

Bulletin

August 2017
Volume 33, Number 9

This Issue:

p#1 Proposition 56: Tobacco Tax Funds Supplemental Payments

p#18 Visit Denti-Cal at the California Dental Association Convention (CDA Presents) in San Francisco 2017

Save Time and Use the Interactive Voice Response (IVR) System!

p#21 ACA's Non-Discrimination Policy Applies to Medi-Cal

Are You New to the Denti-Cal Program? Then Attend a Provider Seminar!

Training Seminars

[Reserve an available spot](#) for one of our open training seminars.

Elk Grove

Basic & Edi/D669 - August 09, 2017
Advanced/D670 - August 10, 2017

Webinar

Basic & Edi/D671 - August 14, 2017

Rancho Cucamonga

Workshop/D672 - August 17, 2017

Garden Grove

Basic & Edi/D673 - August 29, 2017
Advanced/D674 - August 30, 2017

Provider Enrollment Assistance Line

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

Wednesday, August 16, 8 am - 4 pm.

Proposition 56: Tobacco Tax Funds Supplemental Payments

PENDING APPROVAL FROM CENTER FOR MEDICARE AND MEDICAID SERVICES (CMS)

The California Healthcare, Research, and Prevention Tobacco Tax Act of 2016, or Proposition 56, was approved by voters at the November 8, 2016, statewide general election. Proposition 56 increased taxes imposed on cigarettes and tobacco products and allocates a specified percentage of those revenues to the Department of Health Care Services (DHCS) to increase funding for existing health care programs under the Medi-Cal program.

Assembly Bill 120 (Statutes of 2017, Chapter 22, §3, Item 4260-101-3305) amends the Budget Act of 2017 to appropriate Proposition 56 funds for specified DHCS health care expenditures during the 2017-18 state fiscal year. Proposition 56 funds will be utilized for supplemental payments for dental services under the Medi-Cal program for providers who bill under the Dental Fiscal Intermediary or Dental Managed Care plans. In accordance with Assembly Bill 120, DHCS will provide supplemental payments in addition to the current dental Schedule of Maximum Allowances (SMA) for specific procedures, identified in the attachment below, targeted to increase provider participation. The Supplemental payment will be at a rate equal to 40 percent of the Dental Schedule of Maximum Allowances (SMA) for the specified codes for the dates of service during the period of July 1, 2017 through June 30, 2018. The supplemental payment will become effective retroactive to July 1, 2017. DHCS is not changing the SMA for these procedures, but rather providing a supplemental payment in addition to the existing SMA.

Since this is pending approval from CMS, the Denti-Cal Telephone Service Center will not be able to answer any additional questions until CMS has approved these benefit changes.

Please check the DHCS website (<http://www.dhcs.ca.gov/services/Pages/MediCalDental.aspx>) and Denti-Cal website (www.denti-cal.ca.gov) frequently for future updates and clarifications.

Continued on pg 2

Attachment I

Department of Health Care Services

Medi-Cal Dental Services Division

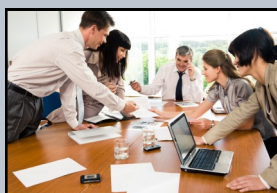
Current Dental Terminology (CDT) Codes for Proposition 56 Supplemental Payments

Category	CDT Procedure Code	Procedure Description
Visits and Diagnostics	D0120	Periodic oral evaluation - established patient
Visits and Diagnostics	D0145	Oral evaluation for patient under three years of age and counseling with primary caregiver
Visits and Diagnostics	D0150	Comprehensive oral evaluation - new or established patient
Restorative	D2140	Amalgam – one surface, primary or permanent
Restorative	D2150	Amalgam – two surfaces, primary or permanent
Restorative	D2160	Amalgam – three surfaces, primary or permanent
Restorative	D2161	Amalgam – four or more surfaces, primary or permanent
Restorative	D2330	Resin-based composite – one surface, anterior

NEED MORE INFORMATION?

Continued on pg 3

Provider Enrollment Workshops



Are you a dental provider who is interested in joining the Denti-Cal program but don't know where to start? Do you have questions about the Denti-Cal enrollment process? Then please drop-in anytime during the hours scheduled below to attend one of our enrollment workshops! Registration is preferred, but not required.

