

Denti-Cal Bulletin



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EFFECTIVE JULY 1, 2004, CALIFORNIA CHILDREN'S SERVICES (CCS) AND GENETICALLY HANDICAPPING PERSON'S PROGRAM (GHPP) CLAIMS PROCESSING REQUIREMENTS CHANGED

Providers requesting to treat CCS beneficiaries must be "actively" enrolled in the Medi-Cal Dental Program (Denti-Cal) and comply with Denti-Cal's policies, procedures, and requirements. Providers are to request a CCS Service Authorization Request (SAR) from the CCS county program or CCS State Regional Offices for CCS-only and CCS/Healthy Families (CCS/HF) dental services and then submit claims/Treatment Authorization Requests (TARs) to Denti-Cal. CCS/Medi-Cal and GHPP/Medi-Cal claims/TARS are to be sent directly to Denti-Cal and do not require a CCS SAR. **Note: CCS SARs are not transferable between dental providers.**

Providers are to submit a separate claim for a beneficiary with CCS/Medi-Cal or GHPP/Medi-Cal eligibility **and** a separate claim for a beneficiary with CCS-only and CCS/HF eligibility. Submitting separate claims will expedite Medi-Cal reimbursement in the event a county has insufficient funds. If a provider submits one claim with CCS/Medi-Cal benefits or GHPP/Medi-Cal benefits with a CCS-only or CCS/HF for payment, and the CCS county program/State GHPP program does not have sufficient funds, the provider's entire claim will be withheld until sufficient funds are available.

About CCS

The CCS program provides health care to children and adolescents from birth to age 21 who have a CCS-eligible medical condition.

The CCS program provides diagnostic and treatment services, medical case management, dental services, and physical and occupational therapy services. The CCS program only authorizes dental services, if such services are necessary to treat the beneficiary's CCS-eligible condition. Examples of medical conditions of children who are CCS-eligible include cystic fibrosis, hemophilia, heart disease, cancer, traumatic injuries, handicapping malocclusion, cleft lip/palate, and craniofacial anomalies.

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CCS serves approximately 175,000 children who have the following types of program eligibility:

- **CCS/Medi-Cal:** These beneficiaries are eligible for full scope benefits with no share of cost under Medi-Cal.
- **CCS-only:** These beneficiaries are children from low-income families or families whose estimated out-of-pocket expenses exceed 20% of a family's income who receive health care funded by the State and the counties, and are limited to the treatment of their CCS-eligible conditions.
- **CCS/HF:** These beneficiaries have CCS medically eligible conditions and are enrolled in HF, California's State Children's Health Insurance Program (SCHIP). Treating these beneficiaries' CCS conditions are carved out of the coverage of the HF health plans and are provided on a fee-for-service basis by the CCS program.

Any individual, including a family member, school staff, public health nurse, doctor, or dentist may refer a child to the CCS program for an evaluation. The referral to the CCS county program or CCS State Regional Office may be made by fax, phone call, correspondence, or the CCS Dental and Orthodontic Client Service Authorization Request (SAR) form (DHS 4516). CCS will not cover any services provided prior to the date the referral was received by the CCS program.

About GHPP

The GHPP is a State-funded program coordinating care and payment for selected dental services of persons over the age of 21 years with eligible genetic conditions. Eligible conditions include, but are not limited to, hereditary bleeding disorders, cystic fibrosis, and hereditary metabolic disorders.

The GHPP program serves adults and certain children who have the following types of program eligibility:

- **GHPP/Medi-Cal:** These beneficiaries are eligible for full scope benefits with no share of cost under Medi-Cal.
- **GHPP-only:** These beneficiaries receive comprehensive State-funded health care.

There will be no changes at this time for GHPP-only beneficiaries. Claims for GHPP-authorized services for GHPP-only beneficiaries will continue to be submitted on a HCFA 1500 claim form (with the backup documentation on a dental insurance claim form). Providers are to continue submitting claims to the State GHPP program for review and approval. The State GHPP program will forward these claims to the Electronic Data System (EDS) for processing. Providers will be notified when future system enhancements will change the GHPP claims processing guidelines.

CCS-only, and CCS/HF Beneficiaries Residing in Los Angeles, Orange, and Sacramento Counties

Until further notice, providers treating CCS-only and CCS/HF beneficiaries residing in Los Angeles, Orange, and Sacramento counties are to continue utilizing and submitting the HCFA 1500 claim forms for payments to the appropriate CCS county program in accordance with the authorization and claims processing guidelines that existed prior to July 1, 2004.

CCS-only and CCS/HF Authorizations and Claims Processing

To begin the CCS process for dental services, the provider must submit a CCS Dental and Orthodontic Client SAR (DHS 4516) to the CCS county program. The provider may fax or mail this form to the CCS county program. The CCS county program will review the requested dental services and determine if the patient qualifies for the services based on their CCS-eligible medical condition.

Providers are required to obtain a SAR approval from the CCS county program or CCS State Regional Office of the beneficiary's county of residence prior to performing dental services. ***An approved SAR only authorizes the dental scope of benefits.***

The CCS county program will issue a CCS SAR to the provider which will indicate the authorized Service Code Grouping(s) or individual procedure code with a "begin date" and "end date" for up to one year. SARs for orthodontic treatment will be issued for up to two years. If the treatment is completed before the "begin date" or after the "end date" indicated on the SAR, payment will be disallowed.

