

Denti-Cal Bulletin



VOLUME 24, NUMBER 23

PO BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609

JUNE 2008

Current Dental Terminology Version 4 (CDT-4) Common Denials

CDT-4 Procedure Code D0120 (Periodic Oral Evaluation)

For beneficiaries under the age of 21, there must be an initial exam in the beneficiary's history, either local Procedure Code 010 (Complete examination) or CDT-4 Procedure Code D0150 (Comprehensive oral evaluation), under the provider's current billing provider number in order to receive payment for CDT-4 Procedure Code D0120 (Periodic oral evaluation). If a periodic oral evaluation is billed before the initial exam, it will be denied with the following adjudication reason code:

- 004 Procedure D0120 is only a benefit when there is history of Procedure D0150 to the same provider.

Providers who receive this denial should send a Claim Inquiry Form (CIF) for reevaluation of the denied claim requesting the service be changed to CDT-4 Procedure Code D0150.

Periodontal Procedures D4341 and D4342 (Periodontal Scaling and Root Planing)

Periodontal disease is used as a generic term, and CDT-4 criteria require providers to document a definitive diagnosis for consideration of scaling and root planing procedures. Acceptable documentation includes but is not limited to:

- ◆ Chronic Periodontitis — either localized or generalized
- ◆ Aggressive Periodontitis — either localized or generalized
- ◆ Necrotizing Ulcerative Periodontitis

Denied Claims

- ◆ CDT-4 procedure codes start with "D" and are followed by 4 digits (D0150, D5851, etc.). Make sure to include the complete CDT-4 procedure code on all forms. CDT-4 procedure codes that do not include the "D" are invalid and will be denied with the following adjudication reason code:

- 261A Procedure code is missing or is not a valid code.

Providers who receive this denial should send a CIF for reevaluation of the denied claim using the correct CDT-4 procedure code format. Supporting documentation, such as radiographs, must accompany the CIF.

- ◆ Use CDT-4 procedure codes on claims with dates of service on or after March 1, 2008. Claims submitted with CDT-4 procedure codes prior to March 1, 2008, will be denied with the following adjudication reason code:

- 261B CDT codes are not valid for this date of service.

Providers who receive this denial should send a CIF for reevaluation of the denied claim using the correct local codes.

- ◆ *Do not submit claims and/or Notice of Authorizations (NOAs) with a mixture of local and CDT-4 procedure codes!* Submit one claim with local codes only for dates of service before March 1, 2008, and another claim with CDT-4 procedure codes only for dates of service on or after March 1, 2008. Claims using a mixture of local and CDT-4 procedure codes will be denied with the following adjudication reason code:

261C The billed procedure cannot be processed. Request for payment contains both local and CDT codes. Submit this procedure code on a new claim.

For claims denied with Adjudication Reason Code 261C, submit a new claim: do not submit a CIF.

For questions on the above, or any other information, please contact the Denti-Cal Telephone Service Center at (800) 423-0507.