami
D7943	Osteotomy - mandibular rami with bone graft; includes obtaining the graft
D7944	Osteotomy - segmented or subapical
D7945	Osteotomy - body of mandible
D7946	LeFort I (maxilla - total)
D7947	LeFort I (maxilla - segmented)
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft
D7949	LeFort II or LeFort III - with bone graft
D7950	Osseous, osteoperiosteal, or cartilage graft of mandible or facial bones - autogenous or nonautogenous, by report
D7951	Sinus augmentation with bone or bone substitutes
D7955	Repair of maxillofacial soft and hard tissue defect
D7971	Excision of pericoronal gingiva

**Table 1: FRADS *continued***

Proc. Code	Code Description
D7980	Sialolithotomy
D7981	Excision of salivary gland, by report
D7982	Sialodochoplasty
D7983	Closure of salivary fistula
D7990	Emergency tracheotomy
D7991	Coronoidectomy
D7995	Synthetic graft - mandible or facial bones, by report
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar
D7999	Unspecified oral surgery procedure, by report
D9110	Palliative (emergency) treatment of dental pain - minor procedure
D9210	Local anesthesia not in conjunction with operative or surgical procedures
D9220	Deep sedation/general anesthesia - first 30 minutes
D9221	Deep sedation/general anesthesia - each additional 15 minutes
D9230	Inhalation of nitrous oxide / anxiolysis, analgesia

Proc. Code	Code Description
D9241	Intravenous conscious sedation/analgesia - first 30 minutes
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes
D9248	Non-intravenous conscious sedation
D9410	House/extended care facility call
D9420	Hospital or ambulatory surgical center call
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed
D9440	Office visit - after regularly scheduled hours
D9610	Therapeutic parenteral single administration
D9910	Application of desensitizing medicament
D9930	Treatment of complications (post - surgical) - unusual circumstances, by report
D9999	Unspecified adjunctive procedure, by report

**Table 2: Allowable Procedure Codes for Pregnant Beneficiaries**

Proc. Code	Code Description
D0120	Periodic oral evaluation (under age 21)
D0150	Comprehensive oral evaluation - new or established patient
D0220	Intraoral - periapical first film
D0230	Intraoral - periapical each additional film
D0270	Bitewing - single film
D0272	Bitewings - two films
D0274	Bitewings - four films
D1110	Prophylaxis - adult
D1120	Prophylaxis - child
D1203	Topical application of fluoride (prophylaxis not included) - child
D1204	Topical application of fluoride (prophylaxis not included) - adult
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients

Proc. Code	Code Description
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant
D4211	Gingivectomy or gingivoplasty - one to three teeth, per quadrant
D4260	Osseous surgery (including flap entry and closure) -four or more contiguous teeth or bounded teeth spaces per quadrant
D4261	Osseous surgery (including flap entry and closure) -one to three teeth, per quadrant
D4341	Periodontal scaling and root planing - four or more contiguous teeth or bounded teeth spaces per quadrant
D4342	Periodontal scaling and root planing - one to three teeth, per quadrant
D4920	Unscheduled dressing change (by someone other than treating dentist)
D9951	Occlusal adjustment - limited

**Table 3: Emergency Services Only**  
**Omnibus Budget Reconciliation Act (OBRA)**

CDT 11-12 Code	CDT 11-12 Code Description
D0220	Intraoral - periapical first film
D0230	Intraoral - periapical each additional film
D0250	Extraoral - first film
D0260	Extraoral - each additional film
D0290	Posterior - anterior or lateral skull and facial bone survey film
D0330	Panoramic film
D0502	Other oral pathology procedures, by report
D0999	Unspecified diagnostic procedure, by report
D2920	Recement crown
D2940	Protective restoration
D2970	Temporary crown (fractured tooth)
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament
D3221	Pulpal debridement, primary and permanent teeth
D6092	Recement implant/abutment supported crown
D6093	Recement implant/abutment supported fixed partial denture
D6930	Recement fixed partial denture
D7111	Extraction, coronal remnants - deciduous tooth
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated
D7220	Removal of impacted tooth - soft tissue
D7230	Removal of impacted tooth - partially bony
D7240	Removal of impacted tooth - completely bony
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications
D7250	Surgical removal of residual tooth roots (cutting procedure)
D7260	Oroantral fistula closure
D7261	Primary closure of a sinus perforation

CDT 11-12 Code	CDT 11-12 Code Description
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth
D7285	Biopsy of oral tissue - hard (bone, tooth)
D7286	Biopsy of oral tissue - soft
D7410	Excision of benign lesion up to 1.25 cm
D7411	Excision of benign lesion greater than 1.25 cm
D7412	Excision of benign lesion, complicated
D7413	Excision of malignant lesion up to 1.25 cm
D7414	Excision of malignant lesion greater than 1.25 cm
D7415	Excision of malignant lesion, complicated
	Excision of malignant tumor - lesion diameter up to 1.25 cm
D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25cm
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm
D7490	Radical resection of mandible with bone graft
D7510	Incision and drainage of abscess - intraoral soft tissue
D7511	Incision and drainage of abscess - intraoral soft tissue- complicated (includes drainage of multiple fascial spaces)
D7520	Incision and drainage of abscess - extraoral soft tissue
D7521	Incision and drainage of abscess - extraoral soft tissue- complicated (includes drainage of multiple fascial spaces)
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue
D7540	D7440
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone

Table 3: Emergency Services Only *continued*

CDT 11-12 Code	CDT 11-12 Code Description
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body
D7610	Maxilla - open reduction (teeth immobilized, if present)
D7620	Maxilla - closed reduction (teeth immobilized, if present)
D7630	Mandible - open reduction (teeth immobilized, if present)
D7640	Mandible - closed reduction (teeth immobilized, if present)
D7650	Malar and/or zygomatic arch - open reduction
D7660	Malar and/or zygomatic arch - closed reduction
D7670	Alveolus - closed reduction, may include stabilization of teeth
D7671	Alveolus - open reduction, may include stabilization of teeth
D7710	Maxilla - open reduction
D7720	Maxilla - closed reduction
D7730	Mandible - open reduction
D7740	Mandible - closed reduction
D7750	Malar and/or zygomatic arch - open reduction
D7760	Malar and/or zygomatic arch - closed reduction
D7770	Alveolus - open reduction stabilization of teeth
D7771	Alveolus, closed reduction stabilization of teeth
D7810	Open reduction of dislocation
D7820	Closed reduction of dislocation
D7830	Manipulation under anesthesia
D7910	Suture of recent small wounds up to 5 cm
D7911	Complicated suture - up to 5 cm
D7912	Complicated suture - greater than 5 cm
D7980	Sialolithotomy
D7983	Closure of salivary fistula
D7990	Emergency tracheotomy
D9110	Palliative (emergency) treatment of dental pain - minor procedure
D9210	Local anesthesia not in conjunction with operative or surgical procedures
D9220	Deep sedation/general anesthesia - first 30 minutes
D9221	Deep sedation/general anesthesia - each additional 15 minutes
D9230	Inhalation of nitrous oxide/anxiolysis, analgesia
D9241	Intravenous conscious sedation/analgesia - first 30 minutes
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes

CDT 11-12 Code	CDT 11-12 Code Description
D9248	Non-intravenous conscious sedation
D9410	House/extended care facility call
D9420	Hospital or ambulatory surgical center call
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed
D9440	Office visit - after regularly scheduled hours
D9610	Therapeutic parenteral drug, single administration
D9910	Application of desensitizing medicament
D9930	Treatment of complications (post - surgical) - unusual circumstances, by report