After receiving the CCS SAR, ***refer to the Denti-Cal Provider Manual to determine if a TAR is required prior to performing any dental services.*** The approved SAR does not guarantee payment for services rendered for a CCS-only or CCS/HF beneficiary. Payment is always subject to the dental criteria and submission requirements of the Denti-Cal program. Providers are to adhere to all Denti-Cal policies and claim/TAR submission requirements.

Providers do not have to attach the SAR to the Denti-Cal claim/TAR. CCS electronically notifies Denti-Cal of providers who have received authorized SARs. If the procedure requested on the claim/TAR is not on the SAR, payment/authorization will be disallowed with Adjudication Reason Code 390.

CCS/Medi-Cal and GHPP/Medi-Cal Authorizations and Claims Processing

CCS/Medi-Cal and GHPP/Medi-Cal claims do not require prior CCS authorization and should no longer be sent directly to the CCS county programs or the State GHPP office. CCS/Medi-Cal beneficiaries requiring dental benefits beyond the scope of the Denti-Cal program may submit a TAR requesting Early and Periodic Screening, Diagnosis, and Treatment-Supplemental Services (EPSDT-SS). The provider must indicate "EPSDT-SS" in the comment box or on an attachment for special consideration. Documentation must include and verify the medical necessity and appropriateness of the requested services.

Beneficiaries with Medi-Cal eligibility may have full or limited benefits under the Denti-Cal program depending on the aid code. It is the provider's responsibility to verify the aid code and the scope of benefits the beneficiary is eligible for *prior* to performing any dental services.

Orthodontic Services For CCS-only Beneficiaries

The CCS program has adopted the Medi-Cal dental orthodontic criteria for children with handicapping malocclusion and cleft lip/palate. For children with craniofacial anomalies, orthodontic requests should be indicated on the HLD Index form under "Severe Traumatic deviation" even if the condition is not the result of trauma. Children with craniofacial anomalies may be eligible for up to 3 phases of orthodontic treatment using the facial growth management codes. Orthodontic diagnostic and treatment criteria are contained within the Manual of Criteria

for Medi-Cal Authorization (Dental Services). The Manual of Criteria is printed within Section 4 of the Denti-Cal Provider Manual.

Providing Orthodontic Services To Medi-Cal Dental Beneficiaries

In order to provide orthodontic services to Medi-Cal dental beneficiaries, a provider must be enrolled as a Certified Orthodontist and must be in an active Medi-Cal dental enrollment status. If the provider is uncertain of his/her current Denti-Cal status, a provider may request an Orthodontic Provider Enrollment Form, by calling the Denti-Cal Provider Services at (800) 423-0507.

As defined in Title 22, California Code of Regulations, Section 51223(c), a qualified orthodontist is a dentist who confines his/her practice to the specialty of orthodontics and has:

- Successfully completed a course of advanced study in orthodontics of two years or more in a program recognized by the Council of Dental Education of the American Dental Association, or
- Completed advanced training in orthodontics prior to July 1, 1969 and is a member of or eligible for membership in the American Association of Orthodontics.

New CCS-only and CCS/HF Procedure Codes

Not all CCS beneficiaries receive authorizations for dental benefits from CCS. When medically necessary to treat a beneficiary’s CCS eligible condition, the CCS program will authorize the same scope of benefits as the Denti-Cal program, with a few exceptions, and will use the same reimbursement rates listed on the Denti-Cal Schedule of Maximum Allowances (SMA). The following eight new benefits have been included in the scope of benefits for CCS-only and CCS/HF beneficiaries (refer to page 6 for Service Code Group information):

NEW Procedure Codes	Description	Rate
Procedure 041	Sealant for First Deciduous Molars (B, I, L, and S)	\$22.00
Procedure 042	Sealant for Second Deciduous Molars (A, J, K, and T)	\$22.00
Procedure 043	Sealant for Permanent First Bicuspids (4, 12, 20, and 28)	\$22.00
Procedure 044	Sealant for Permanent Second Bicuspids (5, 13, 21, and 29)	\$22.00
Procedure 591	Banding and Materials (Primary Dentition for Facial Growth Management)	\$300.00
Procedure 593	Per Treatment Visit (Primary Dentition for Facial Growth Management)	\$50.00
Procedure 595	Banding and Materials (Mixed Dentition for Facial Growth Management)	\$500.00
Procedure 597	Per Treatment Visit (Mixed Dentition for Facial Growth Management)	\$50.00

These procedure codes are not within the scope of benefits for the Denti-Cal program and are disallowed for CCS/Medi-Cal beneficiaries with Adjudication Reason Code 392.

Denti-Cal Adjudication Reason, Policy, and Resubmission Turnaround Document Codes

New Adjudication Reason Codes - Denti-Cal has three new Adjudication Reason Codes for processing CCS claims and TARs:

- 390** The procedure requested is not on the SAR for this CCS/GHPP beneficiary. Contact CCS/GHPP to obtain a SAR prior to submitting for reevaluation or payment.
- 392** Beneficiary is not eligible for CCS-only/GHPP-only procedure codes.
- 394** A credentialed specialist must submit documentation of cleft palate or the craniofacial anomaly.