Date/Time:

Friday, August 11, 2017
8:00 AM - 4:00 PM

[Register Now!](#)

Location:

Embassy Suites
3663 E Guasti Rd
Ontario, CA 91761

County:

San Bernardino

Tuesday, August 22, 2017
8:00 AM - 4:00 PM

[Register Now!](#)

Double Tree by Hilton Hotel Bakersfield
3100 Camino Del Rio Court
Bakersfield, CA 93308

Kern

Category	CDT Procedure Code	Procedure Description
Restorative	D2331	Resin-based composite – two surfaces, anterior
Restorative	D2332	Resin-based composite – three surfaces, anterior
Restorative	D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)
Restorative	D2390	Resin-based composite crown, anterior
Restorative	D2391	Resin-based composite – one surface, posterior
Restorative	D2392	Resin-based composite – two surfaces, posterior
Restorative	D2393	Resin-based composite – three surfaces, posterior
Restorative	D2394	Resin-based composite – four or more surfaces, posterior
Restorative	D2710	Crown – resin - based composite (indirect)
Restorative	D2712	Crown - 3/4 resin-based composite (indirect)
Restorative	D2721	Crown – resin with predominantly base metal
Restorative	D2740	Crown – porcelain/ceramic substrate
Restorative	D2751	Crown – porcelain fused to predominantly base metal
Restorative	D2781	Crown – 3/4 cast predominantly base metal
Restorative	D2783	Crown – 3/4 porcelain/ceramic
Restorative	D2791	Crown – full cast predominantly base metal
Restorative	D2910	Recement inlay, onlay, or partial coverage restoration
Restorative	D2920	Recement crown
Restorative	D2929	Prefabricated porcelain/ceramic crown - primary tooth

Continued on pg 4

Category	CDT Procedure Code	Procedure Description
Restorative	D2930	Prefabricated stainless steel crown – primary tooth
Restorative	D2931	Prefabricated stainless steel crown – permanent tooth
Restorative	D2932	Prefabricated resin crown
Restorative	D2933	Prefabricated stainless steel crown with resin window
Restorative	D2940	Protective restoration
Restorative	D2951	Pin retention – per tooth, in addition to restoration
Restorative	D2952	Post and core in addition to crown, indirectly fabricated
Restorative	D2954	Prefabricated post and core in addition to crown
Restorative	D2970	Temporary crown (fractured tooth)
Restorative	D2980	Crown repair, necessitated by restorative material failure
Restorative	D2999	Unspecified restorative procedure, by report
Endodontic	D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction application of medicament
Endodontic	D3221	Pulpal debridement, primary and permanent teeth
Endodontic	D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development
Endodontic	D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)

Continued on pg 5

Category	CDT Procedure Code	Procedure Description
Endodontic	D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)
Endodontic	D3310	Endodontic therapy, anterior tooth (excluding final restoration)
Endodontic	D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)
Endodontic	D3330	Endodontic therapy, molar tooth (excluding final restoration)
Endodontic	D3346	Retreatment of previous root canal therapy – anterior
Endodontic	D3347	Retreatment of previous root canal therapy – bicuspid
Endodontic	D3348	Retreatment of previous root canal therapy – molar
Endodontic	D3351	Apexification/Recalcification/Pulpal regeneration - initial visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection)
Endodontic	D3352	Apexification/Recalcification/Pulpal regeneration - interim medication replacement
Endodontic	D3410	Apicoectomy/Periradicular surgery – anterior
Endodontic	D3421	Apicoectomy/Periradicular surgery – bicuspid (first root)
Endodontic	D3425	Apicoectomy/Periradicular surgery – molar (first root)
Endodontic	D3426	Apicoectomy/Periradicular surgery – (each additional root)
Endodontic	D3999	Unspecified endodontic procedure, by report

Continued on pg 6

Category	CDT Procedure Code	Procedure Description
Prosthetic	D5110	Complete denture – maxillary
Prosthetic	D5120	Complete denture – mandibular
Prosthetic	D5130	Immediate denture – maxillary
Prosthetic	D5140	Immediate denture – mandibular
Prosthetic	D5211	Maxillary partial denture – resin base (including any conventional clasps, rests and teeth)
Prosthetic	D5212	Mandibular partial denture – resin base (including any conventional clasps, rest and teeth)
Prosthetic	D5213	Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rest and teeth)
Prosthetic	D5214	Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rest and teeth)
Prosthetic	D5410	Adjust complete denture – maxillary
Prosthetic	D5411	Adjust complete denture – mandibular
Prosthetic	D5421	Adjust partial denture – maxillary
Prosthetic	D5422	Adjust partial denture – mandibular
Prosthetic	D5510	Repair broken complete denture base
Prosthetic	D5520	Replace missing or broken teeth – complete denture (each tooth)
Prosthetic	D5610	Repair resin denture base
Prosthetic	D5620	Repair cast framework
Prosthetic	D5630	Repair or replace broken clasp
Prosthetic	D5640	Replace broken teeth – per tooth

