



# Provider Bulletin

DECEMBER 2021  
Volume 37, Number 27



## THIS ISSUE

- pg 1 Important: Dental Transformation Initiative Ends December 31<sup>st</sup>
- pg 1 Coming Soon: California Advancing and Innovating Medi-Cal (CalAIM) Oral Health Initiatives
- pg 6 Coming Soon: Health Plan of San Mateo (HPSM): Dental Integration Program
- pg 7 End Date for Treatment Authorization Request Exceptions during COVID-19
- pg 8 Outdated Form: Justification of Need for Prosthesis

## TRAINING SEMINARS

To reserve a spot online or view a complete list of training seminars, go to the [Provider Training Seminar Schedule](#).

**Please note:** Due to the COVID-19 pandemic, all seminars will be held as webinars.

## PROVIDER ENROLLMENT ASSISTANCE LINE

Speak with an Enrollment Specialist. Go [here](#) for more information.

Available every Wednesday  
8am - 4pm

## PROVIDER EMAIL LIST SIGN-UP

Registration is quick and easy! Join the [provider email distribution list](#) and get the latest Medi-Cal Dental updates straight to your Inbox.

## Important: Dental Transformation Initiative Ends December 31<sup>st</sup>

**Effective December 31, 2021, the Dental Transformation Initiative (DTI) program will end.** Providers may bill for DTI-related services rendered through December 31, 2021 in accordance with requirements set forth by each domain.

- [DTI Domain 1](#)
- [DTI Domain 2](#)
- [DTI Domain 3](#)

For information about DTI, please visit the Department of Health Care Services' [Dental Transformation Initiative webpage](#).

## Coming Soon: California Advancing and Innovating Medi-Cal (CalAIM) Oral Health Initiatives

**On January 1, 2022, the California Advancing and Innovating Medi-Cal (CalAIM) initiative, comprised of three oral health components, will go into effect.** [CalAIM](#) is a multi-year initiative that aims to improve the quality of life and health outcomes of the Medi-Cal population by implementing broad delivery system, program, and payment reform across the Medi-Cal program.

*Continued on pg 2*



## CalAIM Oral Health Initiatives

The three oral health components of CalAIM are built on the successful outcomes of the Dental Transformation Initiative (DTI) and each CalAIM oral health initiative is described below.

### Pay-for-Performance (P4P)

P4P is comprised of two initiatives: **Preventive Services** and **Continuity of Care**. Select procedure codes eligible for CalAIM P4P payments can be found in the **Attachment I** tables at the end of this bulletin.

**The Preventive Services P4P** offers a performance payment for each paid preventive oral care service billed by a service office location in order to increase statewide utilization of preventive services.

#### Preventive P4P will be:

- » Available to **all enrolled Medi-Cal dental providers**.
- » **Paid at an additional 75 percent** of the Schedule of Maximum Allowances (SMA) for select preventive procedures. For details, please refer to the **CalAIM P4P Preventive Services** table at the end of this bulletin.
- » Processed and paid in accordance with the [January 2022 draft CDT-21 Manual of Criteria \(MOC\)](#) and [SMA](#).
- » Included in the weekly check write for all qualified paid preventive services.

**The Continuity of Care P4P** offers a flat rate performance payment paid once a calendar year to service office locations that maintain dental continuity of care and establish a dental home for each patient by performing at least a yearly dental exam/evaluation for two or more years in a row.

#### Continuity of Care P4P will be:

- » Available to **all service office locations** who meet the requirements.
- » Begin payments in calendar year (CY) 2022 for returning patients seen in CY 2021. 2021 is the “baseline” year for this P4P.
- » Paid at the **flat rate of \$55 once per year in addition to the SMA** for the specified procedures codes below. For details, please refer to the **CalAIM P4P Continuity of Care** table at the end of this bulletin.

*Continued on pg 3*



- » Processed and paid in accordance with the [January 2022 draft CDT-21 MOC](#) and [SMA](#).
- » Included in the weekly check write for all qualified paid continuity of care services.