# *Important Phone Numbers & Websites for DENTI-CAL Providers*



PROVIDER TOLL-FREE LINE	800-423-0507
BENEFICIARY TOLL-FREE LINE	800-322-6384
A.E.V.S. (to verify beneficiary eligibility)	800-456-2387
A.E.V.S. HELP DESK (Medi-Cal)	800-541-5555
P.O.S. / INTERNET HELP DESK	800-541-5555
MEDI-CAL WEBSITE (to verify beneficiary eligibility)	<a href="http://www.medi-cal.ca.gov">www.medi-cal.ca.gov</a>
DENTI-CAL WEBSITE	<a href="http://www.denti-cal.ca.gov">www.denti-cal.ca.gov</a>
EDI TECHNICAL SUPPORT	916-853-7373
DENTI-CAL FORMS (FAX #)	877-401-7534
CA DEPT OF PUBLIC HEALTH	<a href="http://hfcis.cdph.ca.gov/servicesandfacilities.aspx">http://hfcis.cdph.ca.gov/servicesandfacilities.aspx</a>

# National Provider Identifier (NPI) Numbers

- Obtain your NPI numbers from *National Plan & Provider Enumeration System (NPPES)* <https://nppes.cms.hhs.gov>
  - **Type 1:** Health Care Providers who are individuals, including dentists & hygienists, & sole proprietorships, regardless of multiple service office locations
  - **Type 2:** Health Care Providers who are organizations, including dental practices, and/or individual dental practices who are incorporated
- Your dental office may need both Type 1 *and* Type 2 NPI numbers  
*Examples:*
  - Individual dentists at one practice location where a Type 1 is needed for the dentist & a Type 2 for the practice if claims are submitted using the practice's name & Tax Identification Numbers (TINs)
  - Multiple dentists are at one practice location where a Type 1 is needed for the dentists & a Type 2 for the practice if claims are submitted using the practice's name & TIN
- Report your NPI numbers to Denti-Cal for both your billing *and* rendering legacy provider numbers
  - Through the Denti-Cal web site: <http://www.denti-cal.ca.gov>
    - NPI Collection system or;
    - Hard copy Registration Form

## Electronic Data Interchange (EDI)



*Make your computer work for you!*

### ➤ How EDI Works

**Electronic transmission of claims via computer-to-computer link or 'paperless transmission'**

### ➤ EDI Features

**7 - 10 days faster / decreases lost claims / tracking by use of reports**

### ➤ EDI Enrollment Information

**Contact Toll-free Provider Services for:  
Enrollment Packets / EDI Seminars / Information**  
**Contact EDI Support Services for:  
Technical Assistance**

## ADJUDICATION REASON CODES

### DIAGNOSTIC/PREVENTIVE

- 001** Procedure is a benefit once per patient, per provider.
- 001A** An orthodontic evaluation is a benefit only once per patient, per provider.
- 002** Procedure is a benefit once in a six-month period for patients under age 21.
- 002A** Evaluation is not a benefit within six months of a previous evaluation to the same provider for patients under age 21.
- 003** Procedure not payable in conjunction with other oral evaluation procedures for the same date of service.
- 004** Procedure D0120 is only a benefit when there is history of Procedure D0150 to the same provider.
- 006** Procedure is a benefit once per tooth.
- 009** Procedure not a benefit when specific services other than radiographs or photographs are provided on the same day by the same provider.
- 013** Procedure requires an operative report including the hospital time for payment.
- 013A** Procedure has been authorized. However, the actual fee allowance cannot be established until payment is requested with the hospital time documented in operating room report.
- 013B** Procedures D9410 and D9420 are not payable when the treatment is performed in the provider's office or provider owned ambulatory surgical center.
- 014** Procedure is not a benefit to an assistant surgeon.
- 015** The fee to an assistant surgeon is paid at 20 percent of the primary surgeon's allowable surgery fee.
- 019** The procedure has been modified due to the age of the patient and/or previous history to allow the maximum benefit.
- 020C** Prophy and fluoride procedures are allowable once in a six-month period.
- 020D** Prophy and fluoride procedures are allowable once in a 12- month period.
- 020E** Procedure will not be considered within 90 days of a previous prophy or fluoride procedure.
- 020F** Prophy and a topical fluoride treatment performed on the same date of service are not payable separately.
- 020G** Topical application of fluoride is payable only for caries control.
- 023** A benefit twice in a six-month period per provider.
- 024** A benefit once in a 12-month period per provider.
- 027** Procedure is not a benefit for edentulous areas.
- 028** A benefit once in a six-month period per provider.
- 028A** Procedure D0272 or D0274 is not benefit within six months of Procedure D0210, same provider.
- 028B** Procedure D0210 is not a benefit within six months of Procedure D0272 or D0274, same provider.
- 029** Payment/Authorization denied due to multiple unmounted radiographs.
- 029A** Payment/Authorization denied due to undated radiographs or photographs.
- 029B** Payment/Authorization denied. Final endodontic radiograph is dated prior to the completion date of the endodontic treatment.
- 029C** Payment/Authorization denied due to multiple, unspecified dates on the X-ray mount/envelope.

- 029D** Payment/Authorization denied. Date(s) on X-ray mount, envelope or photograph(s) are not legible or the format is not understandable/decipherable.
- 029E** Payment denied due to date of radiograph / photograph is after the date of service or appears to be post-operative.
- 029F** Payment/Authorization denied due to beneficiary name does not match or is not on the X-ray mount, envelope or photograph.
- 029G** Payment/Authorization disallowed due to radiographs/photographs dated in the future.
- 029H** Payment/Authorization denied due to more than four paper copies of radiographs/photographs submitted.
- 030** An adjustment has been made for the maximum allowable radiographs.
- 030B** Combination of radiographs is equal to a complete series.
- 030D** Periapicals are limited to 20 in any consecutive 12-month period.
- 031** Procedure is payable only when submitted.
- 031A** Photographs are a benefit only when appropriate and necessary to document associated treatment.
- 031B** Photographs are a benefit only when appropriate and necessary to demonstrate a clinical condition that is not readily apparent on the radiographs.
- 031C** Photographs are not payable when taken for patient identification, multiple views of the same area, treatment in progress and post-operative views.
- 032A** Endodontic treatment and postoperative radiographs are not a benefit.
- 033A** Procedure is payable only when a pathology report from a certified pathology laboratory accompanies the request for payment.
- 034** Emergency procedure cannot be prior authorized.
- 038** Procedure is only a benefit when the tooth surfaces to be sealed are decay/restoration free.
- 039** Dental sealants are only payable when the occlusal surface is included.
- 039A** Preventive resin restoration is only payable for the occlusal, buccal, and/or lingual surfaces.

### ORAL SURGERY

- 043** Resubmit a new authorization request following completion of surgical procedure(s) that may affect prognosis of treatment plan as submitted.
- 043A** This ortho case requires orthognathic surgery which is a benefit for patients 16 years or older. Submit a new authorization request following the completion of the surgical procedures(s).
- 046** Routine post-operative visits within 30 days are included in the global fee for the surgical procedure.
- 046A** Post-operative visits are not payable after 30 days following the surgical procedure.
- 047** Post operative care within 90 days by the same provider is not payable.
- 047A** Post operative care within 30 days by the same provider is not payable.
- 047B** Post operative care within 24 months by the same provider is not payable.

- 048** Extraction of a tooth is not payable when pathology is not demonstrated in the radiograph, or when narrative documentation submitted does not coincide with the radiographic evidence.
- 049** Extractions are not payable for deciduous teeth near exfoliation.
- 050** Surgical extraction procedure has been modified to conform to radiographic appearance.
- 052** The removal of residual root tips is not a benefit to the same provider who performed the initial extraction.
- 053** The removal of exposed root tips is not a benefit to the same provider who performed the initial extraction.
- 054** Routine alveoplasty procedures in conjunction with extractions are considered part of the extraction procedure.
- 054A** Procedure is not a benefit within six months of extractions in the same quadrant.
- 054B** Alveoplasty is not a benefit in conjunction with one extractions in the same quadrant.
- 057** Procedure is only payable to a certified oral pathologist and requires a pathology report.
- 058** Procedure is a benefit for anterior permanent teeth only.
- 059** Procedure allowed per Current Procedural Terminology (CPT) code description.
- 060** Procedure D9410 is payable only when associated with procedures that are a payable benefit.

