

# Denti-Cal Bulletin



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## ***Current Dental Terminology Version 4 (CDT-4) Common Denials***

### ***CDT-4 Procedure Code D0120 (Periodic Oral Evaluation)***

For beneficiaries under the age of 21, there must be an initial exam in the beneficiary's history, either local Procedure Code 010 (Complete examination) or CDT-4 Procedure Code D0150 (Comprehensive oral evaluation), under the provider's current billing provider number in order to receive payment for CDT-4 Procedure Code D0120 (Periodic oral evaluation). If a periodic oral evaluation is billed before the initial exam, it will be denied with the following adjudication reason code:

- 004 Procedure D0120 is only a benefit when there is history of Procedure D0150 to the same provider.

Providers who receive this denial should send a Claim Inquiry Form (CIF) for reevaluation of the denied claim requesting the service be changed to CDT-4 Procedure Code D0150.

### ***Periodontal Procedures D4341 and D4342 (Periodontal Scaling and Root Planing)***

Periodontal disease is used as a generic term, and CDT-4 criteria require providers to document a definitive diagnosis for consideration of scaling and root planing procedures. Acceptable documentation includes but is not limited to:

- ◆ Chronic Periodontitis – either localized or generalized
- ◆ Aggressive Periodontitis – either localized or generalized
- ◆ Necrotizing Ulcerative Periodontitis

### ***Denied Claims***

- ◆ CDT-4 procedure codes start with "D" and are followed by 4 digits (D0150, D5851, etc.). Make sure to include the complete CDT-4 procedure code on all forms. CDT-4 procedure codes that do not include the "D" are invalid and will be denied with the following adjudication reason code:

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

Providers who receive this denial should send a CIF for reevaluation of the denied claim using the correct CDT-4 procedure code format. Supporting documentation, such as radiographs, must accompany the CIF.

- ◆ Use CDT-4 procedure codes on claims with dates of service on or after March 1, 2008. Claims submitted with CDT-4 procedure codes prior to March 1, 2008, will be denied with the following adjudication reason code:

- 261B CDT codes are not valid for this date of service.

Providers who receive this denial should send a CIF for reevaluation of the denied claim using the correct local codes.

- ◆ *Do not submit claims and/or Notice of Authorizations (NOAs) with a mixture of local and CDT-4 procedure codes!* Submit one claim with local codes only for dates of service before March 1, 2008, and another claim with CDT-4 procedure codes only for dates of service on or after March 1, 2008. Claims using a mixture of local and CDT-4 procedure codes will be denied with the following adjudication reason code:

**261C** The billed procedure cannot be processed. Request for payment contains both local and CDT codes. Submit this procedure code on a new claim.

For claims denied with Adjudication Reason Code 261C, submit a new claim: do not submit a CIF.

For questions on the above, or any other information, please contact the Denti-Cal Telephone Service Center at (800) 423-0507.