Modified Adjudication Reason Code - Denti-Cal has modified the following Adjudication Reason Code to assist in processing CCS claims and TARs:

- 204** Procedures 552, 562, 570, 580, 591, 595, and 596 for banding and materials are payable only on a one-time basis unless an unusual situation is documented and justified.

Changes in the Beneficiary's Program Eligibility

CCS-only, CCS/HF, GHPP-only, CCS/Medi-Cal, and GHPP/Medi-Cal beneficiaries are issued California Benefits Identification Cards (BIC). The BIC enables providers to determine eligibility through the Automated Eligibility Verification System (AEVS), Point of Service (POS) Device, and/or the Medi-Cal website: www.medi-cal.ca.gov. A beneficiary's program eligibility may change at any time and it is the provider's responsibility to verify eligibility prior to treating the beneficiary.

When the beneficiary changes to the CCS-only or CCS/HF program, providers must obtain a SAR from the CCS county program. A SAR is not required for CCS/Medi-Cal beneficiaries. Providers are to refer to the Denti-Cal Provider Manual prior to treating CCS-only, CCS/HF, CCS/Medi-Cal and GHPP/ Medical beneficiaries. *Note: CCS-only and CCS/HF beneficiaries residing in Los Angeles, Orange, and Sacramento counties will not be issued a BIC.*

Emergency Treatment

CCS-only and CCS/HF Beneficiaries: If there is an emergency condition, the provider may treat the beneficiary for the emergency, yet is required to submit the appropriate form (DHS 4488 or DHS 4509) to the CCS county program or CCS State Regional Office by the next business day, requesting a SAR.

CCS/Medi-Cal and GHPP/Medi-Cal Beneficiaries: Providers should refer to the Denti-Cal Provider Manual for procedures for approval and payment for emergency dental services and for obtaining appropriate authorization for services dictated by emergency situations, which preclude timely advance requests for Denti-Cal TARs.

CCS/Medi-Cal and GHPP/Medi-Cal Denied Services and Reevaluations

Providers submitting CCS/Medi-Cal and GHPP/Medi-Cal claims/TARs must follow Denti-Cal's guidelines. When requesting a reevaluation of a denied claim, submit a Claim Inquiry Form (CIF). If the request is for a reevaluation of an undated, denied procedure, submit the Notice of Authorization (NOA), checking the reevaluation box in the upper right corner. Always include required documentation and/or x-rays. The Medi-Cal appeal process, First Level Appeals, is available to providers when services have been denied and beneficiaries have the right to a Fair Hearing.

Other Coverage

A CCS beneficiary may have other dental coverage (i.e., managed care or indemnity dental insurance coverage). Beneficiaries must apply their other coverage benefits prior to utilizing CCS benefits. Other coverage will be considered as the primary carrier, and CCS will be considered as the secondary carrier and payer of last resort.

CCS-only, CCS/HF, CCS/Medi-Cal, and GHPP/Medi-Cal beneficiaries with other dental coverage requires a copy of the other dental coverage Explanation of Benefits (EOB), Remittance Advice (RA), fee schedule, or letter of denial attached to the Denti-Cal claim form prior to submission for payment. If the other dental coverage documentation is not attached, a Resubmission Turnaround Document (RTD) will be sent to the provider requesting the documentation.

Providers with an Existing CCS Authorization Issued Prior to July 1, 2004

All existing CCS authorizations issued prior to July 1, 2004 will be accepted through the expiration date of the current authorization or the beneficiary's eligibility period, with the exception of orthodontics. Orthodontic authorizations will be valid only for the same treating provider for the duration of the current phase of orthodontics. Providers are to continue submitting claims on the HCFA 1500 claim form with a dental claim form attached for payments for CCS-only and CCS/HF beneficiaries. For CCS/Medi-Cal children, the Denti-Cal claim DHS 4509 form is to be submitted to the CCS county program or CCS State Regional Office where it will be CCS stamped, dated, signed, and forwarded to Denti-Cal for payment.

When the CCS authorization for non-orthodontic services expires and additional treatment is required, the beneficiary changes treating providers, there is a change in a treatment plan, and/or a new service is requested by a specialty provider, a new request must be submitted on a CCS Dental and Orthodontic Client SAR (DHS 4516). Note: All new treatment requests will adhere to the July 1, 2004 new submission requirements.

CCS-only and CCS/HF Service Code Groupings (SCG)

An approved SAR will list the Service Code Grouping(s) and/or the individual procedure code(s) based on the provider's requested treatment plan and the beneficiary's medical condition. These 18 SCGs are grouped by treatment plans and procedure codes to assist the CCS county program or CCS State Regional Office in authorizing services based on the beneficiary's CCS-eligible medical condition. A CCS SAR with a SCG or individual procedure code is only an authorization for the scope of benefits. All Denti-Cal policies, procedures, and requirements will apply to services authorized by a CCS SAR. Providers must refer to the Denti-Cal Provider Manual prior to treating a CCS-only and CCS/HF beneficiary.

