California Medi-Cal Dental Program

Denti-Cal Bulletin

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DENTAL RESTORATIONS FOR CHILDREN UNDER AGE FOUR AND DEVELOPMENTALLY DISABLED BENEFICIARIES OF ANY AGE

Effective January 1, 2007, Senate Bill (SB) 1403 stipulates that "For any beneficiary who is under four years of age, or who, regardless of age, has a developmental disability, as defined in subdivision (a) of Section 4512, radiographs or photographs that indicate decay on any tooth surface shall be considered sufficient documentation to establish the medical necessity for treatment provided."

Claims, Notices of Authorization (NOAs), and Claim Inquiry Forms (CIFs) with dates of service on or after January 1, 2007, and any Treatment Authorization Request (TAR) or re-evaluation requiring review will only require one radiograph or photograph that demonstrates medical necessity to be submitted. When the radiograph or photograph demonstrates at least one decayed surface, all of the fillings and prefabricated crowns on that document will be allowed, unless the beneficiary's history indicates the tooth has been previously extracted, a recent filling/prefabricated crown, etc.

Providers who are replacing fillings or prefabricated crowns that they previously placed must submit a current radiograph or photograph of that tooth that demonstrates the need for replacement when the applicable time limitations have not been met.

- When no radiographs or photographs are submitted, or when the single radiograph or photograph that is submitted is not current or is non-diagnostic, all fillings and prefabricated crowns on that document will be denied/disallowed.
- When there is no decay evident in the single radiograph or photograph submitted, all restorations will be denied/disallowed.
- When a pulpotomy (Procedure 501, Therapeutic Pulpotomy; or Procedure 502, Vital Pulpotomy) is requested in conjunction with a filling/prefabricated crown, and the filling/prefabricated crown is denied/disallowed, the pulpotomy will also be disallowed.

Children Under Age Four

The beneficiary must be under the age of four at the time the services were rendered or when the request for authorization was reviewed.

Developmentally Disabled (DD) Beneficiaries

Once a provider has established the fact that their patient is a client of a Regional Center/Department of Developmental Services, he/she must document that fact on the document by writing the following – "Registered Consumer of the Department of Developmental Services." No substitute language or documentation will suffice.

- When requesting authorization/payment of prefabricated crowns on permanent teeth for DD patients, the requirement for arch films will be waived.

PREVENTION OF IDENTITY THEFT

To prevent identity theft, the California Department of Health Services (CDHS) strongly encourages all providers to avoid using a beneficiary's Social Security Number (SSN) for all Denti-Cal correspondence, including the submission of claims and *Treatment Authorization Requests* (TARs).

When submitting claims and TARs to Denti-Cal, providers should use the 14-character ID number from the Benefits Identification Card.

CDHS recognizes the importance of protecting the identity and the health information of beneficiaries and is currently working on system changes that will prevent the use of SSNs on all Denti-Cal forms.

DENTI-CAL SEMINARS SCHEDULED FOR MARCH

D091/Basic Seminar/EDI Overview *	March 9, 2007	San Bernardino
D092/Workshop *	March 21, 2007	Burbank
The Burbank Hilton is now the Burbank Marriott Hotel		
D093/Advanced Seminar	March 22, 2007	Burbank
The Burbank Hilton is now the Burbank Marriott Hotel		
D094/Basic Seminar *	March 30, 2007	San Jose

Please refer to Denti-Cal Bulletin Volume 22, Number 33 for additional details.

** An overview of NPI will be covered at these seminars.*

BILLING BENEFICIARIES FOR COVERED SERVICES

Providers may not submit a claim to, or demand or otherwise collect reimbursement from, a Medi-Cal beneficiary, or from other persons on behalf of the beneficiary, for any service (other than Share of Cost) Section 51002 of Title 22 of the California Code of Regulations specifically prohibits billing or collecting from Medi-Cal beneficiaries for services included in the Medi-Cal Dental Program scope of benefits, except for those patients who have a fiscal liability to obtain and/or maintain eligibility requirements.

In addition, Title 42, Volume 3, of the Code of Federal Regulations, reads as follows:

> "Section 447.15 Acceptance of State payment as payment in full.
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> "A State plan must provide that the Medicaid agency must limit participation in the Medicaid program to providers who accept, as payment in full, the amounts paid by the agency plus any deductible, coinsurance or copayment required by the plan to be paid by the individual. However, the provider may not deny services to any eligible individual on account of the individual's inability to pay the cost sharing amount imposed by the plan in accordance with Sec. 431.55(g) or Sec. 447.53. The previous sentence does not apply to an individual who is able to pay. An individual's inability to pay does not eliminate his or her inability for the cost sharing charge."

Finally, Welfare & Institutions Code reads:

> "14107.3 Any person who knowingly and willfully charges, solicits, accepts, or receives, in addition to any amount payable under this chapter, any gift, money, contribution, donation, or other consideration as a precondition to providing services or merchandise to a Medi-Cal beneficiary for any service or merchandise in the Medi-Cal's program under this chapter or Chapter 8 (commencing with Section 14200), except either:
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> "(1) To collect payments due under a contractual or legal entitlement pursuant to subdivision (b) of Section 14000; or
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> "(2) To bill a long-term care patient or representative for the amount of the patient's share of the cost; or
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> "(3) As provided under Section 14019.3, is punishable under a first conviction by imprisonment in the county jail for not longer than one year or state prison, or by a fine not to exceed ten thousand dollars ($10,000), or both such imprisonment and fine. A second or subsequent conviction shall be punishable by imprisonment in the state prison?

Please Note**:** *Providers may only bill beneficiaries their usual, customary, and reasonable fees if the $1,800 limit per calendar year for beneficiary services (dental cap) has been met and nothing has been paid on a procedure.*

For questions regarding any of the above, please contact Denti-Cal toll-free at (800) 423-0507.