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Advanced/D309 - Jan 14, 2011

# Extraction of Asymptomatic Teeth Not a Denti-Cal Benefit

The extraction of asymptomatic teeth, including asymptomatic third molars, **is not a benefit of the Denti-Cal program**. Requests for authorization or for payment for the removal of asymptomatic teeth will be disallowed by Denti-Cal using Adjudication Reason Code 048.

Many intraoral conditions cannot be verified solely by radiographs. To ensure proper processing of your Treatment Authorization Request (TAR) or claim for symptomatic third molar procedures, it is important that you clearly and completely document the specific condition and/or rationale for each tooth identified for extraction. This is especially important when the radiographic evidence fails to demonstrate medical necessity. With respect to third molars, prophylactic removal for some adverse condition that may or may not occur at some point in the future **is not a benefit of the Denti-Cal Program**. For example, when the patient is under age 18, or when there is no radiographic evidence of pathology.

The following are examples of conditions which are covered benefits when documented. (Please refer to the Provider Handbook, Section 5, page 5-79).

- supernumerary teeth and mesiodens that interfere with the alignment of other teeth;
- teeth which are involved with a periapical lesion, cyst, tumor or other neoplasm;
- unerupted teeth causing the resorption of the roots of adjacent teeth;
- extraction of all remaining teeth in preparation for a full prosthesis;
- extraction of a third molar that is causing repeated or chronic pericoronitis;

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- extraction of primary teeth required to minimize malocclusion or malalignment when there is adequate space to allow normal eruption of succedaneous teeth;
- extractions that are required to complete orthodontic dental services, excluding prophylactic removal of third molars.

Predetermination of benefits is recommended for elective extractions. Additional documentation is required when radiographs fail to demonstrate medical necessity for removal of a tooth or other surgical procedure.

# Effective January 31, 2011 Denti-Cal Will Begin Processing Claims and Treatment Authorization Requests (TARS) for the Genetically Handicapped Persons Program (GHPP)

Providers requesting to treat GHPP beneficiaries must be "actively" enrolled in the Medi-Cal Dental Program (Denti-Cal) and must comply with Denti-Cal's policies, procedures, and claims submission requirements. Providers are to request prior authorization for the scope of dental services from the GHPP State office via a GHPP Service Authorization Request (SAR) form (MC-2361). Authorized SARs will begin with the prefix of "99". Providers will submit claims and TARs for dental services issued on the SAR to Denti-Cal. Refer to the Provider Handbook, Section 9, Special Programs, for the SAR service code groupings and other specific information regarding the CCS/GHPP program.

**ABOUT GHPP**

The GHPP is a State-funded health care program for adults and some children with certain genetic diseases. GHPP coordinates care and payment for persons usually 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.

GHPP beneficiaries will have a unique Aid Code 9J; these beneficiaries are exempt from the elimination of optional adult dental services. A GHPP SAR is required prior to submitting claims/TARs to Denti-Cal. Please note that a GHPP SAR does not guarantee payment; payment is subject to the beneficiary's eligibility and the requested dental services meeting the Denti-Cal criteria.

Providers should continue to submit for dates of service rendered prior to the implementation date to the State GHPP. For questions, please contact the Denti-Cal Telephone Service Center at (800) 423-0507.

# AB 1783– Medi-Cal Change of Location Form for Individual Physician or Individual Dentist Practices Relocating Within the Same County (DHCS 9096) Effective January 1, 2011

Effective January 1, 2011, Welfare and Institutions (W&I) Code, Section 14043.26(b) allows individual dentist practices or a corporation owned solely by the individual dentist who is the only dentist practitioner of the corporation who meets specified criteria, and who change their business locations within the same county, to use a "change of location" form. The implementation of the form is a requirement of Assembly Bill (AB) 1783 (Statutes of 2010).

Based upon the authority granted to the director of the Department of Health Care Services (DHCS) in W&I Code, Section 14043.75(b), the director has authorized the following form and established the procedures and criteria governing its use.

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This procedure is a regulation implementing W&I Code, Section 14043.26(b) and has the full force and effect of law. The change of location form, entitled *Medi-Cal Change of Location Form for Individual Physician or Individual Dentist Practices Relocating Within the Same County* (DHCS 9096) as well as the procedures and criteria governing its use, is effective beginning January 1, 2011. The form will be available on-line by December 31, 2010.

**Procedures for Enrollment Using the "Change of Location" Form**

Pursuant to W&I Code, Section 14043.26(b), an individual dentist who is enrolled and in good standing in the Medi-Cal Dental program may request enrollment at a new business location within the same county by submitting the *Medi-Cal Change of Location Form for Individual Physician or Individual Dentist Practices Relocating Within the Same County* (DHCS 9096) if they meet all of the following criteria:

- The dental provider must meet the definition of an "individual dentist practice" as defined in W&I Code, Section 14043.1(l)(1).

  *W&I Code Section 14043.1(l)(1) "Individual dentist practice' means a dentist licensed by the Dental Board of California enrolled or enrolling in Medi-Cal as an individual provider who is sole proprietor of his or her practice or is a corporation owned solely by the individual dentist and the only dentist practitioner is the owner. An individual dentist practice may include nondentist allied dental health professionals employed and supervised by the dentist."*

- The dental provider must be changing the location of his or her individual dental practice within the same county.

- The information submitted by the dental provider in his or her last approved Medi-Cal application package, including their last Medi-Cal Disclosure Statement, remains true, accurate and complete to the best of the dental provider's knowledge and belief.

If a dental provider does not meet all of these criteria, she or he must submit a complete application package for their new business address, consisting of a current *Medi-Cal Provider Application* (DHCS 6204) and a *Medi-Cal Disclosure Statement* (DHCS 6207) and a *Medi-Cal Provider Agreement* (DHCS 6208).

While the "change of location form" may be submitted in lieu of a complete application package, it is subject to similar review. Pursuant to W&I Code, Section 14043.26(g), DHCS has 90 days to review the "change of location form" and notify the applicant that the department is taking one of the following actions:

- Enrolling the applicant beginning with provisional provider status for 12 months;

- Returning the application package as incomplete with a list of deficiencies that must be corrected and the application returned within 60 days;

- Exercising its authority to conduct background checks, pre-enrollment inspections or unannounced visits, or;

- Denying the application package for specified reasons.

DHCS must notify physician and dentist applicants within 15 days that his or her application was received.

The *Medi-Cal Change of Location Form for Individual Physician or Individual Dentist Practices Relocating Within the Same County* (DHCS 9096) will be available on-line by December 31, 2010.

The full text of AB 1783 can be viewed online at **www.leginfo.ca.gov/pub/09-10/bill/asm/ab_1751-1800/ab_1783_bill_20100827_chaptered.html**.



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