SCG 01 – Preventive Dental Services

010, 015, 041, 042, 043, 044, 045, 046, 049, 050, 061, 062, 110, 111, 112, 116, 117, 125

SCG 02 – Orthodontic Services for Medically Handicapping Malocclusion

112, 119, 120, 125, 551, 552, 554, 557, 558, 556, 599, 956, 957

SCG 03 – Primary Dentition for Cleft Palate and/or Cleft Lip Orthodontic Services

112, 119, 120, 125, 551, 556, 558, 560, 562, 564, 599, 956, 957

SCG 04 – Mixed Dentition for Cleft Palate and/or Cleft Lip Orthodontic Services

112, 119, 120, 125, 551, 556, 558, 560, 570, 572, 599, 956, 957

SCG 05 – Permanent Dentition for Cleft Palate and/or Cleft Lip Orthodontic Services

112, 119, 120, 125, 551, 556, 558, 560, 580, 582, 599, 956, 957

SCG 06 – Primary Dentition for Facial Growth Management Orthodontic Services

112, 119, 120, 125, 551, 556, 558, 590, 591, 592, 593, 594, 599, 956, 957

SCG 07 – Mixed Dentition for Facial Growth Management Orthodontic Services

112, 119, 120, 125, 551, 556, 558, 590, 592, 594, 595, 597, 599, 956, 957

SCG 08 – Permanent Dentition for Facial Growth Management Orthodontic Services

112, 119, 120, 125, 551, 556, 558, 590, 592, 594, 596, 598, 599, 956, 957

SCG 09 – Oral Surgery Services

200, 201, 202, 203, 204, 230, 231, 232, 300, 301, 400, 706, 716, 800, 811, 812

SCG 10 – Periodontic Services

301, 400, 451, 452, 472, 473, 474.

SCG 11 – Endodontic Services

301, 400, 511, 512, 513, 530, 531, 534

SCG 12 – Restorative Services

301, 400, 501, 502, 503, 600, 601, 602, 603, 611, 612, 613, 614, 645, 646, 648, 670, 671

SCG 13 – Laboratory Crown Services

301, 400, 650, 651, 652, 653, 660, 663

SCG 14 – Fixed Prosthetic Services

301, 400, 680, 681, 682, 692, 693

SCG 15 – Prosthetic Services for Complete Dentures

700, 701

SCG 16 – Prosthetic Services for Partial Dentures

702, 703, 704, 708, 709, 712

SCG 17 – Prosthetic Services for Stayplates

706, 716

SCG 18 – Dental Services under General Anesthesia

010, 015, 035, 041, 042, 043, 044, 045, 046, 049, 050, 061, 062, 110, 111, 112, 116, 117, 125, 200, 201, 202, 203, 204, 230, 231, 232, 400, 451, 452, 472, 473, 474, 501, 502, 511, 512, 513, 530, 531, 600, 601, 602, 603, 611, 612, 613, 614, 645, 646, 648, 670, 671, 800, 811, 812, 998

CCS-only and CCS/HF Procedure Code Listing

All Denti-Cal criteria apply to all procedure codes, as do all Denti-Cal policies, procedures, and requirements. CCS-only and CCS/HF have additional benefits and modifications based on frequency and age limitations. Providers may request SAR authorizations for procedure codes individually. For additional procedure codes not listed in this table, the provider is to refer to the Denti-Cal Provider Manual.

Procedure Code	Denti-Cal Procedure Code Description	Service Code Grouping	Additional Criteria for CCS-only and CCS/HF Benefits
010	Complete Examination, Initial Episode of Treatment Only	1, 18	
015	Examination Periodic (Annual)	1, 18	
035	Hospital Care	18	
041	Sealant for First Deciduous Molars (B, I, L, and S)	1, 18	A benefit: First deciduous molars (B, I, L, and S)
042	Sealant for Second Deciduous Molars (A, J, K, and T)	1, 18	A benefit: Second deciduous molars (A, J, K, and T)
043	Sealant for Permanent First Bicuspids (4, 12, 20, and 28)	1, 18	A benefit: First bicuspids (5, 12, 21 and 28)
044	Sealant for Permanent Second Bicuspids (5, 13, 21, and 29)	1, 18	A benefit: Second bicuspids (4, 13, 20, and 29)
045	Pit and Fissure Dental Sealants for Permanent First Molars, Beneficiaries to Age Twenty-One (21)	1, 18	
046	Pit and Fissure Dental Sealants for Permanent Second Molars, Beneficiaries to Age Twenty-One (21)	1, 18	
049	Prophylaxis, Beneficiaries Through Age 12	1, 18	A benefit 4 times per year for prophy or prophy/fluoride
050	Prophylaxis, Beneficiaries 13 Years of Age and Over	1, 18	A benefit 4 times per year for prophy or prophy/fluoride
061	Prophylaxis, Including Topical Application of Fluoride, Beneficiaries Age 5 and Under	1, 18	A benefit 4 times per year for prophy or prophy/fluoride
062	Prophylaxis, Including Topical Application of Fluoride, Beneficiaries Ages 6 through 17 Years of Age	1, 18	A benefit 4 times per year for prophy or prophy/fluoride for beneficiaries age 6 up to age 21
110	Intraoral Periapical, Single, First Radiograph	1, 18	
111	Intraoral Periapical, Each Additional Radiograph	1, 18	
112	Intraoral, Complete Series	1, 2, 3, 4, 5, 6, 7, 8, 18	Allowed for final records (or procedure code 125) for orthodontic treatment
116	Bitewings, Two Radiographs	1, 18	
117	Bitewings, Four Radiographs	1, 18	

