



State of California—Health and Human Services Agency
Department of Health Care Services



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GOVERNOR

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TO: ALL COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS)
ADMINISTRATORS, MEDICAL CONSULTANTS, AND STATE SYSTEMS
OF CARE DIVISION (SCD) STAFF

SUBJECT: DENTAL IMPLANT REQUESTS

This Numbered Letter (N.L) supersedes N.L. 16-0898 for all requests for dental implants and provides the CCS Program's policies for authorizing and submitting claims for dental implants, implant crowns, implant dentures and all other dental implant procedures that are not a listed benefit of the CCS or Denti-Cal Programs.

I. BACKGROUND

Dental implants and implant crowns have been a benefit of the CCS Program in **limited and unusual circumstances** since August 1998. Recognizing that these procedures may be the sole or best treatment option in certain oral conditions, the CCS Program has determined that some implants may be medically necessary, and the most effective treatment of a CCS-eligible medical condition.

A dental implant is a titanium cylinder or other design that is surgically placed into the jaw bone to replace a portion of a missing tooth (or teeth) and its root. After an approximate six-month healing period post-placement, a prosthodontic implant crown, fixed bridge or denture is placed over the implant(s). Implants are not usually indicated for children due to the continuing growth of the alveolar process (bone which forms and supports the tooth socket), although there may be circumstances that are sufficiently unique as to justify the placement of dental implants in young adults or children.

Prior to placement of a dental implant, certain factors that may be unfavorable for the client's medical condition, the surgical procedure, or the long-term success of implant rehabilitation, must be considered by the CCS County Medical Director,

State Medical Consultant, or the designee. These factors include, but are not limited to: conditions, diseases or treatment that severely compromise healing; poor oral hygiene, lack of patient motivation, or inability to perform optimum oral hygiene measures; active periodontal disease; chronic sinus infections; drug-induced oral manifestations such as gingival hyperplasia; tobacco use in any form; and incomplete alveolar bone growth (usually complete by age 15-17 years for females and 18-20 years for males). This documentation is to be submitted to the CCS Program by the dental provider(s) making the request(s). CCS case history may also be used in this review to determine placement of a dental implant.

II. POLICY

A. Effective immediately, dental implants, implant crowns, and related implant procedures will continue to be a benefit of the CCS Program in **unusual and limited circumstances**. To be considered for dental implants, the CCS client must have a medically-eligible condition such as:

1. Congenital/developmental anomalies

These are conditions in which the normal alveolar process (jawbone) and associated dentition (teeth) are congenitally missing, have been lost, or are severely compromised to such an extent that normal growth and development of the alveolar is not expected, or will regress. Examples include ectodermal dysplasia, partial (a minimum number of teeth must be missing as determined by the SCD Dental Hygienist Consultant on a case by case assessment) or complete anodontia, and cleft palate (no minimum number of missing teeth).

2. Severe maxillofacial trauma

These include, but are not limited to, avulsive injuries involving the loss of a large segment(s) of the upper or lower dental arches (alveolar process and teeth).

3. Craniofacial neoplasms with associated tooth loss

These include resection of the mandible or maxilla for malignant neoplasms in which loss of the alveolar process occurs in conjunction with the resection. Other examples may include benign, but aggressive tumors in which resection involves large segments of the maxilla or mandible, including the teeth and some alveolar process; and treatment for large cysts and odontogenic tumors.

B. Service Authorization Requests (SARs) for dental implants, implant crowns, and implant related procedures, may be opened to active Denti-Cal provider specialists in Oral and Maxillofacial Surgery or Periodontics for the

actual surgical implant(s), and to Prosthodontists for implant restoration(s) (crowns, bridges, dentures). If a general dentist can show proof of advanced training in implant restorations (copy of valid training certification should be submitted to the CCS Program), and is also an active Denti-Cal provider, a SAR may be authorized.

