

# Denti-Cal Bulletin



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## \$1,800 LIMIT PER CALENDAR YEAR FOR BENEFICIARY DENTAL SERVICES

The fiscal year (FY) 2005-2006 Budget Act requires the California Department of Health Services (DHS) to initiate the Governor's Medi-Cal redesign proposal to implement changes in covered benefits as set forth in Assembly Bill 131 (Chapter 80 of the 2005-2006 Session). Assembly Bill 131 amends the Welfare and Institutions (W&I) Code by limiting non-exempt dental services for individuals 21 years of age or older to \$1,800 per beneficiary per calendar year, beginning January 1, 2006. DHS anticipates approximately 15,000 to 20,000 beneficiaries of the 6.2 million eligible for services under the Medi-Cal Dental Program will be impacted.

Providers are reminded that *approval of a Treatment Authorization Request (TAR) does not guarantee payment. Also, 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. Payments will be credited toward the cap based upon the order in which the claims are received and processed.*

Beneficiaries will be excluded from this limitation if they have Long Term Care (LTC) aid codes or reside in either Place of Service 4/SNF (Skilled Nursing Facility) or Place of Service 5/ICF (Intermediate Care Facility). The following LTC aid codes will be exempt:

Denti-Cal Long-Term Care (LTC) Aid Codes	
<b>Aid Code 13</b>	Full
<b>Aid Code 23</b>	Full
<b>Aid Code 53</b>	Restricted to LTC services only
<b>Aid Code 63</b>	Full

Pregnant beneficiaries will also be excluded from the limitation, *when pregnancy-related procedure codes are requested along with a pregnancy-related aid code* The exempt pregnancy-related aid codes and pregnancy-related services are as follows:

Denti-Cal Pregnancy-Related Aid Codes	
<b>Aid Code 0U</b>	Restricted Services
<b>Aid Code 0V</b>	Limited
<b>Aid Code 3T</b>	Restricted to pregnancy and emergency services
<b>Aid Code 3V</b>	Restricted to pregnancy and emergency services
<b>Aid Code 44</b>	Restricted to pregnancy-related services
<b>Aid Code 48</b>	Restricted to pregnancy-related services
<b>Aid Code 55</b>	Restricted to pregnancy and emergency services
<b>Aid Code 58</b>	Restricted to pregnancy and emergency services
<b>Aid Code 5F</b>	Restricted to pregnancy and emergency services

<b>Denti-Cal Pregnancy-Related Aid Codes</b>	
<b>Aid Code 5J</b>	Restricted Services
<b>Aid Code 5R</b>	Restricted Services
<b>Aid Code 5T</b>	Restricted to pregnancy and emergency services
<b>Aid Code 5W</b>	Restricted to pregnancy and emergency services
<b>Aid Code 5Y</b>	Restricted to pregnancy and emergency services
<b>Aid Code 6U</b>	Restricted to pregnancy and emergency services
<b>Aid Code 7C</b>	Restricted to pregnancy and emergency services
<b>Aid Code 7G</b>	Valid only for ambulatory prenatal care services
<b>Aid Code 7K</b>	Restricted to pregnancy and emergency services
<b>Aid Code 7N</b>	Valid for Minor Consent services
<b>Aid Code 8T</b>	Restricted to pregnancy and emergency services

<b>Denti-Cal Procedure Codes for Pregnancy-Related Services</b>	
<b>Procedure 010</b>	Complete Examination, Initial Episode of Treatment Only
<b>Procedure 015</b>	Examination Periodic (Annual)
<b>Procedure 049</b>	Prophylaxis, Beneficiaries Through Age 12
<b>Procedure 050</b>	Prophylaxis, Beneficiaries 13 Years of Age and Over
<b>Procedure 062</b>	Prophylaxis, Including Topical Application of Fluoride, Beneficiaries Ages 6 through 17 Years of Age
<b>Procedure 452</b>	Subgingival Curettage and Root Planing, Per Full Mouth Treatment
<b>Procedure 453</b>	Occlusal Adjustment (Limited) per Quadrant (Minor Spot Grinding)
<b>Procedure 472</b>	Gingivectomy or Gingivoplasty Per Quadrant
<b>Procedure 473</b>	Osseous and Mucogingival Surgery Per Quadrant
<b>Procedure 474</b>	Gingivectomy or Gingivoplasty, Treatment Per Tooth (Fewer Than Six Teeth)

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>Denti-Cal Procedure Codes for Emergency Services</b>	
<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 150</b>	Biopsy of Oral Tissue
<b>Procedure 160</b>	Gross and Microscopic Histopathologic Examination
<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 260</b>	Incision and Drainage of Abscess, Intraoral
<b>Procedure 261</b>	Incision and Drainage of Abscess, Extraoral
<b>Procedure 262</b>	Excision Pericoronal Gingiva (Operculectomy)
<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>Denti-Cal Procedure Codes for Emergency Services</b>	
<b>Procedure 290</b>	Excision of Foreign Body, Soft Tissue
<b>Procedure 292</b>	Suture of Soft Tissue Wound or Injury
<b>Procedure 300</b>	Therapeutic Drug Injection
<b>Procedure 301</b>	Conscious Sedation, Relative Analgesia (Nitrous Oxide), Per Visit
<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 685</b>	Recement Inlay, Facing, Pontic
<b>Procedure 686</b>	Recement Crown
<b>Procedure 695</b>	Replace Broken Facing, Post Backing Broken
<b>Procedure 687</b>	Recement Bridge
<b>Procedure 690</b>	Repair Fixed Bridge
<b>Procedure 694</b>	Replace Broken Tru-Pontic
<b>Procedure 696</b>	Replace Broken Facing, Post Backing Broken
<b>Procedure 723</b>	Tissue Conditioning, Per Denture
<b>Procedure 750</b>	Repair Broken Denture Base Only (Complete or Partial)
<b>Procedure 716</b>	Clasp or Teeth, Each for Procedure 706
<b>Procedure 720</b>	Denture Adjustment, Per Visit
<b>Procedure 721</b>	Reline-Office, Cold Cure
<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>Denti-Cal Procedure Codes for Emergency Services</b>	
<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)
<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

The following procedure codes will always be exempt from the limitation:

<b>Denti-Cal Nonemergency Procedure Codes</b>	
<b>Procedure 299</b>	Unlisted Surgical Service or Procedure
<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 Nonemergency Procedure Codes</b>	
<b>Procedure 716</b>	Clasp or Teeth, Each for Procedure 706
<b>Procedure 720</b>	Denture Adjustment, Per Visit
<b>Procedure 721</b>	Reline Office, Cold Cure
<b>Procedure 722</b>	Reline Laboratory Processed
<b>Procedure 723</b>	Tissue Conditioning, Per Denture
<b>Procedure 724</b>	Denture Duplication ("Jump", "Reconstruction"), Denture Base Including Necessary Tooth Replacement, Per Denture
<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

All other aid codes and procedure codes will be subject to the \$1,800 calendar year limitation.

The Interactive Voice Response (IVR) System will be upgraded to provide an automated response to current dental limitation amounts.

If there are any questions, please call Denti-Cal at (800) 423-0507.