

Denti-Cal Bulletin



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REMINDER: CLAIMS COMPLETION AND DOCUMENTATION REQUIREMENTS FOR EMERGENCY DENTAL SERVICES

Some Medi-Cal beneficiaries are assigned aid codes that limit their dental benefits to emergency procedures. An emergency dental condition is a dental condition manifesting itself by acute symptoms of sufficient severity, including severe pain, which in the absence of immediate dental attention could reasonably be expected to result in any of the following: placing the patient's health in serious jeopardy, serious impairment to bodily functions or serious dysfunction of any bodily organ or part. The emergency must be certified by the dental provider in accordance with Section 51056 of Title 22, California Code of Regulations. The Department of Health Services may review the provider's decision that an emergency existed and that the services were medically necessary.

When billing for emergency services, providers must indicate emergency treatment by submitting an emergency certification statement. The statement must be either entered in the "Comments" area (box 34) on the claim form or attached to the claim. The emergency certification statement must describe the nature of the emergency, including clinical information pertinent to the patient's condition, and must explain why the emergency services provided were considered immediately necessary. The statement must be signed by the provider (in the "Comments" box or an attached statement) and must be comprehensive enough to support the existence of an emergency dental condition; merely stating that an emergency existed or that the patient was in pain is not sufficient. For example, decay that does not approach the pulp is not considered an emergency, nor does the placement of multiple restorations constitute emergency treatment. In the case of a restoration that is purported to be an emergency service, each tooth number must be indicated, along with documentation that pain as well as near-pulpal exposure and/or fracture were present. Radiographic evidence of each tooth showing near-pulpal exposure or tooth fracture must be retained by the provider for in-office audit review. Investigators from the Attorney General's office and other regulatory agencies are reviewing cases where such conditions and treatment are routinely reported by the providers as emergencies.

HELPFUL HINTS TO ENSURE SPEEDY PROCESSING OF CLAIMS AND TREATMENT AUTHORIZATION REQUESTS (TARs)

Before submitting either a claim form for payment or a TAR for processing, verify that *all* necessary information is included. Submission of incomplete forms may require that Denti-Cal send a Resubmission Turnaround Document (RTD), resulting in processing and payment delay.

Submit correct procedure code for payment

- ✓ Current Dental Terminology (CDT) codes are not currently accepted by Denti-Cal and are considered invalid until such time as Department of Health Services adopts this coding standard.

- ✓ Effective August 1, 2003, any claim service line (CSL) submitted with an invalid procedure code or a blank procedure code field will be denied, whether submitted electronically or as paper documents.

The following list of RTD codes are areas where information is most frequently missing.

Submit rendering provider number (RTD Code 16)

Payment will not occur without the treating/rendering provider's Medi-Cal provider number listed in box 33 on the claim form.

Indicate date of service (RTD Code 46)

The Denti-Cal program requires that approved services be performed within a stipulated time frame. To qualify for payment of services rendered, box 29 of both the Notice of Authorization and claim form must be completed for each line item listed.

Indicate tooth surface (RTD Code 48)

Treatment will not be authorized nor payment made for treatment if box 27 on the claim and the TAR forms is blank.

Indicate upper/lower arch (RTD Code 49)

Treatment will not be authorized nor payment made for treatment if box 26 on the claim and the TAR forms is blank.

Submit type of partial, i.e., procedure number (RTD Code 50)

Use box 34 (comments) to record this information.

Procedure requires tooth code (RTD Code 51)

Treatment will not be authorized nor payment made for treatment if box 26 on the claim and the TAR forms is blank.

Submit missing fee(s) (RTD Code 59)

Treatment will not be authorized nor payment for treatment made if box 32 on the claim and the TAR forms is blank.

List teeth to be replaced & clasped (RTD Code 68)

This code is accompanied by RTD Code 67 (Incomplete DC054 form was submitted) TARs requesting procedures for partial denture or stayplate must be accompanied by the DC054 (Justification of Need for Prosthesis) form, with the area "For Partial Denture or Stayplate" listing the teeth involved.

If you have additional questions, please call Denti-Cal toll-free at (800) 423-0507.