III. POLICY IMPLEMENTATION

A. For children who are case-managed by the CCS Program and are NOT Full-Scope Medi-Cal Eligible

The CCS County Medical Director, or State Medical Consultant or designee shall:

1. Review all requests to ensure the client, or applicant for whom the request is received, has a CCS-eligible medical condition that meets the criteria for dental implant consideration through the CCS Program.
2. Ensure that the following information is provided or available for review:
 - a. A cleft palate or craniofacial center report including clinical indications for the implant(s),
 - b. Detailed treatment plan (including number of implants requested, tooth number(s) (1-32), type of implant(s),
 - c. Panoraphic or full mouth set of x-rays, study models, and/or intra/extra oral photographs may be requested prior to implant authorization,
 - d. Information addressing the overall status of the patient, including relevant medical history, and any description of factors that may interfere with a successful implant, and
 - e. Justification of why missing tooth/teeth cannot or should not be restored with another type of fixed or removable prosthesis.
3. Once it is established that the above conditions are met, authorize a Service Authorization Request (SAR) for each of the two providers (e.g., surgeon, and prosthodontist). There is no Service Code Grouping (SCG) for dental implants. Individual procedure codes must be requested by each provider. The procedures will include appropriate "by report" codes. It is not required to receive both SARs at the same time, but there

must be some assurance that the two providers are working together on the treatment plan.

4. Send copies of required documentation including CCS Cleft Palate or Craniofacial Center report, appropriate radiographs (if requested), and treatment plan for evaluation of the dental implant request to the SCD Dental Hygienist Consultant to determine if procedures will be authorized. Due to HIPAA regulations, all Protected Health Information (PHI) will need to be sent via:

- a. secure email, gayle.duke@dhcs.ca.gov
- b. efax (916) 440-5312
- c. and/or CMSNet

Note: If documents are to be e-faxed or sent via CMSNet, it is requested that an email alert be sent to: gayle.duke@dhcs.ca.gov.

5. SCD will review the documentation and make a determination. Once the treatment has either been approved or denied, the County will be notified.
 - a. If the request is denied, the County must notify the family of the denial due to lack of medical eligibility. The client will be allowed a first-level appeal if requested. Furthermore, a fair hearing can be requested from SCD if the first-level appeal is denied.
 - b. If the request is approved, the SCD Dental Hygienist Consultant will notify Denti-Cal.
 - c. Also, if approved, the County must notify the provider(s) to send a Denti-Cal Treatment Authorization Request (TAR) matching the procedure codes on the CCS SAR directly to Denti-Cal at:

Denti-Cal
California Medi-Cal Dental Program
P.O. Box 15610
Sacramento, CA 95852-0610

6. Authorization and Claims Processing

- a. Once Denti-Cal has received the TAR and has been notified by SCD, an authorization will be sent by Denti-Cal to the provider.

- b. The provider will send the Denti-Cal authorization/claim form directly to Denti-Cal for payment when the treatment has been completed.
- c. Payment will be processed by Denti-Cal/Delta Dental with CCS funds.

7. Reimbursement

- a. Implants, implant crowns, and implant related procedures are all “By Report” procedures and shall be reimbursed at the Denti-Cal established fees for “By Report” procedures related to dental implants.
- b. For any procedure code that has an established Denti-Cal fee, reimbursement shall be at the Denti-Cal Schedule of Maximum Allowances.

B. For Children who are case-managed by the CCS Program AND are Full-Scope Medi-Cal Eligible

- 1. The CCS Program has no authority with Denti-Cal for authorizing dental implant procedures for CCS children with full-scope Medi-Cal eligibility. The above listed steps do not apply. No SARs should be authorized.
- 2. Providers need to submit a Denti-Cal TAR directly to Denti-Cal as an **Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Supplemental Service** request.
 - a. Providers should use the field 34 (Comments section) on the Denti-Cal TAR form to write in “This is an EPSDT Supplemental Service request.”
 - b. The Denti-Cal Provider Handbook found online provides the necessary documentation to be attached to the TAR to explain the medical necessity: www.denti-cal.ca.gov.

If you have questions regarding the authorization of dental implants for children who are CCS-only or CCS/Medi-Cal beneficiaries, please contact Gayle Duke, SCD Dental Hygienist Consultant, at gayle.duke@dhcs.ca.gov.

ORIGINAL SIGNED BY ROBERT J. DIMAND, M.D.

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