

# Denti-Cal California Medi-Cal Dental Bulletin

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## Training Seminars:

Want to learn more about the Denti-Cal program? Come to one of our training seminars. Go to our website to Reserve Your Spot.

Norco  
Basic & EDI/D387 - August 2, 2012

Norco  
Advanced/D388 - August 3, 2012

Downey  
Basic & EDI/D389 - August 7, 2012

Downey  
Advanced/D390 - August 8, 2012

Garden Grove  
Basic & EDI/D391 - August 21, 2012

Temecula  
Basic & EDI/D392 - August 22, 2012

Temecula  
Advanced/D393 - August 23, 2012

## New Aid Codes: 2H, 2V, 4V, 4H, 4L, 4T, 5E, and E1

### *Aid Code 2H*

Aid Code 2H will identify individuals eligible for the Federal Poverty Level for the Blind Program. This program will cover blind individuals pursuant to Title XVI, who do not yet, or cannot meet the Title II criteria for disability based upon blindness. This program will exactly replicate the eligibility criteria for the Aged and Disabled Federal Poverty Level (A&D FPL) Program, except that linkage is based on blindness.

Aid Code	Benefits	SOC	Program/Description
2H	Full Scope	No	Blind - Federal Poverty Level - Full

### *Aid Codes 2V and 4V*

Senate Bill 1569 (Chapter 672; States 2006) created a State-only program of social services, benefits for non-citizen victims of human trafficking, domestic violence, and other serious crimes. This bill amended Section 14005.2 to allow these victims to be eligible for services, benefits to the same extent that these services are provided to refugees, and if these services are unavailable through federal funding to pay for these services with state funds.

Aid codes 2V and 4V are needed to identify non-citizen victims of human trafficking, domestic violence, and other serious crimes, and to create a state-only funded Medi-Cal program for two types of non-citizen victims:

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1. Non-citizen victims of severe form of trafficking who have filed for, or are preparing to file for status as a refugee with the federal Office of Refugee Resettlement under Title 22, U.S. Code, Section 7102(8) or (9). (T Visa).
2. Non-citizen victims who have filed for status as victims of trafficking, domestic violence, and other severe criminal acts under Title 8, U.S. Code, Section 1101 (a)(15)(U)(i) or (ii) (U Visa/Interim Relief).

Aid Code	Benefits	SOC	Program/Description
2V	Full Scope	No	TVCAP RMA Medi-Cal NO SOC
4V	Full Scope	Yes	TVCAP RMA Medi-CAL SOC

### *Aid Codes 4H and 4L*

Foster Care (FC) children who are under court ordered dependency are placed in homes, which have been approved by the state to accept and care for FC youth.

Current statute exempts FC children, under a dependency order, from mandatory enrollment in Medi-Cal managed care in two-plan model and geographic managed care counties. However, FC children placed with relatives are not identified as FC when they are included in CALWORKs or 1931(b) case. This puts them in a mandatory Aid Code for Medi-Cal managed care enrollment, which may cause access to care issues.

Aid Codes 4H and 4L will identify FC children in the California Work Opportunity and Responsibility to Kids (CALWORKs) or the 1931 (b) programs.

Aid Code	Benefits	SOC	Program/Description
4H	Full Scope	No	Foster Care Children in CALWORKS
4L	Full Scope	No	Foster Care Children In 1931(B)

### *Aid Code 4T*

The Federal Fostering Connections to Success and Increasing Adoptions Act of 2008 was codified in Public Law (P.L.) 110-351. This legislation made extensive policy changes to improve the well-being for children served by public welfare agencies. California has elected to implement a new Federal Title IV-E KinGAP program that will serve former and current foster youth by moving these children from foster care placements to more permanent placement options through the establishment of a relative guardianship.

Pursuant to Assembly Bill (AB) 12 (Chapter 559, Statutes of 2010), the CDSS implemented a new IV-E KinGAP program on January 1, 2011. Children enrolled in this new program are eligible to receive full Medi-Cal benefits.

Aid Code	Benefits	SOC	Program/Description
4T	Full Scope	No	IV-E KinGAP Full Scope No SOC to 21 years-old with exceptions

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### *Aid Code 5E*

Aid Code 5E for the Presumptive enrollment of children to Medi-Cal from Healthy Families when at Annual Eligibility Review, all or some of the children in the family are no longer eligible for the Healthy Families Program (HFP) and appear to be eligible for no cost Medi-Cal based on income screening. The presumptive coverage in the HFP to Medi-Cal Presumptive Eligibility Program will continue until a final Medi-Cal determination is made. This new aid code 5E will replace the two month Bridging Program aid code 7Y.

Aid Code	Benefits	SOC	Program/Description
5E	Full	No	HF to Medi-Cal PE-No SOC

### *Aid Code E1*

Aid code E1 to bridge children who are unable to verify citizenship/identity past the reasonable period to the HFP. The Deficit Reduction Act (ORA) of 2005 requirements makes it necessary to create a limited-scope aid code for the Medi-Cal to HFP program Bridging. The Bridging program currently provides one month of full scope zero Share of Cost (SOC) coverage using aid code 7X. E1 does not replace 7X.

Aid Code	Benefits	SOC	Program/Description
E1	Restricted to Pregnancy Related Services	No	MC-HF-Bridge Limited Scope No SOC

For questions regarding the new aid codes, please contact the Denti-Cal call center at (800) 423-0507.

