

Denti-Cal Bulletin



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Each of these previously released articles are being presented to address the many questions received regarding treatment of crowns as specified by the Denti-Cal program.

ADJUDICATION REASON CODES FOR CROWNS REQUESTED ON CHILDREN

Developmentally immature teeth are defined as follows: teeth that have not fully erupted into the arch; teeth that have adjacent or opposing teeth that have not fully erupted into the arch, or teeth with large pulpal chambers that are subject to irreversible pulpal damage if prepped.

Adjudication Reason Code 113B indicates that authorization for laboratory-processed crown requests have been disallowed for beneficiaries under the age of 16 years, when the tooth is developmentally immature or the arch demonstrates an incomplete eruption pattern. Adjudication Reason Code 113B reads:

113B Per x-rays, documentation, or clinical evaluation, tooth is developmentally immature. Please reevaluate for a more conservative restoration, i.e., SSC, amalgam, or composite.

Adjudication Reason Code 613B corresponds with laboratory-processed crown requests for beneficiaries under the age of 16 years, when the tooth is developmentally immature and the patient has been screened. New Adjudication Reason Code 613B reads:

613B Per clinical evaluation, tooth is developmentally immature. Please reevaluate for a more conservative restoration, i.e., SSC, amalgam, or composite.

CLARIFICATION OF CRITERIA FOR LABORATORY-PROCESSED CROWNS ON ANTERIOR TEETH

Denti-Cal offers the following clarification regarding the authorization of laboratory-processed crowns on anterior teeth (procedures 650-653).

To allow a Treatment Authorization Request (TAR) for a laboratory-processed crown on an anterior tooth, radiographs submitted with the TAR must show evidence of *any* of the following criteria:

1. The involvement of four (4) or more surfaces, including at least one incisal angle. The facial or lingual surface shall not be considered as involved for a mesial or distal proximal restoration unless the proximal restoration wraps around the tooth to at least the midline.
2. The loss of an incisal angle involving a minimum area of both one-half the incisal width and one-half the height of the anatomical crown.
3. An incisal angle that is not involved, but more than 50 percent of the clinical crown appears to be involved.

Narrative documentation included with the TAR and radiographs must substantiate the radiographic evidence.

ENDODONTIC TREATMENT WILL NOT BE ALLOWED WHEN PERFORMED ON IMMATURE PERMANENT TEETH

Denti-Cal will not allow Treatment Authorization Requests (TARs) for root canal therapy for children under the age of 18 when the treatment is performed on a tooth with incomplete apical development. In these cases, the treatment will be denied with the following Adjudication Reason Code:

- 293** Per x-rays or clinical evaluation, procedure requested is inadequate to correct problem. Please submit alternative treatment plan.
- a.** X-rays reveal opened, underformed apices. Authorization for root canal therapy will be considered after radiographic evidence of apex closure following apexification.

If a TAR is denied for this reason, the provider can submit a new claim for procedure 534 (apexification/apexogenesis). Upon completion of procedure 534, a new TAR for the endodontic procedure may be submitted, along with x-rays demonstrating sufficient apical formation.

In some instances, root canal therapy has been attempted on immature permanent teeth, causing Denti-Cal to deny subsequent requests for laboratory-processed crowns using the following Adjudication Reason Code:

- 284C** Radiographs reveal that additional procedures are necessary before authorization of the requested service(s) may be made; endodontic treatment incomplete.

The provider may wish to re-evaluate the case when the laboratory-processed crown has been disallowed and submit a new TAR for procedure 531 if an apicoectomy is required. (Be sure to include x-rays depicting the completion of procedure 531 when submitting a new TAR for consideration of the laboratory-processed crown.)

Please refer to the Manual of Criteria in section 4 of the *Denti-Cal Provider Manual* for the specific requirements for these procedures.

STUDY MODELS NOT ACCEPTED UNLESS REQUIRED OR REQUESTED

Denti-Cal will accept study models for cases involving orthodontia, oral surgery and maxillofacial procedures only. Study models submitted for all other procedures (crowns, prosthetics, etc.) will be discarded unless Denti-Cal specifically requested the models to evaluate the claim or authorization request.

Narrative documentation, radiographs and/or photographs are sufficient documentation for other procedures. To be considered adequate, narrative documentation should be as specific as possible and radiographs must be of diagnostic quality.

FIXED BRIDGE PONTICS (PROCEDURES 680-682, 692, 693)

Fixed artificial prostheses (crowns with attached pontics) are benefits with prior authorization when necessary in order to obtain employment or where medical conditions preclude the use of removable dental prostheses.

Who qualifies for fixed bridge pontics? A beneficiary with missing natural teeth may qualify for a fixed artificial prosthesis if it is determined that lack of such prosthesis would interfere with the beneficiary's suitability for employment. A statement from the beneficiary's case manager or eligibility worker, written on official letterhead of the case manager's or eligibility worker's government agency, shall be included with the Treatment Authorization Request (TAR). This statement must certify the need for fixed replacement of missing teeth in order for the beneficiary to gain employment.

Authorization requests for fixed artificial prostheses will not be approved if the proposed treatment is not medically necessary or when a removable prosthesis meets the patient's needs.

Conditions precluding the use of removable prosthesis: The following medical conditions preclude the use of removable dental prostheses. Such conditions include, but are not limited to:

- 1) The epileptic patient where a removable prosthesis could be injurious to his/her health during an uncontrolled seizure.
- 2) The paraplegia patient who utilizes a mouth wand to function to any degree and where a mouth wand is inoperative because of missing natural teeth.
- 3) The spastic person whose manual dexterity precludes proper care and maintenance of a removable appliance.

Additional information and specific requirements for crowns under the Denti-Cal program may be found in Section 4 of the *Denti-Cal Provider Manual*. These and other questions may be addressed by phoning Denti-Cal toll-free at (800) 423-0507.

REVISED PAGES FOR THE PROVIDER MANUAL

An error has been found in the most recent update of the Provider Manual. Section 4. Pages 4-6 through 4-8 are missing. Please replace your current page 4-5 with the enclosed pages.

REVISED EDI SEMINAR INFORMATION

The EDI (Electronic Data Interchange) seminar scheduled for Friday, January 17, 2003 in Milpitas has been rescheduled. The seminar will now take place on

Friday, February 21, 2003

Crowne Plaza Hotel
777 Bellew Drive
Milpitas, California
(408) 321-9500

Registration: 8:30 am - 9:00 am

Presentation: 9:00 am - 12:00 pm

As seating is limited, please phone (800) 423-0507 to reserve a space.

REMINDER: UPCOMING SEMINARS

February 6, 2003	Basic Seminar/D893	Burbank
February 7, 2003	Advanced Seminar/D894	Burbank
February 27, 2003	Basic Seminar/D895	Escondido
February 28, 2003	Advanced Seminar/D896	Escondido

Check your Seminar Schedule (Denti-Cal Bulletin, Volume 18 # 25) for specifics!

For additional information regarding any of the above information, please telephone Denti-Cal toll-free at (800) 423-0507.