Procedure Code	Denti-Cal Procedure Code Description	Service Code Grouping	Additional Criteria for CCS-only and CCS/HF Benefits
119	Photograph or Slide, First	2, 3, 4, 5, 6, 7, 8	A benefit for final records for orthodontic treatment
120	Photograph or Slide, Each Additional (Maximum Five)	2, 3, 4, 5, 6, 7, 8	A benefit for final records for orthodontic treatment
125	Panographic-Film, Single Radiograph	1, 2, 3, 4, 5, 6, 7, 8, 18	A benefit one additional for final records (or procedure code 112) for orthodontic treatment
200	Removal of Erupted Tooth, Uncomplicated, First Tooth	9, 18	
201	Removal of Erupted Tooth (Teeth), Uncomplicated, Each Additional Tooth	9, 18	
202	Removal of Erupted Tooth, Surgical	9, 18	
203	Removal of Root or Root Tip Completely Covered by Bone	9, 18	
204	Removal of Root or Root Tip Not Totally Covered by Bone	9, 18	
230	Removal of Impacted Tooth, Soft Tissue	9, 18	
231	Removal of Impacted Tooth, Partial Bony	9, 18	
232	Removal of Impacted Tooth, Complete Bony	9, 18	
300	Therapeutic Drug Injection	9	
301	Conscious Sedation, Relative Analgesia (Nitrous Oxide), Per Visit	9, 10, 11, 12, 13, 14	
400	General Anesthesia	9, 10, 11, 12, 13, 14, 18	
451	Emergency Treatment (Periodontal Abscess, Acute Periodontitis, etc.)	10, 18	
452	Subgingival Curettage and Root Planing, Per Full Mouth Treatment	10, 18	No age restrictions
472	Gingivectomy or Gingivoplasty Per Quadrant	10, 18	No age restrictions
473	Osseous and Mucogingival Surgery Per Quadrant	10, 18	No age restrictions
474	Gingivectomy or Gingivoplasty, Treatment Per Tooth (Fewer Than Six Teeth)	10, 18	No age restrictions
501	Therapeutic Pulpotomy	12, 18	
502	Vital Pulpotomy	12, 18	
503	Recalcification, Includes Temporary Restoration, Per Tooth	12	
511	Anterior Root Canal Therapy; and	11, 18	No Post-op film required for review
512	Bicuspid Root Canal Therapy; and	11, 18	No Post-op film required for review

Procedure Code	Denti-Cal Procedure Code Description	Service Code Grouping	Additional Criteria for CCS-only and CCS/HF Benefits
513	Molar Root Canal Therapy	11, 18	No Post-op film required for review
530	Apicoectomy – Surgical Procedure in Conjunction With Root Canal Filling	11, 18	
531	Apicoectomy (Separate Surgical Procedure) Per Tooth	11, 18	No Post-op film required for review
534	Apexification/Apexogenesis (Therapeutic Apical Closure, Per Treatment)	11	
551	Initial Orthodontic Examination/ Handicapping Labial-Lingual Deviation Index	2, 3, 4, 5, 6, 7, 8	
552	Banding and materials	2	
554	Per treatment visit - 24 visits maximum. One visit maximum per calendar month	2	
556	Quarterly observation, 6 quarters maximum	2, 3, 4, 5, 6, 7, 8,	
557	Diagnostic Work-up and Photographs (additional dental services are listed separated in 22 CCR, Section 51506(b), Procedure Code 112 - Intraoral, complete series; and Section 51506.1(b), Procedure Codes 956 and 957 - Cephalometric Head Films, including tracing)	2	
558	Study Models	2, 3, 4, 5, 6, 7, 8	One additional benefit for final records
560	Diagnostic work-up - photos, and study models (complete mouth series radiographs, procedure code 112, and cephalometric head films, procedure codes 956 and 957 including tracing, are separately payable at State fee schedule)	3, 4, 5	
562	Banding and Materials	3	
564	Per treatment visit - 10 visits maximum. One visit maximum per calendar month	3	Active treatment/visit
570	Banding and Materials	4	
572	Per treatment visit - 14 visits maximum. One visit maximum per calendar month	4	Active treatment/visit
580	Banding and materials	5	
582	Per treatment visit – 30 visits maximum. One visit maximum per calendar month	5	

