

# Denti-Cal Bulletin



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## **NEW AID CODE 0V FOR EMERGENCY, LONG TERM CARE (LTC), AND PREGNANCY RELATED SERVICES**

The Breast and Cervical Cancer Treatment Program (BCCTP) aid code 0U provides services for females with unsatisfactory immigrant status, who are under 65 years of age, and who have been diagnosed with breast and/or cervical cancer and found in need of treatment. This aid code has a maximum enrollment period of 18 months for breast cancer and 24 months for cervical cancer. Once these individuals reach the end of the allotted time period, they are no longer eligible to receive cancer-related services under the 0U aid code, even if cancer treatment is still necessary.

Although no longer eligible for BCCTP services aid code 0U, they will be eligible for limited scope services under the new aid code 0V. Aid Code 0V is valid for individuals who need emergency, LTC, or pregnancy services. These individuals must be under 65 years of age and do not have any other creditable health insurance.

Effective July 1, 2003, the Department of Health Services is implementing Aid Code 0V.

- 0V** Provides Emergency, Long Term Care, and Pregnancy-related services, with no share of cost, to individuals no longer eligible for the Breast and Cervical Cancer Treatment Program.

## **NEW AID CODES 4P AND 4R - CALWORKS FAMILY REUNIFICATION**

California Work Opportunity and Responsibility to Kids (CalWORKs) services include welfare-to-work activities, including mental health and substance abuse treatment or any other activities allowable under CalWORKs, including supportive services.

Any biological or adoptive parent whose eligible child(ren) has/have been removed from the home and placed in out-of-home care is eligible to continue to receive a CalWORKs grant and services for up to a full calendar month of what is anticipated to be a temporary absence.

***New aid codes 4P and 4R are not eligible for dental services.***

- 4P** CalWORKs FAMILY REUNIFICATION-ALL FAMILIES, provides for the continuance of CalWORKs services to all families except two parent families, under certain circumstances, when a child has been removed from the home and is receiving out-of-home care.
- 4R** CalWORKs FAMILY REUNIFICATION-TWO PARENT, provides for the continuation of CalWORKs services to two-parent families, under certain circumstances, when a child has been removed from the home and is receiving out-of-home care.

## **NEW ADJUDICATION REASON CODE 261B**

As of August 1, 2003, any Claim Service Line (CSL) submitted with an invalid procedure code (not contained in the Schedule of Maximum Allowances (SMA)) or a blank procedure code field is being denied, whether submitted electronically or as paper documents. The following adjudication reason code will assist in the processing of these documents:

**261A** Procedure code is missing or is not a valid Denti-Cal code.

Additionally, Current Dental Terminology (CDT) codes are not accepted by Denti-Cal and are considered invalid until such time as Department of Health Services adopts this coding standard. Denti-Cal has created a new adjudication reason code to assist in processing these documents.

**261B** CDT codes are not being accepted at this time.

If you have additional questions, please call Denti-Cal toll-free at (800) 423-0507 or by email at [DentiCal\\_HIPAA@delta.org](mailto:DentiCal_HIPAA@delta.org).

## **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 *full* 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*.

For additional information please phone Denti-Cal toll-free at (800) 423-0507.