## **DRUGS**

- 062** General anesthesia is not a benefit when the anesthesia record does not indicate an anesthetic induction agent was administered. Intravenous conscious sedation is the maximum benefit.
- 063** Only the most profound level of anesthesia is payable per date of service. This procedure is considered global and is included in the fee for the allowed anesthesia procedure.
- 064** A benefit only for oral, patch, intramuscular or subcutaneous routes of administration.
- 069** Procedure is not a benefit when all additional services are denied or when there are no additional services submitted for the same date of service.
- 070** Anesthesia procedures are not payable when diagnostic procedures are the only services provided and the medical necessity is not justified.

## **PERIODONTICS**

- 072** Periodontal procedure requires documentation specifying the definitive periodontal diagnosis.
- 073** Periodontal chart not current.
- 073B** Periodontal chart not current. Periodontal treatment performed after charting date.
- 073C** Periodontal chart not current. Charting date missing or illegible.
- 073D** Periodontal chart not current. Charting date invalid or dated in the future.
- 073E** Periodontal chart not current. Older than 12 months.
- 074A** Periodontal procedure disallowed due to inadequate charting of: Pocket depths.
- 074B** Periodontal procedure disallowed due to inadequate charting of: Mobility.

- 074C** Periodontal procedure disallowed due to inadequate charting of: Teeth to be extracted.
- 074D** Periodontal procedure disallowed due to inadequate charting of: Two or more of the above.
- 076** A benefit twice in a 12-month period per provider.
- 077A** Periodontal procedures are not benefits for patients under 13 years of age except when unusual circumstances exist and the medical necessity is documented.
- 080** A prophy or prophy and fluoride procedure is not payable on the same date of service as a surgical periodontal procedure.
- 081** Periodontal procedure cannot be justified on the basis of pocket depth, bone loss, and/or degree of deposits as evidenced by the submitted radiographs and/or charting.
- 081A** Periodontal evaluation chart does not coincide with submitted radiographic evidence.
- 083A** Surgical periodontal procedure cannot be authorized within 30 days following periodontal scaling and root planing for the same quadrant.
- 085A** Periodontal post-operative care is not a benefit when requested within 3 months by the same provider.
- 085B** Only one Scaling and Root Planing, or Periodontal Maintenance or Prophylaxis procedure is allowable within the same calendar quarter.
- 086** Periodontal scaling and root planing must be performed within 24 months prior to authorization of a surgical periodontal procedure for the same quadrant.
- 086A** Periodontal Maintenance is a benefit only when Scaling and Root Planing has been performed within 24 months.
- 087** Unscheduled dressing change is payable only when the periodontal procedure has been allowed by the program.
- 087A** Unscheduled dressing change is not payable to the same provider who performed the surgical periodontal procedure.
- 087B** Unscheduled dressing change is not payable after 30 days from the date of the surgical periodontal procedure.
- 088** Procedure is a benefit once per quadrant every 24 months.
- 088A** Procedure is a benefit once per quadrant every 36 months.
- 089** Procedure is not a benefit for periodontal grafting.

## **ENDODONTICS**

- 093A** Endodontic procedure is not payable when root canal filling underfilled.
- 093B** Endodontic procedure is not payable when root canal filling overfilled.
- 093C** Endodontic procedure is not payable when: Incomplete apical treatment due to inadequate retrograde fill and/or sealing of the apex.
- 093D** Endodontic procedure is not payable when: Root canal filling is undercondensed.
- 093E** Endodontic procedure is not payable when: Root canal has been filled with silver points. Silver points are not an acceptable filling material.
- 093F** Endodontic procedure is not payable when: Root canal therapy has resulted in the gross destruction of the root or crown.

- 094 Crowns on endodontically treated teeth may be considered for authorization following the satisfactory completion of root canal therapy. Submit a new request for authorization on a separate TAR with the final endodontic radiograph.
- 096 Procedure not a benefit in conjunction with a full denture or overdenture.
- 099 A benefit once per tooth in a six-month period per provider.
- 100 Procedure is not a benefit for an endodontically treated tooth.
- 101 This procedure requires a prerequisite procedure.

## **RESTORATIVE**

- 109 Procedures D2161, D2335, D2390 and D2394 are the maximum allowances for all restorations of the same material placed in a single tooth for the same date of service.
- 111 Payment is made for an individual surface once for the same date of service regardless of the number or combinations of restorations or materials placed on that surface.
- 112 Separate restorations of the same material on the same tooth will be considered as connected for payment purposes.
- 113 Tooth does not meet the Manual of Criteria for a laboratory processed crown. Please re-evaluate for alternate treatment.
- 113A Per history, radiographs or photographs, it has been determined that this tooth has been recently restored with a restoration or pre-fabricated crown.
- 113B Per radiographs, the tooth/eruption pattern is developmentally immature. Please reevaluate for alternate treatment.
- 113C Laboratory processed crowns for adults are not a benefit for posterior teeth except as abutments for any fixed prosthesis or removable prosthesis with cast clasps or rests. Please reevaluate for alternate treatment.
- 113E Prefabricated crowns are not a benefit as abutments for any removable prosthesis with cast clasps or rests. Please reevaluate for a laboratory processed crown.
- 113F Per history, radiographs or photographs, it has been determined that this tooth has been recently restored with a pre-fabricated or laboratory processed crown and the need for the restoration is not justified.
- 114 Tooth and soft tissue preparation, crown lengthening, cement bases, build-ups, bonding agents, occlusal adjustments, local anesthesia and other associated procedures are included in the fee for a completed restorative service.
- 117 Procedure not a benefit for a primary tooth near exfoliation.
- 118 Anterior proximal restorations are only payable as two or three surface restorations when radiographs demonstrate that the tooth structure is involved to a point one-third the mesial-distal width of the tooth.
- 120 A panoramic film alone is considered non-diagnostic for authorization or payment of restorative, endodontic, periodontic, fixed and removable partial prosthodontic procedures.
- 121 Radiographs do not substantiate immediate need for restoration of surface(s) requested.

- 121A Neither radiographs nor photographs substantiate immediate need for restoration of surface(s) requested.
- 122 Tooth does not meet the Manual of Criteria for a prefabricated crown.
- 123 Radiograph or photograph does not depict the entire crown or tooth to verify the requested surfaces or procedure.
- 124 Radiograph or photograph indicate additional surface(s) require treatment.
- 124A Decay not evident on requested surface(s), but decay evident on other surface(s).
- 125A Replacement restorations are not a benefit within 12 months on primary teeth and within 36 months on permanent teeth.
- 125B Replacement of otherwise satisfactory amalgam restorations is not a benefit unless a specific allergy has been documented by a medical specialist (allergist).
- 127 Pin retention is not a benefit for a permanent tooth when a prefabricated or laboratory-processed crown is used to restore the tooth.
- 128 Cast and prefabricated posts are benefits in endodontically treated devitalized permanent teeth only when crowns have been authorized and/or paid by the program.
- 129 Procedure is a benefit once in a 5-year period except when special circumstances are adequately documented.
- 130 Payment for a crown or fixed partial denture is made only upon final cementation regardless of documentation.
- 131 Procedure is a benefit only in cases of extensive coronal destruction.
- 133 Procedure not allowed due to denial of a root canal filled with silver points.
- 135 Procedure not a benefit for third molars unless the third molar occupies the first or second molar position or is an abutment for an existing removable partial denture with cast clasps or rests.
- 136 Procedure not a benefit for prefabricated crowns.

## **PROSTHODONTICS**

- 138 Partial payment for an undeliverable prosthesis requires the reason for non-delivery to be adequately documented and a laboratory invoice indicating the prosthesis was processed.
- 139 Payment adjustment reflects 80% of the SMA for an undeliverable prosthesis. The prosthesis must be kept in a deliverable condition for at least one year.
- 140 Payment adjustment reflects 20% of the SMA for delivery only of a previously undeliverable prosthesis.
- 142 A prosthesis has been paid within the last 12 months. Please refer the patient to the original provider and/or Beneficiary Services at 1 (800) 322-6384.
- 146 A removable partial denture includes all necessary clasps, rests and teeth.
- 147 Cast framework partial denture is only a benefit when necessary to balance on opposing full denture.
- 148 Sufficient teeth are present for the balance of the opposing prosthesis.
- 149A A resin base partial denture is a benefit only when there is a missing anterior tooth and/or there is compromised posterior balanced occlusion.

