

# Denti-Cal Bulletin



VOLUME 19, NUMBER 14 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 MAY 2003

## REMINDER: CLARIFICATION OF ADJUDICATION REASON CODE 274B

Adjudication Reason Code 274B reads as follows:

- 274** Comprehensive (full-mouth) treatment plan is required for consideration of services requested.
  - B** Authorized treatment plan has been altered; therefore, payment is disallowed.

Please remember that *Procedures 700, 701 (full dentures), 702, 703, 706 and 708 (partial dentures) are authorized only as full treatment plans*. Approved Treatment Authorization Requests (TARs) are payable only when the full treatment has been completed. For example, when full upper and lower dentures have been authorized, payment is made when both procedures are completed and the Notice of Authorization (NOA) is submitted. *If, after receiving the authorization, the treatment plan changes and only one of the authorized appliances is delivered, Denti-Cal will disallow the request for payment of the delivered prosthetic appliance*. Again, any revision of an authorized treatment plan requires deletion of the existing Notice of Authorization (NOA) and submission of a new TAR with the revised treatment plan. *No treatment should be performed until the new TAR has been approved and the NOA has been received in your office*.

## REMINDER: CLARIFICATION OF PAYMENT POLICY FOR REMOVABLE PROSTHETICS

California Code of Regulations, Title 22, Section 51008(b)(1)(B) states that the “month of service” for a dental prosthetic appliance procedure is the month in which the prosthesis was ordered from the fabricating laboratory. Providers must use the order date as the date of service when submitting for payment of an authorized removable prosthesis (procedures 700-706, 708, 709, 712 and 716). Should the beneficiary be required to pay a share-of-cost, the share-of-cost transaction must match the date the appliance was sent to the laboratory for final fabrication.

Providers who have had claims denied when using the date of insertion of the prosthesis may submit a Claim Inquiry Form (CIF) for reconsideration of payment. The CIF must include supporting documentation indicating the date the prosthesis was ordered.

## REMINDER: DENTAL CRITERIA FOR BALANCE OF A COMPLETE DENTURE

The following defines balance and the criteria established for removable partial dentures under the Denti-Cal program:

Balance: A removable partial denture is covered only when necessary for the balance of a complete opposing denture. Balance is considered to be the presence of sufficient

occluding posterior teeth to afford satisfactory biomechanical support of a prosthetic appliance in all excursions of the mandible. A removable partial denture shall be considered necessary for the balance of a complete denture when, in the arch opposite the edentulous area, at least (excluding the third molars unless the third molar is occupying the position of the second molar and is in functional occlusion):

1. Four (4) adjacent natural posterior teeth are missing on the same side.
2. Three (3) adjacent natural posterior teeth are missing on the same side if the first bicuspid remains on the same side.
3. All four (4) natural permanent molars are missing.
4. Five (5) posterior permanent teeth are missing.

For additional information on dental criteria for balance of a complete denture, please refer to Section 6 – Glossary, of the *Denti-Cal Provider Manual*.

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