Procedure Code	Denti-Cal Procedure Code Description	Service Code Grouping	Additional Criteria for CCS-only and CCS/HF Benefits
590	Diagnostic work-up - photos, and study models (complete mouth series radiographs, procedure code 112, and cephalometric head films, procedure codes 956 and 957 including tracing, are separately payable at State fee schedule)	6, 7, 8	
591	Per Treatment Visit (Primary Dentition for Facial Growth Management)	6	Once per lifetime benefit for CCS-only and CCS/HF
592	Quarterly observation	6, 7, 8	Maximum of 6 quarters is allowable once per patient prior to the initial treatment phase for Facial Growth Management
593	Per Treatment Visit (Primary Dentition for Facial Growth Management)	6	Once per calendar month benefit for CCS-only and CCS/HF
594	Progress records prior to treatment	6, 7, 8	Once per patient prior to the initial treatment phase for Facial Growth Management
595	Banding and Materials (Mixed Dentition for Facial Growth Management)	7	Once per life time benefit for CCS-only and CCS/HF
596	Banding and Materials	8	
597	Per Treatment Visit (Mixed Dentition for Facial Growth Management)	7	Once per calendar month, maximum of 14 visits, and a benefit for CCS-only and CCS/HF
598	Per treatment visit - 24 visits maximum. One visit maximum per calendar month	8	
599	Retainer, removable, for each upper and lower	2, 3, 4, 5, 6, 7, 8	
600	One Surface, Primary Tooth	12, 18	
601	Two Surfaces, Primary Tooth	12, 18	
602	Three Surfaces, Primary Tooth	12, 18	
603	Four or More Surfaces, Primary Tooth (Maximum)	12, 18	
611	One Surface, Permanent Tooth	12, 18	
612	Two Surfaces, Permanent Tooth	12, 18	
613	Three Surfaces, Permanent Tooth	12, 18	
614	Four or More Surfaces, Permanent Tooth (Maximum)	12, 18	
645	Composite or Plastic Restoration	12, 18	
646	Composite or Plastic Restorations, Two or More in a Single Tooth (Maximum)	12, 18	
648	Pin Retention (Per Pin), Maximum Three Pins Per Tooth	12, 18	

Procedure Code	Denti-Cal Procedure Code Description	Service Code Grouping	Additional Criteria for CCS-only and CCS/HF Benefits
650	Crown, Plastic (Laboratory Processed)	13	
651	Crown, Plastic With Metal	13	
652	Crown, Porcelain	13	
653	Crown, Porcelain Fused to Metal	13	
660	Crown, Cast, Full	13	
663	Crown, Cast, Three-Quarters	13	
670	Crown, Stainless Steel, Primary	12, 18	
671	Crown, Stainless Steel, Permanent	12, 18	
680	Fixed Bridge Pontic, Cast Metal	14	
681	Fixed Bridge Pontic, Slotted Facing	14	
682	Fixed Bridge Pontic, Slotted Pontic	14	
692	Fixed Bridge Pontic, Porcelain to Metal	14	
693	Fixed Bridge Pontic, Plastic to Metal	14	
700	Complete Maxillary Denture	15	A benefit once every year up to age 21 with appropriate documentation due to growth
701	Complete Mandibular Denture	15	A benefit once every year up to age 21 with appropriate documentation due to growth
702	Partial Upper or Lower Denture With Two Assembled Wrought Wire or Cast Chrome Cobalt Clasps With Occlusal Rests and Necessary Teeth, Acrylic Base	16	A benefit for age 16-21. Does not need to oppose a full denture.
703	Partial Upper or Lower Denture With Cast Chrome Skeleton, Two Cast Clasps, and Necessary Teeth	16	A benefit for age 16-21. Does not need to oppose a full denture.
704	Clasp, Third and Each Additional Clasp for Procedure 703	16	
706	Partial Upper or Lower Stayplate, Acrylic Base Fee, Teeth and Clasps Extra	9, 17	A benefit once every year up to age 21. May replace any missing tooth/teeth except 3 rd molars
708	Partial Upper or Lower Denture, All Acrylic With Two Assembled Wrought Wire Clasps having Two Clasp Arms, But No Rests, and Necessary Teeth	16	A benefit for age 16-21. Does not need to oppose a full denture.
709	Clasp, Third and Each Additional for Procedure 708	16	A benefit for age 16-21. Does not need to oppose a full denture.
712	Clasp, Third and Each Additional for Procedure 702	16	A benefit for age 16-21. Does not need to oppose a full denture.
716	Clasp or Teeth, Each for Procedure 706	9, 17	

Procedure Code	Denti-Cal Procedure Code Description	Service Code Grouping	Additional Criteria for CCS-only and CCS/HF Benefits
800	Fixed, Unilateral Band Type Space Maintainer; (Including Band)	9, 18	A benefit to hold space for missing permanent posterior tooth.
811	Fixed, Unilateral, Stainless Steel Crown Type Space Maintainer; (Including Crown Procedures 670 or 671); Space Maintainer	9, 18	A benefit to hold space for missing permanent posterior tooth.
812	Fixed, Bilateral, Lingual, or Palatal Bar Type Space Maintainer	9, 18	A benefit to hold space for missing permanent posterior tooth.
956	Cephalometric Head Film (One View, Each Additional View)	2, 3, 4, 5, 6, 7, 8	Allowed for final records for orthodontic treatment
957	Cephalometric Head Film (One View, Each Additional View)	2, 3, 4, 5, 6, 7, 8	Allowed for final records for orthodontic treatment
998	Unlisted therapeutic service	18	

Contact Listings for Denti-Cal, Medi-Cal Eligibility, GHPP, and/or CCS

Denti-Cal Program - Providers are to contact the Denti-Cal Program for CCS/Medi-Cal, GHPP/Medi-Cal, CCS-only, and CCS/HF questions related to payments of claims and/or authorizations of TARs.