- 151 This procedure is not a benefit for a resin base partial denture.
- 152 Relines are a benefit 6 months following an immediate prosthesis (with extractions).
- 153 Relines are a benefit 12 months following a non-immediate prosthesis (without extractions).
- 154 Tissue conditioning is not a benefit when dated the same date of service as a non-immediate prosthetic appliance or reline.
- 155 Procedure requires a properly completed prosthetic DC054 form.
- 156 Evaluation of a removable prosthesis on a maintenance basis is not a benefit.
- 157 A laboratory invoice is required for payment.
- 160 Laboratory or chairside relines are a benefit once in a 12 month period per arch.
- 162 Patient's existing prosthesis is adequate at this time.
- 163 Patient returning to original provider for correction and/or modifications of requested procedure(s).
- 166 The procedure has been modified to reflect the allowable benefit and may be provided at your discretion.
- 168A Patient does not wish extractions or any other dental services at this time.
- 168B Patient has selected different provider for treatment.
- 169A Procedure is limited to two per prosthesis in a 36-month period.
- 170 A reline, tissue conditioning, repair, or an adjustment is not a benefit without an existing prosthesis.
- 171 The repair or adjustment of a removable prosthesis is a benefit twice in a 12-month period, per provider.
- 172 Payment for a prosthesis is made upon insertion of that prosthesis.
- 175A The fee allowed for any removable prosthesis, reline, tissue conditioning, or repair includes all adjustments and post-operative exams necessary for 6 months.
- 176 Per radiographs, insufficient tooth space present for the requested procedure.
- 177 New prosthesis cannot be authorized. Patient's dental history shows prosthesis made in recent years has been unsatisfactory for reasons that are not remediable.
- 178 The procedure submitted is no longer a benefit under the current criteria manual. The procedure allowed is the equivalent to that submitted under the current Schedule of Maximum Allowances and criteria manual.
- 179 Procedure requires prior authorization and cannot be considered as an emergency condition.
- 180 Patient cancelled his/her scheduled clinical screening. Please contact patient for further information.

### **SPACE MAINTAINERS**

- 190 Radiographs do not depict the erupting permanent tooth/teeth.
- 191 Radiograph depicts insufficient space for eruption of the permanent tooth/teeth.
- 192 Procedure not a benefit when the permanent tooth/teeth are near eruption or congenitally missing.
- 193 Replacement of previously provided space maintainer is a benefit only when justified by documentation.
- 195 A space maintainer is not a benefit for the upper or lower anterior region.

- 196 Procedure not a benefit for orthodontic services, including tooth guidance appliances.
- 197 Procedure requested is not a benefit when only one tooth space is involved or qualifies. Maximum benefit has been allowed.
- 197A Procedure is only a benefit to maintain the space of a single primary molar.

### **ORTHODONTIC SERVICES**

- 198 Procedure is not a benefit when the active phase of treatment has not been completed.
- 199 Patients under age 13 with mixed dentition do not qualify for handicapping orthodontic malocclusion treatment.
- 200 Adjustments of banding and/or appliances are allowable once per calendar month.
- 200B Procedure D8670 is payable the next calendar month following the date of service for Procedure D8080.
- 200C Procedure D8670 and D8680 are not payable for the same date of service.
- 201A Replacement retainer is a benefit only within 24 months of procedure D8680.
- 202 Procedure is a benefit only once per patient.
- 205A Pre-orthodontic visits are payable for facial growth management cases once every three months prior to the beginning of the active phase of orthodontic treatment.
- 206 Anterior crossbite not causing clinical attachment loss and recession of the gingival margin.
- 207 Deep overbite not destroying the soft tissue of the palate.

### **MAXILLOFACIAL SERVICES**

- 214 Procedure must be submitted and requires six views of condyles – open, closed, and rest on the right and left side.
- 215 Overjet is not greater than 9mm or the reverse overjet is not greater than 3.5mm.
- 216 Documentation submitted does not qualify for severe traumatic deviation, cleft palate or facial growth management.
- 221 Procedure is only a benefit in conjunction with orthodontic treatment.
- 222 Inadequate description or documentation of appliance to justify requested prosthesis.
- 223 Procedure is a benefit only when the orthodontic treatment is authorized.
- 226 Procedure D8692 is a benefit only when procedure D8680 has been paid by the program.
- 228 When requesting payment, submit documentation for exact amount of hydroxylapatite material (in grams) used on this patient unless your hospital has provided the material.
- 230 Procedure is not a benefit for acupuncture, acupressure, biofeedback, or hypnosis.
- 235 Degree of functional deficiency does not justify requested procedure.
- 241 Allowance for splints and/or stents includes all necessary adjustments.
- 243 Procedure is a benefit six times in a three-month period.

- 247** Osteotomies on patients under age 16 are not a benefit unless mitigating circumstances exist and are fully documented.
- 248** Procedure is not a benefit for the treatment of bruxism in the absence of TMJ dysfunction.
- 249** Payment for the assistant surgeon is not payable to the provider who performed the surgical procedures. Payment request must be submitted under the assistant surgeon's provider number.

### **MISCELLANEOUS**

- 258** Functional limitations or health condition of the patient preclude(s) requested procedure.
- 259B** Procedure not a benefit within 12 months to the same provider.
- 259C** Procedure not a benefit within 36 months to the same provider.
- 259D** Procedure not a benefit within 24 months to the same provider.
- 259E** Procedure not a benefit within 12 months of the initial placement or a previous recementation to the same provider.
- 260** The requested tooth, surface, arch, or quadrant is not a benefit for this procedure.
- 261** Procedure is not a benefit of this program.
- 261A** Procedure code is missing or is not a valid code.
- 261B** CDT codes are not valid for this date of service.
- 261C** The billed procedure cannot be processed. Request for payment contains both local and CDT codes. Submit this procedure code on a new claim.
- 262** Procedure requested is not a benefit for children.
- 263** Procedure requested is not a benefit for adults.
- 264** Procedure requested is not a benefit for primary teeth.
- 265** Procedure requested is not a benefit for permanent teeth.
- 266A** Payment and/or prior authorization disallowed. Radiographs or photographs are not current.
- 266B** Payment and/or prior authorization disallowed. Lack of radiographs.
- 266C** Payment and/or prior authorization disallowed. Radiographs or photographs are non-diagnostic for the requested procedure.
- 266D** Payment and/or prior authorization disallowed. Procedure requires current radiographs of the remaining teeth for evaluation of the arches.
- 266E** Payment and/or prior authorization disallowed. Lack of postoperative radiographs.
- 266F** Payment and/or prior authorization disallowed. Procedure requires current periapicals of the involved areas for the requested quadrant and arch films.
- 266G** Payment and/or prior authorization disallowed. Unable to evaluate treatment. Photographs, digitized images, paper copies, or duplicate radiographs are not labeled adequately to determine right or left, or individual tooth numbers.
- 266H** Payment and/or prior authorization disallowed. Radiographs submitted to establish arch integrity are non-diagnostic.
- 266I** Payment and/or prior authorization disallowed. Radiographs are non-diagnostic due to poor X-ray processing or duplication.

