

# Denti-Cal Bulletin



VOLUME 22, NUMBER 26 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 SEPTEMBER 2006

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

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

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

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

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

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

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

### Exempt Procedure Codes

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

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

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

## Emergency Services

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

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

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

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

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

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