Provider Toll-Free Line	(800) 423-0507
Beneficiary Toll-Free Line	(800) 322-6384
Electronic Data Interchange (EDI) Support	(916) 853-7373
Denti-Cal Forms Fax	(209) 832-2105

Medi-Cal Program - Providers are to contact the Medi-Cal Program for CCS/Medi-Cal, GHPP/Medi-Cal, CCS-only, and CCS/HF eligibility, POS, or Internet questions.

Automated Eligibility Verification System (AEVS)	(800) 456-2387
Eligibility Message Help Desk, POS, and/or Internet Help Desk	(800) 541-5555
Internet Eligibility Web Site	www.medi-cal.ca.gov

GHPP State Office - Providers are to contact this State office for GHPP-only related questions.

Genetically Handicapped Persons Program	
MS 8200	(916) 327-0470
P. O. Box 997413	or (800) 639-0597
Sacramento, CA 95899	Fax (916) 327-1112

CCS-only and CCS/HF County Programs and CCS State Regional Offices – Providers are to utilize the following guidelines when selecting the correct CCS county program or CCS State Regional Office:

- For questions on eligibility, SAR authorizations, and submitting claims in Independent counties, please contact the CCS Independent county office.
- For questions on eligibility in *Dependent counties*, please contact the CCS Dependent county office or the appropriate CCS State Regional Office.

- For questions on prior authorization or submitting claims in Independent counties, contact the appropriate CCS State Regional Office.

County/Office Address	Telephone	FAX	Dependent, Independent or State	Regional State Office
CMS Sacramento Regional Office MS 8100 P.O. Box 997413 Sacramento, CA 95899	(916) 327-3100	(916) 327-0998	State	Sacramento
CMS Northern California Region/ San Francisco Office 575 Market Street, Suite 300 San Francisco, CA 94105	(415) 904-9699	(415) 904-9698	State	San Francisco
CMS Southern California Regional Office 311 South Spring Street Suite 01-11 Los Angeles, CA 90013	(213) 897-3571	(213) 897-3501 (213) 897-2882	State	Southern California
Alpine 75-B Diamond Valley Road Markleeville, CA 96120	(530) 694-2146	(530) 694-2252	Dependent	Sacramento
Amador 1003 Broadway Suite 101 Jackson, CA 95642	(209) 223-6630	(209) 223-3524	Dependent	Sacramento
Butte 1370 Ridgewood, Drive, Suite 22 Chico, CA 95379	(530) 895-6546	(530) 895-6557	Independent	Sacramento
Calaveras 891 Mountain Ranch Road San Andreas, CA 95249	(209-754-6460	(209) 754-6459	Dependent	Sacramento
Colusa 251 East Webster Street Colusa, CA 95932	(530) 458-0380	(530) 458-4136	Dependent	Sacramento
Contra Costa 597 Center Avenue, Suite 110 Martinez, CA 94553	(925) 313-6100	(925) 313-6115	Independent	San Francisco
Del Norte 880 Northcrest Drive Crescent City, CA 95531	(707) 464-3191	(707) 465-1783	Dependent	San Francisco
El Dorado 929 Spring Street Placerville, CA 95667	(530) 621-6128	(530) 622-5109	Dependent	Sacramento
Fresno 1221 Fulton Mall Fresno, CA 93721	(559) 445-3300	(559) 445-3253	Independent	Sacramento

County/Office Address	Telephone	FAX	Dependent, Independent or State	Regional State Office
Glenn 240 North Villa Avenue Willows, CA 95988	(530) 934-6588	(530) 934-6463	Dependent	Sacramento
Humboldt 317 Second Street Eureka, CA 95501-0425	(707) 445-6212	(707) 441-5686	Independent	San Francisco
Imperial 935 Broadway El Centro, CA 92243	(760) 482-4434	(760) 482-4664	Dependent	Southern California
Inyo 207-A West South Street Bishop, CA 93514	(760) 873-7868	(760) 876-7800	Dependent	Southern California
Kern 1800 Mount Vernon Ave. Second Floor Bakersfield, CA 93306	(661) 868-0531	(661) 868-0216	Independent	Southern California
Kings 330 Campus Drive Hanford, CA 93230	(559) 584-1401	(559) 582-0297	Dependent	San Francisco
Lake 922 Bevins Court Lakeport, CA 95453	(707) 263-1090	(707) 262-4280	Dependent	Sacramento
Lassen 1445 B Paul Bunyan Rd Susanville, CA 96130	(530) 251-8183	(530) 251-4871	Dependent	Sacramento
Los Angeles 9320 Telstar Avenue, Suite 226 El Monte, CA 91731	(800) 288-4584	(800) 924-1154	Independent	Southern California
Madera 14215 Road 28 Madera, CA 93638	(559) 675-7893	(559) 675-7803	Dependent	Sacramento
Marin 555 Northgate Drive, Suite B San Rafael, CA 94903	(415) 499-6877	(415) 499-6396	Independent	San Francisco
Mariposa 4988 Eleventh Street Mariposa, CA 95338	(209) 966-3689	(209) 966-4929	Dependent	Sacramento
Mendocino 1120 South Dora Street Ukiah, CA 95482-8333	(707) 472-2600	(707) 472-2735	Independent	San Francisco
Merced 260 East 15 th Street Merced, CA 95340	(209) 381-1114	(209) 381-1102	Independent	Sacramento

