

**DEPARTMENT OF HEALTH SERVICES**

714 / 744 P STREET  
P.O. BOX 942732  
SACRAMENTO, CA 94234-7320

(916) 654-0499

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Index: Dental

TO: All County California Children's Services (CCS) programs, and State Children's Medical Services (CMS) Branch Regional Offices

SUBJECT: DENTAL BENEFITS FOR CALIFORNIA CHILDREN'S SERVICES (CCS) CLIENTS

I. Background

This numbered letter supersedes Chapter 2, Section 2.11.1 A 4 a-d, CCS Manual of Procedures. Its purpose is to clarify the type of dental services that independent county CCS programs and CMS Branch Regional Offices may authorize for clients with specific CCS medically eligible conditions.

Research has shown that untreated dental infections can result in adverse systemic consequences, cause diminished growth in toddlers, and compromise nutritional intake in children. Therefore, the oral health needs of CCS clients are considered to be part of the CCS program's case management responsibility.

The nature and/or severity of many CCS clients' medically eligible conditions may include certain risk factors that compromise their oral health. Risk factors include, but are not limited to:

- The susceptibility of the CCS client to infections (an underlying reason for taking extra care in maintaining the oral health of the child);
- Medications that result in gingival hyperplasia (severe overgrowth of the gum tissue) or xerostomia (dry mouth) which increases tooth decay;
- Special diets or radiation therapy which may contribute to tooth decay;
- Certain seizure disorders or abnormal protective reflexes (that may cause intraoral trauma); and

- Children with limited mobility and/or uncontrolled movements who may experience difficulty performing adequate oral hygiene measures.

These clients and their dental providers face unique challenges during professional dental care. In addition to standard dental care, these children may require parenteral conscious sedation, relative analgesia, or general anesthesia for dental procedures.

The CMS Branch considers the maintenance and restoration of oral health to be a vital part of the CCS comprehensive treatment plan for children with certain CCS medically eligible conditions and directs independent CCS county programs and CMS Branch Regional Offices to authorize dental procedures for oral conditions that are determined to affect, or be affected by, the child's CCS-eligible condition.

## II. Policy Guidelines

- A. Clients who shall be eligible for dental services through the CCS program include those:
  1. With the following CCS-eligible conditions:
    - a. Clefts of the lip, alveolar ridge, or palate (hard or soft)
    - b. Congenital and/or acquired oral and craniofacial anomalies
    - c. Complex congenital heart disease
    - d. Seizure disorders
    - e. Immune deficiencies
    - f. Cerebral palsy
    - g. Hemophilia and other blood dyscrasias, such as thalassemia, sickle cell disease, etc.
    - h. Malignant neoplasms, including leukemia
    - i. Rheumatoid arthritis

- j. Chronic renal disease
  - k. Cystic fibrosis
  - l. Conditions requiring a transplant or status post transplant
2. Who have been authorized by CCS to receive orthodontic services by a CCS-paneled orthodontist. (As a reminder, in accordance with CCS Numbered Letter 07-0395, CCS shall not authorize orthodontic services for Medi-Cal (full scope, no share of cost) clients with a medically handicapping malocclusion, other than those with cleft lip/palate or craniofacial anomaly.)
- a. Children who have private dental insurance without orthodontic coverage, such as the Healthy Families Program (HFP) and who score at least 26 points on the CCS Orthodontic Screening Form (Enclosure A), but whose caries are not under control and/or other prerequisite “status” conditions listed on the form are not acceptable at the time of the screening, should be referred back to the dental plan to complete necessary dental care before CCS program medical eligibility for orthodontic services will be determined and authorization given.

The prerequisite “status” conditions include:

- (1) Caries under control
  - (2) Oral hygiene acceptable
  - (3) Child and parent seem motivated and willing to comply
  - (4) Patient in permanent dentition (except second and third molars, and retained deciduous teeth).
- b. Children listed on II. A.2.a. will not need to be re-screened if the CCS orthodontic screening score was previously acceptable for eligibility, and the previously unacceptable conditions listed in II. A. 2.a. (1.) through (4.) are now verified as acceptable by the child’s dentist. The child then becomes CCS medically eligible for orthodontic services.

- c. All children/parents, except those in the HFP, must complete a CCS application prior to the orthodontic screening.
- B. Other CCS clients who are eligible for dental services are those whose oral condition has been determined by the independent CCS County or Regional Office Medical Director, or designee, to affect or be affected by the CCS-eligible condition.
- C. Dental care, in and of itself, is not a benefit of the CCS program, except for those CCS-eligible conditions listed in II. A. and II. B., above.
- D. All dental treatment plans must be submitted by the dental provider to the independent county CCS program or CMS Branch Regional Office for prior authorization. Documentation of direct communication between the CCS-authorized specialty physician and the dental provider should also be submitted. Examples of documentation include, but are not limited to:
  - 1. A written request for dental services from the CCS-authorized physician.
  - 2. Copy of a page from client's dental chart documenting direct communication with the CCS-authorized specialty physician.
  - 3. Memorandum from dentist of direct communication indicating recommendations suggested by CCS-authorized specialty physician (for example, type of anesthesia recommended, factor replacements, etc.).
- E. The independent county CCS program or CMS Branch Regional Office shall authorize dental procedures to maintain and/or restore a CCS client's oral health when, in the opinion of the CCS Medical Director or designee, the nature or severity of the CCS-eligible condition makes such care a medically necessary service. For full-scope/no share of cost Medi-Cal/CCS clients, see Numbered Letter 24-1098 for authorization procedures. Dental services that may be authorized for CCS clients with one or more of the CCS-eligible conditions referred to in II.A. or B. above include, but are not limited to:
  - 1. Diagnostic Procedures
  - 2. Health maintenance procedures such as routine prophylaxis (dental cleaning) and dental sealants when it is determined that the purpose of the

