

# Denti-Cal California Medi-Cal Dental Bulletin

November 2014  
Volume 30, Number 17

## This Issue:

**p1** Comprehensive Services for  
Pregnant Beneficiaries

### Training Seminars

Reserve an [available spot](#) for one of  
our open training seminars.

Long Beach  
Workshop/D513 - Nov. 4, 2014

Garden Grove  
Basic & EDI/D514 - Nov. 5, 2014  
Advanced/D515 - Nov. 6, 2014

Webinar  
Basic & EDI/D516 - Nov. 14, 2014

San Diego  
Basic & EDI/D517 - Nov. 19, 2014  
Advanced/D518 - Nov. 20, 2014

### Provider Enrollment Assistance Line

Speak with an Enrollment  
Specialist. [Go here for more  
information!](#)

Wednesday, Nov. 19, 8 am - 4 pm.

## Comprehensive Services for Pregnant Beneficiaries

Effective October 1, 2014, pregnant beneficiaries, regardless of age, aid code, and/or scope of benefits will be eligible to receive **all** dental procedures listed in the Denti-Cal Manual of Criteria (MOC) that are covered by the Medi-Cal Program so long as all MOC procedure requirements and criteria are met. Beneficiaries will also be eligible to receive these services for 60 days postpartum, including any remaining days in the month in which the 60th day falls.

### Submitting a Treatment Authorization Request or Claim for Pregnant or Postpartum Beneficiaries

Providers must indicate “PREGNANT” or “POSTPARTUM” in the COMMENTS field (or Field 34) on the Treatment Authorization Request (TAR) when seeking prior authorization or on the claim form when billing for services rendered to a pregnant/postpartum beneficiary. Additionally, all necessary documentation and/or radiographs must be submitted with the TAR and/or claim form.

To comply with the MOC, TAR submissions will now be permitted for pregnant/postpartum beneficiaries in limited scope aid codes for procedures that require prior authorization. Once approved, the services can be completed within the authorization period. Please note that the authorization is still valid even if the beneficiary is no longer pregnant during the authorization period and/or if the authorization period extends beyond the 60 day postpartum period, providing the beneficiary is still eligible for Medi-Cal benefits. Prior authorization will continue to be waived for the following periodontal procedures rendered to pregnant/postpartum beneficiaries, regardless of age, aid code, and/or scope of benefits, when “PREGNANT” or “POSTPARTUM” is documented in the COMMENTS field (or Field 34) of the TAR or claim form: D4210, D4211, D4260, D4261, D4341, and D4342.

### Denied TARs and Claims for Pregnant or Postpartum Beneficiaries

If a TAR is denied with adjudication reason code 503A or 503B (“Optional Adult Dental procedure is not a benefit”), providers may request a re-evaluation of the denied TAR by documenting “PREGNANT” or “POSTPARTUM” in the COMMENTS field (or Field 34). All necessary documentation and/or radiographs must be submitted with the request.

If a claim is denied with adjudication reason code 503A or 503B, providers may submit a Claim Inquiry Form (CIF) documenting “PREGNANT” or “POSTPARTUM” in the COMMENTS field to have the claim reprocessed. All necessary documentation and/or radiographs will be required as well.

### **Emergency Certification Statements**

An Emergency Certification Statement on the claim form for pregnant or postpartum beneficiaries in a limited scope and/or pregnancy aid code is no longer necessary unless it is delineated as a prior authorization requirement in the MOC. Please note there are no changes to the scope of benefits or to the submission requirements for beneficiaries who are **not pregnant or postpartum** with a limited scope or pregnancy aid code. As such, an Emergency Certification Statement will still be required for payment of all other emergency procedures.

For more information, please refer to the Provider Handbook or call the Denti-Cal Provider Customer Service Line at 1-800-423-0507.



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