

Denti-Cal Bulletin



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Clarification of Procedures for Pregnant Denti-Cal Beneficiaries

Providers are reminded that pregnancy-related services and services for the treatment of other conditions that might complicate the pregnancy are exempt from the July 1, 2009 elimination of adult services. These pregnancy-related services include 60 day postpartum care.

- Pregnant women may have any procedure identified in [Table 1: Federally Required Adult Dental Services \(FRADS\)](#) found in [Denti-Cal Bulletin Vol. 25, #22](#), May 2009 and additionally in [Denti-Cal Bulletin Vol. 25, # 32](#).
- Follow the documentation requirements for specific procedures found in Section 5: [Manual of Criteria](#) of the Denti-Cal Provider Handbook located on the Dent-Cal website:
 - ❖ Emergency and pregnancy only aid codes require a signed emergency certification statement by the treating provider (Additional information on emergency and pregnancy aid codes can be found in the Provider Handbook, [Section 4: Treating Beneficiaries](#))
 - ❖ Submit the completed procedures on a claim form
 - ❖ Document “pregnant” or “postpartum” on the claim form in Box 34
- In addition, pregnant women may have any procedure identified in ([Table 2](#)) Allowable Procedure Codes for Pregnant Women, found in [Denti-Cal Bulletin Vol. 25, #22](#), May 2009:
 - ❖ Prior authorization, radiographs and a definitive periodontal diagnosis are not required
 - ❖ Indicate quadrant codes and submit a completed periodontal evaluation chart and photographs when applicable

If a provider receives a denial on a claim for a pregnant beneficiary, a Claim Inquiry Form (CIF) may be submitted.

If the services were denied on a Treatment Authorization Request (TAR), the provider can submit the Notice of Authorization (NOA) and request re-evaluation.

Additional information can be found on the Denti-Cal Web site at <http://www.denti-cal.ca.gov>.

For questions, please contact the Denti-Cal Telephone Service Center at (800) 423-0507.