- 266J** Payment and/or prior authorization disallowed. Radiographs are non-diagnostic due to elongation.
- 266K** Payment and/or prior authorization disallowed. Radiographs are non-diagnostic due to foreshortening.
- 266L** Payment and/or prior authorization disallowed. Radiographs are non-diagnostic due to overlapping or cone cutting.
- 266M** Current periapical radiographs of the tooth along with arch films to establish arch integrity are required.
- 266N** Payment and/or prior authorization disallowed. Pre-operative radiographs are required.
- 267** Documentation not submitted.
- 267A** Description of service, procedure code and/or documentation are in conflict with each other.
- 267C** Documentation insufficient/not submitted. Services disallowed. Documentation is illegible.
- 267E** Denied by Prior Authorization/Special Claims Review Unit. Patient's record of treatment appears to be altered. Services disallowed.
- 267F** Denied by Prior Authorization/Special Claims Review Unit. Patient's record of treatment not submitted. Services disallowed.
- 267G** Denied by Prior Authorization/Special Claims Review Unit. Information on patient's record of treatment is not consistent with claim/NOA.
- 267H** All required documentation, radiographs and photographs must be submitted with the claim inquiry form.
- 267I** Documentation submitted is incomplete.
- 268** Per radiographs, documentation or photographs, the need for the procedure is not medically necessary.
- 268A** Per radiographs, photographs, or study models, the need for the procedure is not medically necessary. The Handicapping Labio-Lingual Deviation Index (HLD Index) score does not meet the criteria to qualify for orthodontic treatment.
- 268B** The requested procedure is not medically necessary precedent to the documented medical treatment and is not a covered benefit.
- 268C** The requested procedure is not medically necessary precedent to the documented medical treatment and is not a covered benefit. Please re-evaluate for a FRADS that may be a covered benefit.
- 269A** Procedure denied for the following reason: Included in the fee for another procedure and is not payable separately.
- 269B** Procedure denied for the following reason: This procedure is not allowable in conjunction with another procedure.
- 269C** Procedure denied for the following reason: Associated with another denied procedure.
- 270** Procedure has been modified based on the description of service, procedure code, tooth number or surface(s), or documentation.
- 271A** Procedure is disallowed due to the following: Bone loss, mobility, periodontal pathology.
- 271B** Procedure is disallowed due to the following: Apical radiolucency.
- 271C** Procedure is disallowed due to the following: Arch lacks integrity.
- 271E** Procedure is disallowed due to the following: Tooth/teeth have poor prognosis.

<b>271F</b>	Procedure is disallowed due to the following: Gross destruction of crown or root.	<b>285</b>	Procedure does not show evidence of a reasonable period of longevity.
<b>271G</b>	Procedure is disallowed due to the following: Tooth has no potential for occlusal function and/or is hyper-erupted.	<b>285A</b>	Procedure does not show evidence of a reasonable period of longevity. Submit alternate treatment plan, if you wish.
<b>271H</b>	Procedure is disallowed due to the following: The replacement of tooth structure lost by attrition, abrasion or erosion is not a covered benefit.	<b>286</b>	Procedure previously rendered.
<b>271I</b>	Procedure is disallowed due to the following: Permanent tooth has deep caries that appears to encroach the pulp. Periapical is required.	<b>287</b>	Allowance made for alternate procedure per documentation, radiographs, photographs and/or history.
<b>271J</b>	Procedure is disallowed due to the following: Primary tooth has deep caries that appears to encroach the pulp. Radiograph inadequate to evaluate periapical or furcation area.	<b>288</b>	Procedure cannot be considered an emergency.
<b>272</b>	Tooth not present on radiograph.	<b>289</b>	Procedure requires prior authorization.
<b>272A</b>	Per radiograph, tooth is unerupted.	<b>290</b>	All services performed in a skilled nursing or intermediate care facility, except diagnostic and emergency services, require prior authorization.
<b>272B</b>	Radiographs and/or documentation reveals that tooth number may be incorrect.	<b>291</b>	Per date of service, procedure was completed prior to date of authorization.
<b>273</b>	Procedure denied as beneficiary is returning to original provider.	<b>292</b>	Per documentation or radiographs, procedure requiring prior authorization has already been completed.
<b>274</b>	Comprehensive (full mouth) treatment plan is required for consideration of services requested.	<b>293</b>	Per radiographs, procedure requested is inadequate to correct problem. Please submit alternate treatment plan.
<b>274A</b>	Incomplete treatment plan submitted. Opposing dentition lacks integrity. Consider full denture for opposing arch.	<b>293A</b>	Radiographs reveal open, underformed apices. Authorization for root canal therapy will be considered after radiographic evidence of apex closure following apexification.
<b>274B</b>	Authorized treatment plan has been altered; therefore, payment is disallowed.	<b>293B</b>	Per radiographs, procedure requested is inadequate to correct problem. Please submit alternate treatment plan. Re-evaluate for apicoectomy.
<b>274C</b>	Incomplete treatment plan submitted. Opposing prosthesis is inadequate.	<b>293C</b>	Per radiographs, procedure requested is inadequate to correct problem. Please submit alternate treatment plan. Root canal should be retreated by conventional endodontics before apical surgery is considered.
<b>274D</b>	Incomplete treatment plan submitted. All orthodontic procedures for active treatment must be listed on the same TAR.	<b>293D</b>	Reevaluate for extraction of primary tooth. Radiolucency evident in periapical or furcation area.
<b>275</b>	This procedure has been modified/disallowed to reflect the maximum benefit under this program.	<b>294</b>	Authorization disallowed as patient did not appear for a scheduled clinical screening.
<b>276</b>	Procedures, appliances, or restorations (other than those for replacement of structure loss from caries) which alter, restore or maintain occlusion are not benefits.	<b>294A</b>	Authorization disallowed as patient failed to bring existing prosthesis to the clinical screening.
<b>279</b>	Procedure(s) beyond scope of program. If you wish, submit alternate treatment plan.	<b>295</b>	Payment cannot be made for services provided after the initial receipt date, because the patient failed the scheduled screening appointment.
<b>281</b>	Services solely for esthetic purposes are not benefits.	<b>296</b>	Patient exhibits lack of motivation to maintain oral hygiene necessary to justify requested services.
<b>283</b>	Payment amount determined from documentation submitted for this by-report procedure.	<b>298</b>	A fee for completion of forms is not a covered benefit.
<b>284</b>	Radiographs reveal that additional procedures are necessary before authorization of the requested service(s) can be considered.	<b>299</b>	Complete denture procedures have been rendered/authorized for the same arch.
<b>284A</b>	Radiographs reveal that additional procedures are necessary before authorization of the requested service(s) may be made. Restorative treatment incomplete.	<b>299A</b>	Extraction procedure has been rendered/authorized for the same tooth.
<b>284B</b>	Radiographs reveal that additional procedures are necessary before authorization of the requested service(s) may be made. Crown treatment incomplete.	<b>300</b>	Procedure recently authorized to your office.
<b>284C</b>	Radiographs reveal that additional procedures are necessary before authorization of the requested service(s) can be considered. Endodontic treatment is necessary.	<b>300A</b>	Procedure recently authorized to a different provider.
<b>284D</b>	Radiographs reveal that additional procedures are necessary before authorization of the requested service(s) can be considered. Additional extraction(s) are necessary.	<b>302</b>	Procedure is not a benefit as coded. Use only one tooth number, one date of service and one procedure number per line.
		<b>303</b>	Fixed Partial Dentures are only allowable under special circumstances as defined in the Manual of Dental Criteria.
		<b>303A</b>	Fixed Partial Dentures are not a benefit when the number of missing teeth in the posterior quadrant(s) do not significantly impact the patient's masticatory ability.
		<b>304</b>	Mixture of three-digit, four-digit and five-digit procedure codes is not allowed.
		<b>305</b>	Procedure not a benefit for tooth/arch/quad indicated.

