

# Denti-Cal Bulletin



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## **CHANGES IN THE SUBMISSION REQUIREMENTS FOR MEDI-CAL DENTAL CLAIMS FOR RESTORATIVE PROCEDURES AS SET FORTH IN SENATE BILL 26 (SBX1 26) AMENDING THE WELFARE AND INSTITUTIONS CODE 14132.88**

Effective for dates of service September 1, 2003 and after, the Department of Health Services will require that all Medi-Cal Dental claims for restorative procedures (600, 601, 602, 603, 611, 612, 613, 614, 645, 646, 670 and 671) must include the submission of radiographs and/or photographs that clearly demonstrate that destruction to the tooth (decay, fracture, missing restorations, et cetera) extends through the dentinoenamel junction (DEJ). There must be **visual evidence** of damage impinging upon the DEJ depicted on the radiograph or photograph in order for payment to be made for the restoration. These requirements are in addition to existing criteria for these procedures.

In the event that the submitted radiographs do not adequately demonstrate this degree of destruction, providers are required to submit an intraoral photograph visually showing the condition. **Other forms of documentation, such as written comments, patient records, or explanatory notes will not be acceptable. The statement "Carries through DEJ" will no longer be considered adequate documentation for payment of a restoration.** Entire restorations or individual surfaces of restorations will be denied when the submitted radiographs and/or intraoral photographs do not adequately demonstrate that the destruction impinges upon the DEJ. The need to replace existing restorations due to recurrent decay, fracture, or loss, must also be supported by radiographs and/or photographs. **If no radiograph or photograph is attached, the restorative procedures will be denied automatically.**

If bitewing radiographs are submitted and the destruction appears to encroach upon the pulp, a periapical radiograph demonstrating the apex/apices of the tooth must be submitted.

These new submission requirements will apply for both children and adult beneficiaries of the Medi-Cal Dental Program. County Medical Services Program (CMSP) and Children's Treatment Program (CTP) claims are excluded from this policy change at this time. Services provided to children by Board Certified Pediatric Dentists are also excluded from this requirement.

Submitted radiographs and photographs must conform to the existing requirements and must be:

- ✓ dated and labeled legibly with the patient's name and Social Security number or Benefits Identification Card number, as well as the Provider's name and Medi-Cal provider number;
- ✓ current (taken within the last 14 months);
- ✓ diagnostic quality;
- ✓ labeled "right" and "left"; and
- ✓ submitted in appropriate Denti-Cal mailing envelopes.

In addition:

- ✓ radiographs in multiples of four or more must be mounted; and
- ✓ photographs must have the tooth numbers clearly identified.

If radiographs and/or photographs are NOT to be returned, indicate “do not return” on the envelope.

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