

# Denti-Cal Bulletin



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www.denti-cal.ca.gov

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## ***Change for Beneficiaries Treated in a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF)***

- Increase to Schedule of Maximum Allowances (SMA) for Periodontal Scaling and Root Planing
- Additional Periodontal Services

Effective for dates of service on or after August 6, 2008, Denti-Cal will pay \$20 more per quadrant for Periodontal Scaling and Root Planing services provided to Medi-Cal beneficiaries treated in SNFs and ICFs. Therefore, the SMA for services provided to beneficiaries in these facilities is raised from \$50 to \$70 for Procedure Code D4341 (Periodontal Scaling and Root Planing for Four or More Contiguous Teeth or Bounded Teeth Per Quadrant), and from \$30 to \$50 for Procedure Code D4342 (Periodontal Scaling and Root Planing for One to Three Teeth Per Quadrant). The SNF or ICF can be identified as Place of Service 4, 5, or 8 (mobile van only) on a Treatment Authorization Request (TAR) or claim.

Concurrent with the change in the SMA described above, effective for dates of service on and after August 6, 2008, patients in these facilities may receive periodontal maintenance services when such services are medically necessary. This is only applicable to beneficiaries treated in a SNF or ICF. These services may be billed using Procedure Code D4999 (Unspecified Periodontal Procedures by report). The SMA for this procedure is \$130. Procedure Code D4999 billed as Periodontal Maintenance is considered a full mouth treatment procedure and will only be allowed when it is performed subsequent to Procedure Code D4341 or D4342. **Do not** use Procedure Code D4910 for Periodontal Maintenance; it will be denied.

Payment for this service is limited to once per calendar quarter, following the quarter in which the active periodontal treatment was performed by any provider in an SNF or ICF. It is payable for up to seven (7) calendar quarters following the active periodontal therapy.

When periodontal maintenance is provided in accordance with the criteria stated above (medically necessary, in a SNF or ICF, subsequent to Periodontal Scaling and Root Planing) prior authorization is not required, and radiographs or periodontal charting are not required to be submitted with the claim. However, the provider must retain appropriate documentation of the medical necessity for this service in their patient records. In accordance with California Code of Regulations (CCR), Title 22, Section 51476 and Welfare and Institutions (W & I) Code 14124.1, this documentation is subject to review upon request by the state. Procedure Codes D1110 Prophylaxis - Adult, D1120 Prophylaxis - Child, D1201 Topical Application of Fluoride (Including Prophylaxis) - Child, and D1205 Topical Application of Fluoride (Including Prophylaxis) - Adult are not a benefit in the same quarter when Procedure Code D4999 is billed as Periodontal Maintenance for beneficiaries in a SNF or ICF.

### ***Rate Adjustments for Procedures Codes D4341, D4342, and D4999***

The new payment amounts for Procedure Codes D4341, D4342 and D4999 are subject to the 10% rate reduction if applicable. Claims with dates of service of August 6, 2008 through August 17, 2008 will be subject to the rate reduction.

## **REMINDER**

Only Denti-Cal specific, State-approved forms are accepted by Denti-Cal. Any other forms will be returned without processing. Proper use and completion of these forms will expedite authorization or payment for Denti-Cal covered services. **No duplicates or photo copies will be accepted or processed. An original signature in blue or black ink is also required.**

### ***Denti-Cal Seminars Scheduled for November 2008***

D196/Workshop	November 6, 2008	Huntington Beach
D197/Ortho Seminar	November 13, 2008	San Bernardino
D198/Advanced Seminar	November 14, 2008	San Bernardino
D199/Basic Seminar	November 20, 2008	Novato
D200/Advanced Seminar	November 21, 2008	Novato

*See Denti-Cal Bulletin Volume 24, Number 36 for additional details!*

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