

Denti-Cal Bulletin



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\$1,800 LIMIT PER CALENDAR YEAR FOR BENEFICIARY SERVICES (DENTAL CAP)

The California Department of Health Services has implemented changes in covered benefits. Section 14080 of the Welfare and Institutions Code stipulates that from January 1, 2006 through January 1, 2009, non-exempt dental services to beneficiaries 21 years of age and above will be capped at \$1,800 per beneficiary for each calendar year.

Providers are reminded to check the beneficiary cap status prior to rendering services to determine the current remaining balance. This information can be obtained by calling Denti-Cal toll-free at (800) 423-0507.

To help reduce the possibility that procedures performed will not be fully paid because the dental cap has been reached, providers should

- ✓ verify the beneficiary cap.
- ✓ discuss with beneficiary any other treatment recently received from another provider.
- ✓ quickly submit claims for procedures not requiring prior authorization.
- ✓ upon receipt of a Notice of Authorization (NOA), promptly perform services and submit requests for payment.

Debits toward the cap are based upon the order in which claims/NOAs are processed. Authorization does not guarantee payment. Non-exempt services will be paid in the order they are received and processed until the annual cap is reached for a calendar year.

Adjudication Reason Code 500, created to assist in the processing of claims, reads as follows:

500 Payment for this service reflects the maximum allowable amount as beneficiary services dental cap has been met.

For additional information, please consult the three previous bulletins detailing this subject: Volume 21, Numbers 34, 35, and 36 (the list of exempt procedure codes is found in Volume 21, Number 36). If there are questions regarding any of the above, please call Denti-Cal at (800) 423-0507.