## Radiographic Requirements for Claims for Restorative Procedures

The goals of **Denti-Cal's Surveillance and Utilization Review (S/UR) Department** are to ensure providers and beneficiaries are in compliance with the criteria and regulations of the Denti-Cal program, and to protect Denti-Cal beneficiaries from poor quality of care and medically unnecessary treatment.

The underlying principle of whether a service is medically necessary is whether or not the requested service meets Denti-Cal criteria as stated in the Manual of Criteria (MOC).

Pre-operative radiographs are a necessary part of a complete dental examination. Radiographs are considered the standard of practice and should be taken whenever possible to **diagnose medical necessity** for a procedure.

Denti-Cal requires pre-treatment radiographic documentation for post treatment claims to establish medical necessity for dental restorations. Radiographs must clearly demonstrate that destruction to the tooth (decay, fracture, missing restorations, etc.) **extends through the dentinoenamel junction (DEJ)**. If dental radiographs are contraindicated for a particular patient, or if the submitted radiographs do not accurately depict the decay/destruction observed clinically, then photographs may also be submitted to help demonstrate a clinical condition not readily apparent on the radiographs.

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## REMINDER

Upon receiving Denti-Cal forms and envelopes, verify that any pre-printed information such as address and/or NPI number is correct. If there are errors, then please call the Denti-Cal toll free at (800) 423-0507.

It must be noted that only a subset of claims for restorations are actually reviewed by Denti-Cal. Additionally, program submission policies may not require that radiographs be submitted in certain circumstances. Regardless of these policies, it is expected that providers **retain original radiographs** in the patients' charts to demonstrate medical necessity.

[Senate Bill 1403](#) states that for beneficiaries who are under four years of age, or who, regardless of age, have a developmental disability, radiographs or photographs that indicate decay on any tooth surface of a tooth on a Denti-Cal claim, TAR, or CIF shall be considered sufficient documentation to establish the medical necessity for payment of all fillings or prefabricated crowns on that document. This legislation recognizes that there may be clinical circumstances for which a radiograph is indicated, but that a diagnostic image would be difficult to obtain. The reason that radiographs could not be taken or were contraindicated must be clearly documented in the patient record.

Amounts paid for services provided to Medi-Cal beneficiaries may be audited by the S/UR Department. Overpayments may be recovered when Denti-Cal discovers information that indicates the provider may have engaged in practices that have resulted in over reimbursement.

**Post payment/post treatment review of patient treatment records may result in a recovery of payments whether or not a procedure was previously reviewed and paid by Denti-Cal.** Denti-Cal may recover overpayments to providers including, but not limited to, payments determined to be:

- ◆ For services not documented in the provider's records, or for services where the provider's documentation justifies only a lower level of payment.
- ◆ Based upon false or incorrect claims from providers.
- ◆ For services deemed to have been excessive, medically unnecessary or inappropriate.
- ◆ For services prescribed, ordered or rendered by persons who did not meet the standards for participation in the Medi-Cal program at the time the services were prescribed or rendered.
- ◆ For services not covered by the program.

Questions about these radiographic requirements, can be answered by contacting the Denti-Cal call center at (800) 423-0507.

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## Denti-Cal Criteria for Oral Prophylaxis

This article is intended to clarify Denti-Cal policy for oral prophylaxis, including guidelines for pediatric dentistry.

The Manual of Criteria states, "Dental prophylaxis (D1110 and D1120) is defined as the preventive dental procedure of coronal scaling and polishing which includes the complete removal of calculus, soft deposits, plaque, stains and smoothing of unattached tooth surfaces." The objective of this treatment is the creation of an environment in which hard and soft tissues can be maintained in good health by the patient.

Denti-Cal's criteria for oral prophylaxis focuses on the clinical outcome, i.e., the creation of an environment in which hard and soft tissues can be maintained in good health by the patient, and does not prescribe a specific method.

According to the American Academy of Pediatric Dentistry's (AAPD) [Clinical Guideline on the Role of Dental Prophylaxis in Pediatric Dentistry](#), among children, there are several indications for an oral prophylaxis, including:

- ◆ Removal of plaque, stain and calculus
- ◆ Elimination of factors that influence the build-up and retention of plaque
- ◆ Demonstration of proper oral hygiene methods to the patient/caregiver

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- ◆ Facilitation of a thorough clinical examination
- ◆ Introduction of dental procedures to the child

The type and frequency of professional prophylaxis recommended is based on an individual patient's risk assessment for caries and periodontal disease. A professional prophylaxis can be performed using toothbrush, rubber cup, flossing, and/or mechanical instruments. In the absence of stain or calculus, a manual toothbrush and non-abrasive paste may fulfill the goals of a professional prophylaxis. (See AAPD's *Clinical Guideline on the Role of Dental Prophylaxis in Pediatric Dentistry revised 2007*). The AAPD Clinical Guideline contains a table indicating the benefits of different prophylaxis options.

Because not all very young children have calculus or staining that would require the use of hand instruments and/or a rubber cup, a toothbrush may be all that is needed for plaque removal. Use of a toothbrush for this purpose is often referred to as a "toothbrush prophylaxis." Denti-Cal will accept any professionally accepted clinical technique, including a "toothbrush prophylaxis," when used appropriately, that satisfies the Denti-Cal criteria, and any such prophylaxis may be billed to the Denti-Cal as an oral prophylaxis.

For more information about oral prophylaxis criteria, please call the Denti-Cal call center at (800) 423-0507.



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