## New Benefits

**Caries Risk Assessment (CRA) bundle and Silver Diamine Fluoride (SDF)** are two new benefits added to the Medi-Cal Dental Program in alignment with national dental care standards.

### CRA Bundle

- » Dental providers **must** take the [Treating Young Kids Everyday \(TYKE\) training](#), complete the related attestation form, and provide proof of TYKE course completion to receive payment for the CRA bundle.
- » Dental providers who have record of completing the TYKE training for DTI Domain 2 pilot project are **not required** to retake the TYKE training for CalAIM.
- » CRA bundle include a CRA exam (D0601, D0602, D0603) and nutritional counseling (D1310) based on the risk level associated for Medi-Cal members **ages 0-6 only**. All CRA bundle services claims will be processed and paid in accordance with the [January 2022 draft CDT-21 MOC](#) and [SMA](#).
- » Additional services, such as cleaning, fluoride, and exam (D0120, D1120, D1206, and D1208) can be rendered at the allowed increased frequencies based on the risk level.
- » The CRA bundle services may be billed by:
  - Dentists, and
  - Registered Dental Hygienists in Alternate Practice (RDHAPs).

### CRA Bundle Fee Schedule

|                      | <b>Caries Risk Assessment<br/>(\$15.00)</b> | <b>Nutritional Counseling<br/>(\$46.00)</b> | <b>Frequency</b> | <b>Bundle Fee</b> |
|----------------------|---|---|------------------|-------------------|
| <b>Low Risk</b>      | D0601                                       | D1310                                       | 6 months         | \$61.00           |
| <b>Moderate Risk</b> | D0602                                       | D1310                                       | 4 months         | \$61.00           |
| <b>High Risk</b>     | D0603                                       | D1310                                       | 3 months         | \$61.00           |

*Continued on pg 4*



## Silver Diamine Fluoride

- » SDF claims will be processed and paid in accordance with the [January 2022 draft CDT-21 MOC](#) and [SMA](#).
- » Criteria for SDF **D1354: Interim Caries Arresting Medicament Application-Per Tooth** is as follows:
  1. Radiographs and photographs for payment – For patients under the age of 7 submit a current intraoral photograph demonstrating the medical necessity. For patients age 7 or older, in addition to a current intraoral photograph, providers must submit a current, diagnostic periapical radiograph and must document the underlying conditions that exist which indicate that nonrestorative caries treatment is optimal.
  2. Requires a tooth code.
  3. A benefit:
    - a. for patients under the age of 7.
    - b. for patients age 7 or older when documentation shows underlying conditions such that nonrestorative caries treatment may be optimal.
    - c. once every six months, up to ten teeth per visit, for a maximum of four treatments per tooth.
  4. Not a benefit:
    - a. when the prognosis of the tooth is questionable due to nonrestorability.
    - b. when a tooth is near exfoliation.
- » D1354 is not a benefit when the prognosis of the tooth is questionable due to nonrestorability or when a tooth is near exfoliation

**Please note** the following Adjudication Reason Code (ARC) impacts, effective for dates of service (DOS) on and after January 1, 2022.

- **NEW: ARC 266P** – *Payment and/or prior authorization disallowed. Photographs are required.*
- **NEW: ARC 440** – *Procedure Code D1354 is allowable two visits per year, and lifetime maximum of four times per tooth.*

*Continued on pg 5*



- **NEW: ARC 506** – Procedure Code qualifies for CalAIM Preventive Services Performance Payment. For more details on CalAIM and the list of procedures, please refer to Provider Handbook: Section 4 – Treating Members.
- **NEW: ARC 507** – Procedure Code qualifies for CalAIM Continuity of Care Performance Payment. For more details on CalAIM and the list of procedures, please refer to Provider Handbook: Section 4 – Treating Members.
- **Modified: ARC 002A** – Evaluation is not a benefit within six months of a previous evaluation to the same provider for members under age 21 or does not meet CRA criteria.
- **Modified: ARC 320C** – Rendering provider has not submitted a proper attestation package.

