

Denti-Cal Bulletin



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COUNTY MEDICAL SERVICES PROGRAM (CMSP) REDUCTION TO SCOPE OF BENEFITS FOR DENTAL SERVICES

Effective July 1, 2004, the County Medical Services Program (CMSP) scope of benefits for dental services will be reduced to a set of services designed to address basic dental needs and dental emergencies. Claims with dates of service on or after July 1, 2004, and Treatment Authorization Requests (TARs) received on or after July 1, 2004, will be processed under this new policy. This policy will apply to all CMSP beneficiaries with Aid Codes 50, 8F, 84, 85, 88, and 89.

Aid Codes 8F, 84, 85, 88, and 89

The scope of dental benefits shall include only those procedures listed below:

Procedure Code	Procedure Description
020	Office visit during regular office hours for treatment and observation of injuries to the teeth and supporting structures
030	Professional visit after regular office hours, or to bedside
050	Prophylaxis
080	Emergency treatment, palliative
110	Intraoral periapical, single, first film
111	Intraoral periapical, each additional film (max. 10 films)
200	Removal of erupted tooth, uncomplicated, first tooth
201	Removal of erupted tooth, uncomplicated, each additional tooth
202	Removal of erupted tooth, surgical
203	Removal of root or root tip, completely covered by bone
204	Removal of root or root tip, not completely covered by bone
220	Postoperative visit, complications (e.g., osteitis)
230	Removal of impacted tooth, soft tissue
231	Removal of impacted tooth, partially bony
232	Removal of impacted tooth, completely bony
260	Incision and drainage of abscess, intraoral
261	Incision and drainage of abscess, extraoral
262	Excision pericoronal gingival, operculectomy
263	Sialolithotomy intraoral
264	Sialolithotomy extraoral
265	Closure of salivary fistula
266	Dilation of salivary duct
269	Excision of benign tumor, up to 1.25 cm
270	Excision of benign tumor, larger than 1.25 cm

Aid Codes 8F, 84, 85, 88, and 89 (continued)

Procedure Code	Procedure Description
271	Excision of malignant tumor
278	Maxillary sinusotomy for removal of tooth fragment or foreign body
279	Oral antral fistula closure
280	Excision of cyst, up to 1.25 cm
281	Excision of cyst, over 1.25 cm
282	Sequestrectomy
290	Excision of foreign body, soft tissue
292	Suture of soft tissue wound or injury
451	Emergency treatment (periodontal abscess, acute periodontitis, etc.)
511	Anterior root canal therapy
512	Bicuspid root canal therapy
513	Molar root canal therapy
611	Amalgam, one surface, permanent tooth
612	Amalgam, two surfaces, permanent tooth
613	Amalgam, three surfaces, permanent tooth
614	Amalgam, four or more surfaces, permanent tooth (maximum)
645	Composite or plastic restoration
646	Composite or plastic restorations, two or more in a single tooth (maximum)
685	Recement inlay, facing, pontic
686	Recement crown
687	Recement bridge
690	Repair fixed bridge
700	Complete maxillary denture
701	Complete mandibular denture
702	Partial upper or lower denture with two assembled chrome cobalt wrought or cast chrome cobalt clasps with occlusal rests and necessary teeth, acrylic base
706	Partial upper or lower denture with cast chrome cobalt skeleton, two cast clasps, and necessary teeth
716	Clasp or teeth, each for Procedure 706
720	Denture adjustment, per visit
750	Repair broken denture base only (complete or partial)
751	Repair broken denture and replace one broken denture tooth
752	Each additional denture tooth replaced on 751 repair (maximum two)
753	Replace one broken denture tooth only (complete or partial)
754	Each additional denture tooth replaced on 753 repair (maximum two)

Aid Code 50

Aid Code 50 requires an emergency certification statement. This statement must be 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 be signed by the provider. The scope of dental benefits shall include only those procedures listed below:

Procedure Code	Procedure Description
020	Office visit during regular office hours for treatment and observation of injuries to the teeth and supporting structures
030	Professional visit after regular office hours, or to bedside
080	Emergency treatment, palliative
110	Intraoral periapical, single, first film
111	Intraoral periapical, each additional film (max. 10 films)
200	Removal of erupted tooth, uncomplicated, first tooth
201	Removal of erupted tooth, uncomplicated, each additional tooth
202	Removal of erupted tooth, surgical
203	Removal of root or root tip, completely covered by bone
204	Removal of root or root tip, not completely covered by bone
220	Postoperative visit, complications (e.g., osteitis)
230	Removal of impacted tooth, soft tissue
231	Removal of impacted tooth, partially bony
232	Removal of impacted tooth, completely bony
260	Incision and drainage of abscess, intraoral
261	Incision and drainage of abscess, extraoral
262	Excision pericoronal gingival, operculectomy
263	Sialolithotomy intraoral
264	Sialolithotomy extraoral
265	Closure of salivary fistula
269	Excision of benign tumor, up to 1.25 cm
270	Excision of benign tumor, larger than 1.25 cm
271	Excision of malignant tumor
278	Maxillary sinusotomy for removal of tooth fragment or foreign body
279	Oral antral fistula closure
280	Excision of cyst, up to 1.25 cm
281	Excision of cyst, over 1.25 cm
282	Sequestrectomy
290	Excision of foreign body, soft tissue
292	Suture of soft tissue wound or injury
451	Emergency treatment (periodontal abscess, acute periodontitis, etc.)
511	Anterior root canal therapy
512	Bicuspid root canal therapy
513	Molar root canal therapy
611	Amalgam, one surface, permanent tooth
612	Amalgam, two surfaces, permanent tooth
613	Amalgam, three surfaces, permanent tooth
614	Amalgam, four or more surfaces, permanent tooth (maximum)

Aid Code 50 (continued)

Procedure Code	Procedure Description
645	Composite or plastic restoration
646	Composite or plastic restorations, two or more in a single tooth (maximum)
685	Recement inlay, facing, pontic
686	Recement crown
687	Recement bridge
690	Repair fixed bridge
720	Denture adjustment, per visit
750	Repair broken denture base only (complete or partial)
751	Repair broken denture and replace one broken denture tooth
752	Each additional denture tooth replaced on 751 repair (maximum two)
753	Replace one broken denture tooth only (complete or partial)
754	Each additional denture tooth replaced on 753 repair (maximum two)

If you have questions regarding any of the above information, please telephone Denti-Cal toll-free at (800) 423-0507.