



Provider Bulletin

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Important: CDT-19 Procedure Codes with Changes in Prior Authorizations and Proposition 56 Payments

Effective March 14, 2020, select procedure codes eligible for Proposition 56 supplemental payments and with prior authorization requirements will change due to the Current Dental Terminology (CDT)-19 code set implementation. These procedure codes are currently a benefit of the Medi-Cal Dental Program and are being replaced with new CDT codes. The deleted (~~strikethrough~~) and replaced (**red**) codes are listed in the table below along with the SMA and Proposition 56 supplemental payments.

CDT Code	Procedure Code Description	Maximum \$\$ Allowance	Proposition 56 Supplemental Payments	
			Dates of Services FY 2018 - CY 2021 (July 1, 2018 to December 31, 2021)	
			%/ \$ Increase	SMA + %/\$ Increase
D5860	Overdenture – complete, by report	\$450.00	40%	\$630.00
D5863	Overdenture – complete maxillary	\$450.00	40%	\$630.00
D5865	Overdenture – complete mandibular	\$450.00	40%	\$630.00
D9220	Deep sedation/general anesthesia – first 30 minutes	\$91.35	\$148.65	\$240.00

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CDT Code	Procedure Code Description	Maximum \$\$ Allowance	Proposition 56 Supplemental Payments Dates of Services FY 2018 - CY 2021 (July 1, 2018 to December 31, 2021)	
			%/\$ Increase	SMA + %/\$ Increase
D9221	Deep sedation/general anesthesia – each additional 15 minutes	\$14.01	\$110.99	\$125.00
D9222	Deep Sedation/General Anesthesia - First 15 Minutes	\$45.68	\$76.82	\$122.50
D9223	Deep Sedation/General Anesthesia - Each subsequent 15 minute increment	\$45.68	\$76.82	\$122.50
D9241	Intravenous conscious sedation/analgesia – first 30 minutes	\$42.14	40%	\$59.00
D9242	Intravenous conscious sedation/analgesia – each additional 15 minutes	\$21.07	40%	\$29.50
D9239	Intravenous Moderate (Conscious) Sedation/ Analgesia - First 15 Minutes	\$21.07	40%	\$29.50
D9243	Intravenous Moderate (Conscious) Sedation/ Analgesia - Each subsequent 15 minute increment	\$21.07	40%	\$29.50

Below are a few guidelines for the affected CDT codes that require Treatment Authorization Requests (TARs):

- TARs with CDT codes that are being deleted:
 - TAR ***authorized prior*** to CDT-19 implementation
 - * The CDT-13 procedure code will remain ***valid for the authorization period*** on the Notice of Authorization (NOA)
 - * Provider can submit NOA for payment with dates of service (DOS) after

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the CDT-19 implementation date for deleted CDT-13 codes provided the DOS is within the authorization period

- A re-evaluation of a TAR is being requested on CDT-13 codes that are being deleted
 - * Re-evaluation is being requested ***prior*** to CDT-19 implementation
 - » Submit CDT-13 codes
 - * Re-evaluation is being requested ***after*** CDT-19 implementation
 - » Submit new CDT-19 codes

For CDT codes changing on March 14, 2020, the Department of Health Care Services (DHCS) **strongly advises** providers when submitting TARs for the procedure codes in the table above to take note of the following stipulations, as applicable:

- To avoid denial of the TAR:
 - Paper TARs that include any of the ***deleted*** procedure codes listed above must be submitted and received by Medi-Cal Dental before March 10, 2020.
 - TARs submitted electronically through an Electronic Data Interchange (EDI) clearinghouse that include any of the ***deleted*** procedure codes in the table should be submitted by March 10, 2020 and received by Medi-Cal Dental by March 14, 2020.
 - Providers should use the **NEW** procedure codes (in **red** listed in the table above) for any services requiring prior authorization if submitting paper or electronic TARs on or after March 14, 2020.
- TARs submitted on or after March 14, 2020 using the deleted procedure codes will be denied with the Adjudication Reason Code (ARC) below:
 - ARC 261A – Procedure code is missing or is not a valid code.
- Providers can submit a Notice of Authorization (NOA) for payment for deleted CDT-13 codes as long as the DOS is within the authorization period on the NOA.

For more information about the upcoming CDT-19 implementation, please refer to [Volume 36, Number 3](#). That bulletin details all changes to CDT code sets from CDT-13 to CDT-19, includes links to the new draft [CDT-19 Manual of Criteria](#) (MOC) and the draft [Medi-Cal Dental Schedule of Maximum Allowances](#) (SMA). If you have questions about this bulletin, please contact the Telephone Service Center at (800) 423-0507.