

Denti-Cal Bulletin



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Denti-Cal to Issue Notices of Authorization (NOAs) for New Quarterly Orthodontic Reimbursement Process

On July 1, 2008 Assembly Bill (AB) 383 changed the clinical criteria for Procedure D8670, Periodic Orthodontic Treatment Visit (As Part of Contract). In response, Denti-Cal changed the monthly reimbursement process for certified orthodontists.

Approved Treatment Authorization Requests (TARs) for orthodontic treatment plans (Procedures D8080, D8660, D8670 and D8680) received on or after January 14, 2009 will be issued quarterly NOAs for the periodic orthodontic treatment visits (Procedure D8670).

Providers should request the maximum number of quarters for Procedure D8670. The number should be indicated in field 30 of the TAR, as well as the total fee for the quarters requested in field 32. The maximum number of quarters for each orthodontic case is outlined below:

Maximum Quarters	Orthodontic Case Type and Dentition Phase
8	Malocclusion
4	Cleft Palate (Primary Dentition)
5	Cleft Palate (Mixed Dentition)
10	Cleft Palate (Permanent Dentition)
4	Facial Growth Management (Primary Dentition)
5	Facial Growth Management (Mixed Dentition)
8	Facial Growth Management (Permanent Dentition)

Submitting the original TAR without specifying the total fee could result in a payment lower than the quarterly Schedule of Maximum Allowance (SMA) fee. Providers should correct the fee on the NOA when submitting for payment, or if the payment is received below the SMA, a Claim Inquiry Form (CIF) should be submitted to correct the fee. Do not submit the NOA for a re-evaluation: this will result in a denial.

Please note there will be no change to the monthly treatment plans already authorized prior to the January 14, 2009 implementation date, and providers will continue to receive monthly NOAs. Only one NOA with a date of service in a given calendar quarter needs to be submitted in order to receive the quarterly payment.

Due to the monthly NOAs still being issued by Denti-Cal, providers will be responsible for monitoring all monthly and quarterly payments until the patient has received their maximum number of allowable treatment visits. Receiving additional monthly NOAs does not mean additional payments will be made for subsequent quarters. NOAs submitted for payment once the maximum has been reached will be denied with Adjudication Reason Code 275, and all remaining NOAs will be deleted from the Denti-Cal system.

Adjudication Reason Code 275 reads as follows:

275 This procedure has been modified/disallowed to reflect the maximum benefit under this program

A beneficiary's monthly treatment plan will be converted to the new quarterly treatment plan (with only one NOA being issued per quarter when a new authorization is allowed) when:

- ◆ there is a change to the beneficiary's treatment plan
- ◆ additional treatment is required to complete the case
- ◆ the beneficiary transfers to another provider

After January 14, 2009 providers are reminded that all requests for Procedure D8670 should be in quarterly increments when submitting a new TAR.

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