County/Office Address	Telephone	FAX	Dependent, Independent or State	Regional State Office
Modoc 441 North Main Street Alturas, CA 96101	(530) 233-6311	(530) 233-5754	Dependent	Sacramento
Mono 437 Old Mammoth Road, Suite Q Mammoth Lakes, CA 93546	(760) 924-1830	(760) 942-1831	Dependent	Southern California
Monterey 1441 Constitution Blvd Building 400, Suite 200 Salinas, CA 93906	(831) 755-5500	(831) 783-0729	Independent	San Francisco
Napa 2261 Elm Street, Building G Napa, CA 94559	(707) 253-4391	(707) 253-4880	Independent	San Francisco
Nevada 10433 Willow Valley Rd. Suite B Nevada City, CA 95959	(530) 265-1450	(530) 265-761	Dependent	Sacramento
Orange 200 West Santa Ana Blvd Suite 100 Santa Ana, CA 93701	(714) 347-0300	(714) 347-0301	Independent	Southern California
Placer 379 Nevada Street Auburn, CA 95603	(530) 886-3630	(530) 886-3606	Independent	Sacramento
Plumas 270 County Hospital Rd Quincy, CA 95971	(530) 283-6330	(530) 283-6110	Dependent	Sacramento
Riverside 10769 Hole Ave Suite 220 Riverside, CA 92505	(909) 358-5401	(909) 358-5198	Independent	Southern California
Sacramento 9616 Micron Ave Suite 640 Sacramento, CA 95827	(916) 875-9900	(816) 369-0639	Independent	Sacramento
San Benito 439 Fourth Street Hollister, CA 95023	(831) 637-5367	(831) 637-9073	Dependent	San Francisco
San Bernardino 515 North Arrowhead Ave San Bernardino, CA 92415	(909) 388-5810	(909) 388-5815	Independent	Southern California
San Diego 6160 Mission Gorge Rd San Diego, CA 92120	(619) 528-4000	(619) 528-4087	Independent	Southern California

County/Office Address	Telephone	FAX	Dependent, Independent or State	Regional State Office
San Francisco 30 Van Ness Avenue, Suite 210 San Francisco, CA 94102	(415) 575-5700	(415) 575-5790	Independent	San Francisco
San Joaquin 2233 Grand Canal Blvd, Suite 105 Stockton, CA 95207	(209) 953-3600	(209) 953-3632	Independent	Sacramento
San Luis Obispo 2156 Sierra Way San Luis Obispo, CA 93401	(805) 781-5527	(805) 781-4492	Independent	Southern California
Santa Barbara 1111 Chapala Street, Suite 200 Santa Barbara, CA 93101	(805) 681-5360	(805) 681-4958	Independent	Southern California
Santa Clara 720 Empey Way San Jose, CA 95128	(408) 793-6200	(408) 793-6250	Independent	San Francisco
Santa Cruz 12 West Beach Street Watsonville, CA 95076	(831) 763-8900	(831) 763-8910	Independent	San Francisco
Shasta 3499 Hiatt Drive Redding, CA 96033	(530) 225-5760	(530) 225-5355	Dependent	Sacramento
Sierra 202 Front Street Loyalton, CA 96118	(530) 993-6700	(530) 993-6790	Dependent	Sacramento
Siskiyou 806 South Main Street Yreka, CA 96097	(530) 841-4064	(530) 841-4075	Dependent	Sacramento
Solano 275 Beck Avenue, MS 5-230 Fairfield, CA 94533	(707) 784-8650	(707) 421-7484	Independent	San Francisco
Sonoma 625 Fifth Street Santa Rosa, CA 95404	(707) 565-4500	(707) 565-4520	Independent	San Francisco
Stanislaus 830 Scenic Drive, Suite D Modesto, CA 95350	(209) 558-7515	(209) 558-7862	Independent	Sacramento
Sutter 1445 Veterans Memorial Circle Yuba City, CA 95993	(530) 822-7215	(530) 822-7223	Dependent	Sacramento
Tehama 1860 Walnut Street, Building C Red Bluff, CA 96080	(530) 527-6824	(530) 527-0362	Dependent	Sacramento
Trinity 1 Industrial Park Way Weaverville, CA 96093	(530) 623-1358	(530) 623-1297	Dependent	Sacramento

County/Office Address	Telephone	FAX	Dependent, Independent or State	Regional State Office
Tulare 115 East Tulare Avenue Tulare, CA 93274	(559) 685-2533	(559) 685-4701	Independent	Southern California
Tuolumne 20111 Cedar Road North Sonora, CA 95370	(209) 533-7400	(209) 533-7406	Dependent	Sacramento
Ventura 2240 East Gonzales Road Suite 260 Oxnard, CA 93036	(805) 981-5281	(805) 981-5280	Independent	Southern California
Yolo 825 East Street, Suite 302 Woodland, CA 95776	(530) 402-2800	(530) 402-2809	Independent	Sacramento
Yuba 6000 Lindhurst Avenue Suite 601-B Marysville, CA 95901	(530) 741-6340	(530) 749-6830	Dependent	Sacramento