- 307** Payment for procedure disallowed per post-operative radiograph evaluation and/or clinical screening.
- 307A** Per post-operative radiograph(s), payment for procedure disallowed: Poor quality of treatment.
- 307B** Per post-operative radiograph(s), payment for procedure disallowed: Procedure not completed as billed.
- 308** Procedure disallowed due to a beneficiary identification conflict.
- 309** Procedures being denied on this claim/TAR due to full denture or extraction procedure(s) previously paid/authorized for the same tooth/arch.
- 310** Procedure cannot be authorized as it was granted to the patient under the Fair Hearing process. Please contact the patient.
- 311** Procedure cannot be evaluated at the present time because it is currently pending a Fair Hearing decision.
- 318** Recipient eligibility not established for dates of services.
- 318A** Recipient eligibility not established for dates of services. Share of cost unmet.
- 319** Rendering or billing provider NPI/ID not on file.
- 319A** The submitted rendering provider NPI is not registered with Denti-Cal. Prior to requesting re-adjudication for a dated, denied procedure on a Claim Inquiry Form (CIF), the rendering provider NPI must be registered with Denti-Cal.
- 320** Rendering or billing provider not enrolled for date of service.
- 320A** Rendering or billing provider is not enrolled as a certified orthodontist.
- 320B** The billing provider has discontinued practicing at this office location for these Dates of Service.
- 321** Recipient benefits do not include dental services.
- 322** Out-of-state services require authorization or an emergency certification statement; payment cannot be made.
- 323** Authorization period for this procedure as indicated on the top portion of the Notice of Authorization form has expired.
- 324** Payment cannot be made as prior authorization made to another dentist. Authorization for services is not transferable.
- 325** Per documentation, service does not qualify as an emergency. For adult beneficiaries, payment may reflect the maximum allowable under the beneficiary services dental cap.
- 326** Procedures being denied on this document due to invalid response to the RTD or, if applicable, failure to provide radiographs/attachments for this EDI document.
- 326A** Procedures being denied on this claim/TAR due to invalid or missing provider signature on the RTD. Rubber stamp or other facsimile of signature cannot be accepted.
- 327** Payment cannot be made; our records indicate patient deceased.
- 328** Request for partial payment is not granted. Delete undated services and submit them on a new TAR form.
- 329** Extension of time is granted once after the original TAR authorization without justification of need for extension.
- 330** Recipient is enrolled in a managed care program (MCP, PHP, GMC, HMO, or DMC) which includes dental benefits.
- 330A** Beneficiary is not eligible for Medi-Cal dental benefits. Verify beneficiary's enrollment in Healthy Families which may include dental benefits.
- 331** Authorized services are not a benefit if patient becomes ineligible during authorized period and services are performed after the patient has reached age 18 without continuing eligibility.
- 332** Share of cost patient must pay for these services.
- 333** Payment cannot be made for procedures with dates of service after receipt date.
- 333A** Payment disallowed. Date of service is after receipt date of first NOA page(s).

## **PAYMENT POLICY**

- 312** Certified orthodontist not associated to this service office.
- 313** Payment and/or prior authorization disallowed. Your response to the RTD was invalid or incomplete.
- 313A** Payment and/or prior authorization disallowed. Your response to the RTD was invalid or incomplete. No other coverage EOB/RA, fee schedule or proof of denial submitted.
- 313B** Payment and/or prior authorization disallowed. Your response to the RTD was invalid or incomplete. No EOMB or proof of Medicare eligibility.
- 313C** Payment and/or prior authorization disallowed. Your response to the RTD was invalid or incomplete. Missing/invalid rendering provider ID.
- 313D** Study models submitted are non-diagnostic, untrimmed, or broken.
- 313E** Payment and/or prior authorization disallowed. Your response to the RTD was invalid or incomplete. PM 160 sent exceeded 36 months from date of issue.
- 314A** Per radiographs or documentation, please re-evaluate for: Complete upper denture.
- 314B** Per radiographs or documentation, please re-evaluate for: Complete lower denture.
- 314C** Per radiographs or documentation, please re-evaluate for: Resin base partial denture.
- 314D** Per radiographs or documentation, please re-evaluate for: Cast metal framework partial denture.
- 315** The correction(s) have been made based on the information submitted on the CIF. Payment cannot be made because the CIF was received over 6 months from the date of the EOB.
- 316** Payment disallowed. Request received over 12 months from end of month service was performed.
- 317** Request for re-evaluation is not granted. Resubmit undated services on a new Treatment Authorization Request (TAR).
- 317A** Orthodontic NOAs cannot be extended. Submit a new Treatment Authorization Request (TAR) to reauthorize the remaining orthodontic treatment.
- 317B** Request for reevaluation is not granted due to local and CDT codes on the same document. Resubmit undated service(s) on a new Treatment Authorization Request (TAR).

- 334 Out-of-country services require an emergency certification statement, and are a benefit only for approved inpatient services.
- 335 Billing provider name does not match our files; payment/ authorization cannot be made.
- 336 Beneficiary is not eligible for dental benefits.
- 337 The procedure is not a benefit for the age of the beneficiary.
- 337A The number of authorized visits has been adjusted to coincide with beneficiary's 19th/21st birthday.
- 338 This service will be processed under the former contract separately.
- 339 The POE label on the claim appears to be altered. Please contact the recipient's county welfare office to validate eligibility. Resubmit the claim with a valid label.
- 340 This procedure is a duplicate of a previously paid procedure. If you are requesting re-adjudication for a dated, allowed procedure, submit a Claim Inquiry Form (CIF). The denial of this procedure does not extend the time limit to request re-adjudication; you have up to six (6) months from the date of the EOB on the original claim.
- 341 This procedure is a duplicate of a previously denied procedure. If you are requesting re-adjudication for a dated, denied procedure, submit a Claim Inquiry Form (CIF). This denied, duplicate procedure does not extend the time limit to request re-adjudication; you have up to six (6) months from the date of the EOB on the original claim. (If you are requesting re-evaluation of an undated, denied procedure, submit the Notice of Authorization (NOA).)
- 342 Rendering provider required for procedure, none submitted.
- 343 Billing provider is required to submit a TAR for these services unless they were performed as a necessary part of an emergency situation.
- 344 Rendering provider is required to submit a TAR for these services unless they were performed as a necessary part of an emergency situation.
- 345 Payment cannot be made for procedures with invalid dates of service.
- 345A The PM 160 form sent was not current. Send claim inquiry form with current PM 160 form or document reason for delay in treatment.
- 346 Billing provider is not a group provider and cannot submit claims for other rendering providers.
- 347 Authorization previously denied, payment cannot be made.
- 348 The billed procedure cannot be paid because there is an apparent discrepancy between it and a service already performed on the same day by the same DDS.
- 348A The billed procedure cannot be paid because there is an apparent discrepancy between it and procedure D0220 already performed on the same day. If you are requesting re-adjudication for this procedure, submit a Claim Inquiry Form (CIF).
- 349 The billed procedure cannot be paid because there is an apparent discrepancy between it and a service previously processed, performed by the same dentist on the same day in the same arch.
- 350 Billed procedure is not payable. Our records indicate the date of service is prior to the date on which a related procedure was provided for this patient.
- 351 Billed procedure is not payable. Our records indicate the date of service is prior to the date on which a related procedure was provided by your office for this patient.
- 352 The billed service is disallowed because of an apparent discrepancy with a related procedure billed by your office for the same tooth on the same day.
- 352A The billed procedure is not payable because our records indicate a related procedure was provided on the same day.
- 353 The billed service on this tooth is disallowed because of an apparent discrepancy with a related procedure already provided.
- 354 The line item is a duplicate of a previous line item on the same claim.
- 355A Procedure does not require prior authorization and has not been reviewed. The zero dollar amount for this procedure does not represent an approval or denial and may be rendered at your discretion.
- 355B Procedure does not require prior authorization and has not been reviewed. The zero dollar amount for this procedure does not represent an approval or denial and may be rendered at your discretion.
- 355C Procedure does not require prior authorization, however, it was reviewed as part of the total treatment plan.
- 356 EOMB for different recipient, procedure(s) denied.
- 357 Procedure deleted/disallowed per provider request.
- 358 Payment for procedure disallowed per claims review.
- 359 Payment for procedure disallowed per clinical post-payment review.
- 360 Sign Notice of Authorization for payment of dated lines.
- 361 CSL has not been paid; NOA never returned for payment.
- 362 Procedure cannot be paid without explanation of benefits, fee schedule or letter of denial.
- 363 Procedure on EOMB is not a benefit of the program.
- 364 Unable to reconcile EOMB procedure code(s). Please reconcile with Medicare prior to billing.
- 365 The maximum allowance for this service/procedure has been paid by Medicare.
- 366 Dental benefits cannot be paid without proof of payment/denial from Medicare.
- 367 Medicare payment/denial notice does not have recipient name and/or date of service.
- 368 CMSP Aid Code recipient not eligible under Denti-Cal prior to 01/01/90. Forward request for payment to County Medical Services Program.
- 369 Emergency certification statement is insufficient /not submitted for recipient aid code.
- 369A Provider must sign the emergency certification statement.
- 370 Procedure not a benefit for recipient aid code.
- 370A Per box "D" marked in dental assessment column of PM 160, recipient is not eligible for any dental services.
- 371 Procedure(s) cannot be prior authorized for recipient aid code.
- 372 Recipient is eligible for Delta commercial coverage. Payment is disallowed.
- 373 Procedure not payable. CTP benefits terminate at age 19.