For questions or more information about the CalAIM oral health initiatives, send your inquiry to [dental@dhcs.ca.gov](mailto:dental@dhcs.ca.gov) or visit the [CalAIM Dental webpage](#). For questions about this bulletin, please contact the Telephone Service Center at 800-423-0507.

*Continued on pg 6*

## Attachment 1

## Department of Health Care Services

Medi-Cal Dental Services Division

### California Advancing and Innovating Medi-Cal (CalAIM)

#### Pay-for-Performance Initiative: Preventive Care

| CDT Procedure Code           | CDT Procedure Code Description                                   | SMA Amount | Dates of Services On or After January 1, 2022 |                     |
|------------------------------|--|------------|---|---------------------|
|                              |  |            | Performance %/\$ Increase                     | SMA + %/\$ Increase |
| <b>Preventive Procedures</b> |  |            |   |                     |
| D1120                        | Prophylaxis – child 0-20   | \$30.00    | \$22.50                                       | \$52.50             |
| D1206                        | Topical application of fluoride varnish - child 0-5              | \$18.00    | \$13.50                                       | \$31.50             |
| D1206                        | Topical application of fluoride varnish - child 6-20             | \$8.00     | \$6.00  | \$14.00             |
| D1208                        | Topical application of fluoride - excluding varnish - child 0-5  | \$18.00    | \$13.50                                       | \$31.50             |
| D1208                        | Topical application of fluoride - excluding varnish - child 6-20 | \$8.00     | \$6.00  | \$14.00             |

Effective January 1, 2022

| CDT Procedure Code | CDT Procedure Code Description  | SMA Amount | Dates of Services On or After January 1, 2022 |                     |
|--------------------|---|------------|---|---------------------|
|                    |   |            | Performance %/\$ Increase                     | SMA + %/\$ Increase |
| D1351              | Sealant – per tooth - age 0-20  | \$22.00    | \$16.50                                       | \$38.50             |
| D1352              | Preventive resin restoration in a moderate to high caries risk patient – permanent tooth - age 0-20 | \$22.00    | \$16.50                                       | \$38.50             |
| D1510              | Space maintainer – fixed – unilateral- per quadrant - age 0-17                                      | \$120.00   | \$90.00                                       | \$210.00            |
| D1516              | Space maintainer – fixed – bilateral, maxillary - age 0-17  | \$200.00   | \$150.00                                      | \$350.00            |
| D1517              | Space maintainer – fixed – bilateral, mandibular - age 0-17   | \$200.00   | \$150.00                                      | \$350.00            |
| D1526              | Space maintainer – removable – bilateral, maxillary - age 0-17                                      | \$230.00   | \$172.50                                      | \$402.50            |
| D1527              | Space maintainer – removable – bilateral, mandibular - age 0-17                                     | \$230.00   | \$172.50                                      | \$402.50            |
| D1551              | Re-cement or re-bond bilateral space maintainer – maxillary - age 0-17                              | \$30.00    | \$22.50                                       | \$52.50             |
| D1552              | Re-cement or re-bond bilateral space maintainer – mandibular - age 0-17                             | \$30.00    | \$22.50                                       | \$52.50             |

