

# California Dental Network

February 2019

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## NEWSLETTER FOR GENERAL DENTAL PROVIDERS

### Preauthorization is Required for All Specialty Referrals!

Preauthorization's are required for all routine and emergency specialty referrals for California Dental Network members under the Plan provider contract. This includes referrals for Plan members who do not have specialty coverage as part of their benefit package. General Dentists are expected to submit a completed Plan Specialty Referral form, all appropriate documentation and x-rays to the Plan for review by the CDN Dental Director. Routine referrals will be processed within 5 business days of receipt of the authorization request. Same day authorizations may be obtained for emergency referrals over the phone by calling Member Services at (877) 433-6825, then press 3. Please contact the Plan if you have any questions.

***No Charge Interpretation/  
Translation Services are  
available for Plan Members.  
Please call Member Services  
for more information.***

**1-877-433-6825**



### CDN BENEFIT SCHEDULE UPDATE FOR 2019

The American Dental Association has updated its Current Dental Terminology (CDT) for 2019. The Plan has updated all of its fee schedules to reflect the changes to the CDT 2019. Some new procedures have been added as covered benefits on all Plans, some procedures are entirely new, and some have been modified and are replacing previously covered codes that have been removed by the CDT. The applicable fees apply to all Plan benefit schedules, subject to the Plan's Limitations and Exclusions. (Some of the Plan's Limitations and Exclusions are waived on Advantage Plans, and Plans with the Cosmetic Benefits Rider. Please contact the Plan's Member Services or Provider Services department if you have any questions regarding coverage.

Please see the complete Plan Benefit Matrix available at [www.caldental.net](http://www.caldental.net) for the corresponding co-payments for each plan.

### Don't Forget to Send us Your Patient Encounter Data!

- Submit Encounter Data on a Universal ADA Claim form. Specify ENCOUNTER on the form.
- Use a computer printout with data equivalent to a Claim Form Information.
- Send the Encounter Data electronically to [CDNClaims@caldental.net](mailto:CDNClaims@caldental.net)
- Mail Encounter Data to California Dental Network at P.O. Box 2428 Laguna Hills, CA 92654-9941.

### CHANGE IN FEDERAL TIN?

DON'T wait until tax time to figure out if the TIN on file with the Plan is correct! Incorrect TINs can lead to delays in your practice receiving your annual Form 1099. Check with Provider Services to verify that we have the correct information for your practice.

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## California Dental Network Benefits Schedule and Policy Updates for 2019

### Effective January 1, 2019

The American Dental Association has updated its Current Dental Terminology (CDT) for 2019. The Plan has updated all of its fee schedules to reflect the changes to the 2019 CDT. Some new procedures have been added as covered benefits on all Plans, some procedures are entirely new, and some have been modified and are replacing previously covered codes that have been removed by the CDT. The applicable fees apply to all Plan benefit schedules, subject to the Plan's Limitations and Exclusions. (Some of the Plan's Limitations and Exclusions are waived on Advantage Plans, and Plans with the Cosmetic Benefits Rider).

Please contact the Plan's Member Services or Provider Relations department if you have any questions regarding coverage.

The following procedure Codes have been **added** to the 2019 CDT and the CDN Plan Benefit Schedules. Please see the complete Plan Benefit Matrix available at [www.caldental.net](http://www.caldental.net) for the corresponding copayments for each plan:

CDT Code	Description	CDN Guidelines
D1516	Space Maintainer, Fixed, mandibular.	
D1517	Space Maintainer, Fixed, maxillary.	
D1526	Space Maintainer, removable, maxillary.	
D1527	Space Maintainer, removable, mandibular.	
D5876	Add metal substrate to new acrylic full denture (per arch)	
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure.	This procedure is not performed in conjunction with D1110 or D4910
D9944	occlusal guard – hard appliance, full arch	<i>Not chargeable for treatment of TMJ, TMD, Sleep Apnea, or Snoring</i>
D9945	occlusal guard – soft appliance, full arch	<i>Not chargeable for treatment of TMJ, TMD, Sleep Apnea, or Snoring</i>
D9946	occlusal guard – hard appliance, partial arch	<i>Not chargeable for treatment of TMJ, TMD, Sleep Apnea, or Snoring</i>
D9961	duplicate/copy patient's records	
D9990	certified translation or sign-language services per visit	<i>Contact the Plan to arrange services at no charge to member or provider</i>

The following previously covered procedure Codes have been **modified** from the 2018CDT for the 2019CDT. The corresponding copayments for each plan remain the same:

CDT Code	Description
D5211	Maxillary partial denture - resin base (including any <del>conventional clasps,</del> <u>retentive materials</u> , rests, and teeth) <del>- Includes acrylic resin base denture with resin or wrought wire clasps.</del>
D5212	Mandibular partial denture - resin base (including any <del>conventional clasps,</del> <u>retentive materials</u> , rests, and teeth) - <del>Includes acrylic resin base denture with resin or wrought wire clasps.</del>
D5630	Repair or replace broken <del>clasp</del> <u>retentive/clasping materials, per tooth</u>

The following previously covered procedure Codes have been **deleted** from the 2019CDT and should not be used to determine coverage and benefits after January 1, 2019. The Plan will substitute the appropriate replacement codes for coverage after January 1, 2019:

CDT Code	Description
<del>D1515</del>	<del>space maintainer - fixed - bilateral</del>
<del>D1525</del>	<del>space maintainer - removable - bilateral</del>
<del>D5281</del>	<del>removable unilateral partial denture - one piece cast metal</del>
<del>D9940</del>	<del>occlusal guard, by report</del>