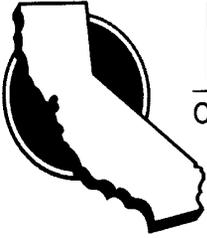
- 374** Recipient is not a resident of a CTP/CMSP contract county. Contact recipient county health department for billing procedures.
- 375** Re-evaluation denied. Insufficient documentation and/or radiographs not submitted. Please sign for payment of dated services and submit a new TAR.
- 376** Payment reflects a rate adjustment to the current Schedule of Maximum Allowances and may include an adjustment to the billed amount.
- 377** This procedure is not a benefit for an RDHAP.
- 377A** Procedure payable in place of service 04, 05, and 08 only.
- 378** CTP recipient. Payment cannot be made for procedures with dates of service after the 120 day authorization period.
- 379** Procedure(s) cannot be approved when the new issue date and new BIC ID are not valid or provided in the appropriate fields.
- 380** Fee adjustment, since Other Coverage exists for this claim.
- 381** Fee adjustment, since Third Party Liability exists for this claim.
- 382** Fee adjustment, since share of cost exists for this claim.
- 383** Fee adjustment, since services billed were not provided.
- 384** Fee adjustment, due to findings of professional peer review.
- 385** Aid code 80 recipients are eligible only for Medicare-approved procedures.
- 386** Payment/Authorization disallowed. CMSP dental services for dates of service after September 30, 2005, are the responsibility of Doral Dental Services of California (1-800-341-8478).
- 386A** Payment/authorization disallowed. CTP dental benefits are not payable for dates of service after March 31, 2009 or when received after May 31, 2009.
- 387** Payment disallowed. The request for CMSP dental services was not received before April 1, 2006. Contact Doral Dental Services of California (1-800-341-8478).
- 387A** Payment disallowed. The request for a re-evaluation of denied CTP dental service(s) was not received before December 31, 2009.
- 389** Pregnancy aid codes require a periodontal chart to perform surgical periodontal procedures. Subgingival curettage and root planing must be in history, or documentation must be submitted stating why a prior subgingival curettage and root planing was not performed.
- 390** The procedure requested is not on the SAR for this CCS/GHPP beneficiary. Contact CCS/GHPP to obtain a SAR prior to submitting for re-evaluation or payment.
- 391** Final diagnostic casts are not payable within 6 months of initial diagnostic casts for CCS patients.
- 392** Beneficiary is not eligible for CCS/GHPP benefits.
- 393** TAR cannot be processed as part of the university project. Resubmit new TAR using your G billing provider number.
- 400** EPSDT-supplemental services are not a benefit for patients 21 years and older.
- 401** The EPSDT supplemental service(s) requested is primarily cosmetic in nature.
- 402** An alternative service(s) is more cost effective than the requested EPSDT supplemental service(s) and is a benefit of the Medi-Cal dental program.
- 403** The EPSDT supplemental service(s) requested is not medically necessary.
- 404** Procedure is disallowed due to presumptive eligibility card not submitted.
- 405** Procedure disallowed due to date of service is not within eligibility date(s) on presumptive eligibility card.
- 500** Payment for this service reflects the maximum allowable amount as beneficiary services dental cap has been met.
- 501** Per documentation, service does not qualify as an emergency. Paid amount is applied towards the beneficiary services dental cap. Payment for this service reflects the maximum allowable amount as beneficiary services dental cap may have been met.
- 502** Per documentation, service qualifies as an emergency. Paid amount has not been applied towards the beneficiary services dental cap.
- 503A** Optional Adult Dental procedure is not a benefit.
- 503B** Optional Adult Dental procedure is not a benefit.
- 555A** Authorization of this line no longer valid. Patient is/was being treated elsewhere.
- 555B** Authorization of this line is no longer valid: Treatment was performed as an emergency.
- 555C** Authorization of this line is no longer valid: A new claim/TAR is being processed.
- 777** A special exception has been made for this procedure based on the documentation submitted.
- 888** Line allowed but unpaid due to date of service
- 900** Primary aid code has unmet Share of Cost, and secondary aid code does not cover this procedure code for Medicare Crossover.
- 901** Primary aid code has unmet Share of Cost, and secondary aid code requires an emergency certification statement that is insufficient/not submitted.
- 902** Primary aid code has unmet Share of Cost, and secondary aid code does not cover this procedure code.

### **CLINICAL SCREENING CODES**

- 607A** Per clinical screening, payment for procedure disallowed. Poor quality of treatment.
- 607B** Per clinical screening, payment for procedure disallowed. Procedure not completed as billed.
- 613** Per clinical screening, tooth does not meet the Manual of Criteria for a laboratory processed crown. Please re-evaluate for alternate treatment.
- 613A** Per clinical screening, it has been determined that this tooth has been recently restored with a restoration or prefabricated crown.
- 613B** Per clinical screening, tooth/eruption pattern is developmentally immature. Please reevaluate for alternate treatment.
- 614A** Per clinical screening, please re-evaluate for: Complete upper denture
- 614B** Per clinical screening, please re-evaluate for: Complete lower denture