Effective January 1, 2022

| CDT Procedure Code | CDT Procedure Code Description  | SMA Amount | Dates of Services On or After January 1, 2022 |                     |
|--------------------|---|------------|---|---------------------|
|                    |   |            | Performance %/\$ Increase                     | SMA + %/\$ Increase |
| D1553              | Re-cement or re-bond unilateral space maintainer – per quadrant - age 0-17  | \$30.00    | \$22.50                                       | \$52.50             |
| D1556              | Removal of fixed unilateral space maintainer - per quadrant*                | \$30.00    | \$22.50                                       | \$52.50             |
| D1557              | Removal of fixed bilateral space maintainer – maxillary*                    | \$30.00    | \$22.50                                       | \$52.50             |
| D1558              | Removal of fixed bilateral space maintainer – mandibular*                   | \$30.00    | \$22.50                                       | \$52.50             |
| D1575              | Distal shoe space maintainer – fixed – unilateral – per quadrant - age 0-17 | \$120.00   | \$90.00                                       | \$210.00            |
| D1320              | Tobacco counselling for the control and prevention of oral disease**        | \$10.00    | \$7.50  | \$17.50             |
| D1999              | ***Unspecified preventative procedure, by report**                          | \$46.00    | \$34.50                                       | \$80.50             |

*\*Only eligible for CalAIM performance payments for members under 21 years of age.*

*\*\*Only eligible for CalAIM performance payments for members aged 21 and over.*

*\*\*\*Please refer to criteria in the [January 2022 draft CDT-21 Manual of Criteria \(MOC\)](#) and [Schedule of Maximum Allowances \(SMA\)](#).*

Effective January 1, 2022



**CalAIM Pay-for-Performance Initiative: Continuity of Care**

| CDT Procedure Code           | CDT Procedure Code Description   | SMA Amount | Dates of Services On or After January 1, 2022 |                   |
|------------------------------|--|------------|---|-------------------|
|                              |  |            | Performance Payment                           | SMA + \$ Increase |
| <b>Diagnostic Procedures</b> |  |            |   |                   |
| D0120                        | Periodic oral evaluation – established patient   | \$15.00    | \$55.00                                       | \$70.00           |
| D0145                        | Oral evaluation for a patient under three years of age and counseling with primary caregiver | \$20.00    | \$55.00                                       | \$75.00           |
| D0150                        | Comprehensive oral evaluation – new or established patient                                   | \$25.00    | \$55.00                                       | \$80.00           |

Effective January 1, 2022



# Coming Soon: Health Plan of San Mateo (HPSM)

## Dental Integration Program

Effective January 1, 2022, the San Mateo County Organized Health System, Health Plan of San Mateo (HPSM), in collaboration with the Department of Health Care Services, will integrate dental services into the managed care plan's covered benefits. Medi-Cal dental Fee-For-Service (FFS) providers who wish to continue serving Medi-Cal members in San Mateo County must join HPSM's dental provider network.

### **Why will Medi-Cal dental benefits be delivered through HPSM?**

Senate Bill (SB) 849 (Ch. 47, Statutes of 2018) added [Section 14184.90](#) to the Welfare and Institutions (W&I) Code authorizing DHCS to establish a dental integration program in San Mateo County as a component of the Medi-Cal 2020 demonstration project.

### **What is this dental integration program designed to do?**

The program is designed to test the impact to oral care access, quality, and utilization through the delivery of dental care services under HPSM.

### **How will I know if this change affects me?**

If you are a provider located in San Mateo County this change affects you. In May 2021, HPSM contacted all Medi-Cal dental FFS providers in San Mateo County by phone, mail, or in-person about this change. Medi-Cal Dental also sent these providers notifications regarding HPSM informational webinars held on May 20 and 25, 2021.

### **How do I become part of HPSM's dental provider network?**

For information about how to join HPSM's provider network, call (650) 616-5046 or email [dental@hpsm.org](mailto:dental@hpsm.org). Providers are encouraged to contract with HPSM as soon as possible prior to January 1, 2022, to ensure continuity of care for Medi-Cal patients in San Mateo County.

### **Can I continue seeing my Medi-Cal patients if I choose **NOT** to join HPSM's provider network?**

If you choose not to contract with HPSM and your Medi-Cal patients wish to continue seeing you, they may submit a continuity of care request to HPSM. If you agree to work

*Continued on pg 7*



with HPSM, your patients may continue seeing you for up to 12 months. After the 12-month period, unless you join HPSM's provider network, your Medi-Cal patients will transition to a dental provider within the HPSM provider network. Your Medi-Cal patients may contact HPSM Member Services at 1-800-750-4776 (toll-free) or 650-616-2133, Monday through Friday, 8:00 a.m. to 6:00 p.m. for more information.