procedure is to help prevent an oral condition that has an adverse affect on the client's CCS-eligible condition.

3. Periodontal procedures
4. Restorative treatment
5. Fixed and removable prostheses
6. Endodontic procedures
7. Oral and maxillofacial surgical procedures
8. Orthodontic services for medically handicapping malocclusion, cleft lip/palate, and craniofacial anomalies.
9. After documented consultation between the dentist/orthodontist and the CCS-authorized specialty physician, other medical services necessary to ensure the safety and efficacy of the proposed dental procedure may be authorized, such as:
  - factor replacement
  - prophylactic/therapeutic antibiotics
  - relative analgesia (nitrous oxide), parental conscious sedation, or general anesthesia and/or analgesia

F. Dental treatment that is solely cosmetic in nature is not a benefit for the CCS program.

G. Dental Providers

1. Dentists from every field of dentistry may provide services for CCS clients.
  - a. Prior to treating a CCS client, orthodontists and oral/maxillofacial surgeons must become CCS-paneled by the CMS Branch. A CCS panel application is included as Enclosure B of this Numbered Letter.
  - b. Other dental providers (pediatric dentist, general dentist, endodontist, periodontist, prosthodontist) are not required at this

- c. time to be paneled. These non-paneled dentists can be authorized by CCS to perform dental services for CCS-eligible clients, and, therefore, become CCS-approved dental providers.
  - d. Any dentist (paneled or non-paneled) that provides services for a CCS/Medi-Cal (full scope, no share of cost) client must also be a Denti-Cal provider.
- 2. CCS-paneled and CCS-approved dental providers must be willing to accept reimbursement for dental services at the State Maximum Level of Reimbursement (Denti-Cal rate) and must agree not to bill the family or the CCS program for any remaining balance.

### III. Authorization Procedures for Dental Services

- A. All authorizations for dental services by the independent county CCS program or CMS Branch Regional Office must specify:
  - 1. The dental provider authorized to perform the services
  - 2. The effective dates of the authorization.
- B. The dental authorization shall be sent by the independent county CCS program or CMS Branch Regional Office to the requesting dental provider(s), with copies to the CCS-authorized specialty physician(s), the primary care medical provider, and the HFP Dental Plan liaison of record, if applicable.
- C. CCS-paneled orthodontists shall receive authorization for treatment of the orthodontic condition from the CCS program prior to initiation of care and annually thereafter following the client's annual redetermination of CCS eligibility. The CCS Orthodontic authorization does not automatically extend to non-orthodontic dental services (such as restorations or extractions) that may be included in the orthodontist's treatment plan. Orthodontists should work with the child's dentist who must request CCS authorization for other necessary dental procedures related to the orthodontic condition.
- D. Emergency dental services rendered prior to CCS approval shall be authorized based on the determination of the CCS Medical Director or designee that the client is eligible to receive dental care through CCS and that the services meet the criteria listed in II. A. and B. above. The request from the dental provider for

- E. authorization and reimbursement of emergency services must be received by the close of business of the next CCS working day.
- IV. Reimbursement of Services
- A. CCS shall be the payor of last resort for dental services provided to a CCS-eligible client with Medi-Cal or private dental insurance, except for a HFP subscriber.
    - 1. CCS shall pay for CCS-authorized dental services for CCS clients participating in the HFP.
    - 2. For a child suspected of having a medically handicapping malocclusion the HFP Dental Plan shall be responsible for treating all dental needs after a referral has been made to CCS up until medical eligibility is determined by the CCS program.
  - B. Only claims for dental services that have been authorized by the CCS program may be processed for provider reimbursement.
  - C. Dental providers whose claims are processed through the medical fiscal intermediary, Electronic Data Systems, are required to obtain a CGP number from the CMS Branch (Enclosure C). The unique nine-character CGP provider number is to be used by the provider on all claims for CCS dental services rendered under the following circumstances:
    - 1. The client is not Medi-Cal eligible, or
    - 2. The client is Medi-Cal eligible but the services rendered are not benefits of the Medi-Cal program.

If you have questions concerning dental benefits for CCS clients, please contact your State CMS Regional Office Nurse Consultant.



Maridee A. Gregory, M.D., Chief  
Children's Medical Services Branch

Enclosures