- 614C** Per clinical screening, please re-evaluate for: Resin base partial denture.
- 614D** Per clinical screening, please re-evaluate for: Cast metal framework partial denture.
- 619** Per clinical screening, caries not clinically verified.
- 622** Per clinical screening, tooth does not meet the Manual of Criteria for a prefabricated crown.
- 624** Per clinical screening, radiographs and/or photographs, additional surface(s) require treatment.
- 628** Per clinical screening, cast and prefabricated posts are benefits in endodontically treated devitalized permanent teeth only when crowns have been authorized and/or paid.
- 629** Per clinical screening, existing prosthesis was lost/destroyed through carelessness or neglect.
- 643** Per clinical screening, resubmit a new authorization request following completion of surgical procedure(s) that may affect prognosis of treatment plan as submitted.
- 644** Per clinical screening, sufficient teeth are present for the balance of the opposing prosthesis.
- 646** Per clinical screening, cast framework partial denture is only a benefit when necessary to balance an opposing full denture.
- 647** Per clinical screening, bruxism is not associated with diagnosed TMJ dysfunction.
- 648** Per clinical screening, extraction of a tooth is not payable when pathology is not demonstrated in the radiograph, or when narrative documentation submitted does not coincide with the radiographic evidence.
- 649A** Per clinical screening, a resin base partial denture is a benefit only when there is a missing anterior tooth and/or there is compromised posterior balanced occlusion.
- 650** Per clinical screening, surgical extraction procedure has been modified to conform to radiographic appearance.
- 654** Per clinical screening, routine alveoloplasty procedures in conjunction with extractions are considered part of the extraction procedure.
- 662** Per clinical screening, existing prosthesis is adequate at this time.
- 662A** Per clinical screening, recently constructed prosthesis exhibits deficiencies inherent in all prostheses and cannot be significantly improved by a reline.
- 663** Per clinical screening, the surgical or traumatic loss of oral-facial anatomic structure is not significant enough to justify a new prosthesis.
- 664** Per clinical screening, existing prosthetic prosthesis can be made serviceable by laboratory reline.
- 666** Per clinical screening, the procedure has been modified to reflect the allowable benefit and may be provided at your discretion.
- 667** Per clinical screening, functional limitations or health condition of the patient precludes the requested procedure.
- 667A** Per clinical screening, patient has expressed a lack of motivation necessary to care for his/her prosthesis.
- 668** Per clinical screening, the need for procedure is not medically necessary.
- 668A** Per clinical screening, patient does not wish extractions or any other dental services at this time.
- 668B** Per clinical screening, patient has selected/wishes to select a different provider.
- 669A** Per clinical screening, procedure is disallowed due to the following: This procedure is included in the fee for another procedure and is not payable separately.
- 669B** Per clinical screening, procedure is disallowed due to the following: This procedure is not allowable in conjunction with another procedure.
- 669C** Per clinical screening, procedure is disallowed due to the following: This procedure is associated with another denied procedure.
- 670** Per clinical screening, a reline, tissue conditioning, repair or an adjustment is not a benefit in conjunction with extractions or without an existing prosthesis.
- 671A** Per clinical screening and/or radiographs, procedure requested is disallowed due to the following: Bone loss, mobility, periodontal pathology.
- 671B** Per clinical screening and/or radiographs, procedure requested is disallowed due to the following: Apical radiolucency.
- 671C** Per clinical screening and/or radiographs, procedure requested is disallowed due to the following: Arch lacks integrity.
- 671E** Per clinical screening and/or radiographs, procedure requested is disallowed due to the following: Tooth/Teeth are in state of poor repair or have poor longevity prognosis.
- 671F** Per clinical screening and/or radiographs, procedure requested is disallowed due to the following: Gross destruction of crown or root.
- 671G** Per clinical screening and/or radiographs, procedure requested is disallowed due to the following: Tooth has no potential for occlusal function and/or is hypererupted.
- 671H** Per clinical screening and/or radiographs, procedure requested is disallowed due to the following: The replacement of tooth structure lost by attrition or abrasion.
- 671I** Per clinical screening and/or radiographs, procedure requested is disallowed due to the following: Deep caries appears to encroach upon pulp. Periapical radiograph is required.
- 672** Per clinical screening, tooth not present.
- 672B** Per clinical screening and/or radiographs, tooth number may be incorrect.
- 673A** Per clinical screening, the patient is not currently using the prosthesis provided by the program within the past five years.
- 674** Per clinical screening, incomplete treatment plan submitted.
- 674A** Per clinical screening, opposing dentition lacks integrity. Consider full denture for opposing arch.
- 674C** Per clinical screening, incomplete treatment plan submitted. Opposing prosthesis is inadequate.
- 676** Per clinical screening, insufficient tooth space present for procedure(s) requested.
- 677** Per clinical screening, prosthesis made in recent years have been unsatisfactory for reasons that are remediable.
- 680** Per clinical screening, services solely for esthetic purposes are not benefits.

- 681** Per clinical screening, periodontal procedure cannot be justified on the basis of pocket depths, bone loss and/or degree of deposits.
- 684** Per clinical screening, additional procedures are necessary before authorization of the requested service(s) can be considered.
- 684A** Per clinical screening, additional procedures are necessary before authorization of the requested service(s) can be considered. Restorative treatment incomplete.
- 684B** Per clinical screening, additional procedures are necessary before authorization of the requested service(s) can be considered. Crown treatment incomplete.
- 684C** Per clinical screening, additional procedures are necessary before authorization of the requested service(s) can be considered. Endodontic treatment incomplete.
- 684D** Per clinical screening, additional procedures are necessary before authorization of the requested service(s) can be considered. Additional extraction(s) are necessary.
- 684E** Per clinical screening, additional procedures are necessary before authorization of the requested service(s) can be considered. Two or more of the above pertain to your case.
- 685** Per clinical screening, procedure does not show evidence of a reasonable period of longevity.
- 685A** Per clinical screening, procedure does not show evidence of a reasonable period of longevity. Submit alternate treatment plan, if you wish.
- 687** Per clinical screening, allowance made for alternate procedure.
- 692** Per clinical screening, documentation or radiographs, procedure already completed.
- 693** Per clinical screening, procedure requested is inadequate to correct problem.
- 693A** Per clinical screening, procedure requested is inadequate to correct problem. Tooth has open, underformed apices. Authorization for root canal will be considered after radiographic evidence of apex closure following apexification.
- 693B** Per clinical screening, procedure requested is inadequate to correct problem. Re-evaluate for apicoectomy.
- 693C** Per clinical screening, procedure requested is inadequate to correct problem. Root canal should be retreated by conventional endodontics before apical surgery is considered.
- 694** Authorization disallowed as the patient did not appear for a scheduled clinical screening.
- 694A** Authorization disallowed as the patient failed to bring most recent prosthesis to the clinical screening.
- 695** Authorization disallowed as the patient is no longer at the facility.
- 696** Per clinical screening, patient exhibits lack of motivation to maintain oral hygiene necessary to justify the requested services.
- 697** Need for root canal procedure not evident per clinical screening radiographic evidence or documentation submitted.



# Denti-Cal

California Medi-Cal Dental Program

## CONTINUING EDUCATION CERTIFICATE OF COMPLETION

Provider Name: Delta Dental of California

Date: \_\_\_\_\_

Course Title: Clarification of Denti-Cal Concepts -  
A Utilization Primer - Advanced Seminar

Registration #: 04-2210-\_\_\_\_\_

Units Earned: 4

Licentiate's Name: \_\_\_\_\_ License #: \_\_\_\_\_

Provider Signature: [Handwritten Signature]

Licentiate's Signature: \_\_\_\_\_

### Excerpts from State Board Regulations Pertaining to Continuing Education Courses:

#### Section 1017, para E - to wit:

A licentiate who applies for license renewal, shall, on a form provided by the board, provide a summary of continuing education units earned during the license renewal period. The licentiate shall retain for a period of four years the certifications issued to him/her at the time he/she attended the course and shall forward such certifications to the board only upon written request by the board.

#### Section 1016, para G - to wit:

“It shall be the responsibility of the provider to furnish a written certification to the licentiate certifying that the licentiate has met the attendance requirements of the course. Such certification shall not be issued until completion of the course and shall contain the provider's name, course registration number, dates attended and units earned filled in by the provider. Additionally, space shall be provided for the licentiate's printed name, signature and license number.”

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P.O. Box 15609 \* Sacramento, CA 95852-0609 \* (800) 423-0507 \* (916) 853-7373



# ADVANCED SEMINAR

## Evaluation Form

*We value your opinion regarding the content and presentation of this training seminar. Please take a moment to answer the questions below and make suggestions on subjects for future seminars.*

1. Do you have Internet access to utilize the Denti-Cal website?     Yes     No
2. How valuable was the information on the location and content of the Denti-Cal website?  
 Very Valuable     Above Average     Average     Below Average
3. How valuable was the information presented on the Diagnostic procedures?  
 Very Valuable     Above Average     Average     Below Average
4. How valuable was the information presented on the Restorative procedures?  
 Very Valuable     Above Average     Average     Below Average
5. How valuable was the information presented on the Endodontic procedures?  
 Very Valuable     Above Average     Average     Below Average
6. How valuable was the information presented on the Periodontal procedures?  
 Very Valuable     Above Average     Average     Below Average
7. How valuable was the information presented on the Prosthodontic procedures?  
 Very Valuable     Above Average     Average     Below Average
8. How valuable was the information presented on the Oral Surgery procedures?  
 Very Valuable     Above Average     Average     Below Average
9. How effective was the trainer in presenting this seminar?  
 Very Effective     Above Average     Average     Below Average
10. What was your overall evaluation of the seminar in acquainting you with the Denti-Cal program?  
 Very Valuable     Above Average     Average     Below Average

Please provide your contact information:

Practice Name:

NPI #:

Phone #:

Email Address:

Yes, I would like a representative to contact me for assistance with questions I still have.

Best time to call:

Contact Person:

What helpful information will you take back to your office? \_\_\_\_\_

General comments or suggestions: \_\_\_\_\_