### **How will my impacted Medi-Cal patients be notified of this change?**

HPSM will mail notices to Medi-Cal members enrolled in HPSM to inform them of this change 90 days in advance, followed by 60- and 30-day notices. In addition to the 60 and 30 day notices, HPSM is required to conduct additional outreach to members which may include newsletters, pamphlets, or other mailers.

For questions about the HPSM transition, please contact HPSM at (650) 616-5046 or [dental@hpsm.org](mailto:dental@hpsm.org). Providers can also visit the [HPSM website](#) for more information.

## **End Date for Treatment Authorization Request Exceptions during COVID-19**

As originally announced in Provider Bulletin [Volume 36, Number 8](#), effective March 20, 2020, the Department of Health Care Services allowed Treatment Authorization Request (TAR) exceptions for providers unable to render treatment during COVID-19 dental office closures.

**Effective December 31, 2021**, these processing exceptions will end.

### **1. For existing authorization:**

- a.** Medi-Cal dental providers with existing valid authorization are instructed to retain the Notice of Authorization (NOA) in their dental office. Providers **should not** send the NOA to Medi-Cal Dental for an extension nor submit a new TAR to extend the authorization period.

### **2. For existing authorization expired March 20, 2020 or after:**

- b.** If a Medi-Cal dental provider has a NOA that expired as of March 20, 2020 or after, and the provider has not been able to render treatment due to COVID-19 limitations, they should follow the two steps outlined below:

*Continued on pg 8*



- i. Treat the patient when the dental office is reopened **on or before December 31, 2021** and submit a new claim for payment for the previously authorized services. Providers are required to document the delay due to COVID-19 limitations. They should also note that the services were previously authorized and include the Document Control Number of the authorized NOA in the comments field (box 34) of the claim.
- ii. Submit their expired NOA for deletion to clear the member's history in the Medi-Cal Dental system.
- iii. If treatment will not be completed before December 31, 2021, a new TAR must be submitted for the treatment authorized on the expired NOA.

For questions about this bulletin, please call the Telephone Service Center at (800) 423-0507.

## Outdated Form: Justification of Need for Prosthesis

**Effective January 1, 2022**, providers must use Justification of Need for Prosthesis (DC054) forms with a **revision date of Rev 09/18** when submitting to Medi-Cal Dental. To confirm the version, check the revision date at the bottom of the form.

Outdated DC054 forms received after January 1, 2022 will be denied with **Adjudication Reason Code (ARC) 155** - *Procedure requires a properly completed prosthetic DC054 form.*

### Order New Forms

Please recycle any old forms and reorder new ones. To order, please complete and fax the [Forms Reorder Request](#) to the number on the form.

### How to Complete the DC054 Form

Refer to Medi-Cal Dental [Provider Handbook](#) Section 6 - Forms, for detailed instructions.

*Continued on pg 9*



## Save Time and Submit Electronically

For Electronic Data Interchange (EDI) enrollment information, please contact:

- **EDI Support** at (916) 853-7373 or [Medi-CalDentalEDI@delta.org](mailto:Medi-CalDentalEDI@delta.org)
- **Telephone Service Center** at (800) 423-0507

**NOTE:** Safety Net Clinics (Federally Qualified Health Centers, Rural Health Clinics, and Tribal 638 Clinics) are not subject to prior authorization. However, documentation should be consistent with the standards set forth in the Manual of Criteria (MOC) for Medi-Cal Authorization (Dental Services) and all state laws. A current DC054 form is required for screening and processing prosthetic cases and must be retained as part of patient records.

For current submission and criteria requirements, please refer to the [draft Current Dental Terminology \(CDT\) 2021 MOC](#) and [draft CDT-21 Schedule of Maximum Allowances \(SMA\)](#) for dates of services on or after October 1, 2021.