Continued on pg 7

Category	CDT Procedure Code	Procedure Description
Prosthetic	D5650	Add tooth to existing partial denture
Prosthetic	D5660	Add clasp to existing partial denture
Prosthetic	D5730	Reline complete maxillary denture (chairside)
Prosthetic	D5731	Reline complete mandibular denture (chairside)
Prosthetic	D5740	Reline maxillary partial denture (chairside)
Prosthetic	D5741	Reline mandibular partial denture (chairside)
Prosthetic	D5750	Reline complete maxillary denture (laboratory)
Prosthetic	D5751	Reline complete mandibular denture (laboratory)
Prosthetic	D5760	Reline maxillary partial denture (laboratory)
Prosthetic	D5761	Reline mandibular partial denture (laboratory)
Prosthetic	D5850	Tissue conditioning, maxillary
Prosthetic	D5851	Tissue conditioning, mandibular
Prosthetic	D5860	Overdenture – complete, by report
Prosthetic	D5911	Facial moulage (sectional)
Prosthetic	D5912	Facial moulage (complete)
Prosthetic	D5913	Nasal prosthesis
Prosthetic	D5914	Auricular prosthesis
Prosthetic	D5915	Orbital prosthesis
Prosthetic	D5916	Ocular prosthesis
Prosthetic	D5919	Facial prosthesis

Continued on pg 8

Category	CDT Procedure Code	Procedure Description
Prosthetic	D5922	Nasal septal prosthesis
Prosthetic	D5923	Ocular prosthesis, interim
Prosthetic	D5924	Cranial prosthesis
Prosthetic	D5925	Facial augmentation implant prosthesis
Prosthetic	D5926	Nasal prosthesis, replacement
Prosthetic	D5927	Auricular prosthesis, replacement
Prosthetic	D5928	Orbital prosthesis, replacement
Prosthetic	D5929	Facial prosthesis, replacement
Prosthetic	D5931	Obturator prosthesis, surgical
Prosthetic	D5932	Obturator prosthesis, definitive
Prosthetic	D5933	Obturator prosthesis, modification
Prosthetic	D5934	Mandibular resection prosthesis with guide flange
Prosthetic	D5935	Mandibular resection prosthesis without guide flange
Prosthetic	D5936	Obturator prosthesis, interim
Prosthetic	D5937	Trismus appliance (not for TMD treatment)
Prosthetic	D5951	Feeding aid
Prosthetic	D5952	Speech aid prosthesis, pediatric
Prosthetic	D5953	Speech aid prosthesis, adult
Prosthetic	D5954	Palatal augmentation prosthesis
Prosthetic	D5955	Palatal lift prosthesis, definitive
Prosthetic	D5958	Palatal lift prosthesis, interim
Prosthetic	D5959	Palatal lift prosthesis, modification

Continued on pg 9

Category	CDT Procedure Code	Procedure Description
Prosthetic	D5960	Speech aid prosthesis, modification
Prosthetic	D5982	Surgical stent
Prosthetic	D5983	Radiation carrier
Prosthetic	D5984	Radiation shield
Prosthetic	D5985	Radiation cone locator
Prosthetic	D5986	Fluoride gel carrier
Prosthetic	D5987	Commissure splint
Prosthetic	D5988	Surgical splint
Prosthetic	D5991	Topical Medicament Carrier
Prosthetic	D6092	Recent implant/abutment supported crown
Prosthetic	D6093	Recent implant/abutment supported fixed partial denture
Prosthetic	D6100	Implant removal, by report
Prosthetic	D6194	Abutment supported retainer crown for FPD (titanium)
Prosthetic	D6199	Unspecified implant procedure, by report
Prosthetic	D6211	Pontic - cast predominantly base metal
Prosthetic	D6241	Pontic - porcelain fused to predominantly base metal
Prosthetic	D6245	Pontic -porcelain/ceramic
Prosthetic	D6251	Pontic - resin with predominantly base metal
Prosthetic	D6721	Crown - resin with predominantly base metal
Prosthetic	D6740	Crown - porcelain/ceramic
Prosthetic	D6751	Crown - porcelain fused to predominantly base metal

Continued on pg 10

Category	CDT Procedure Code	Procedure Description
Prosthetic	D6781	Crown - 3/4 cast predominantly base metal
Prosthetic	D6783	Crown - 3/4 porcelain/ceramic
Prosthetic	D6791	Crown - full cast predominantly base metal
Prosthetic	D6930	Recement fixed partial denture
Prosthetic	D6980	Fixed partial denture repair, necessitated by restorative material
Oral and Maxillofacial Surgery	D7111	Extraction, coronal remnants – deciduous tooth
Oral and Maxillofacial Surgery	D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
Oral and Maxillofacial Surgery	D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated
Oral and Maxillofacial Surgery	D7220	Removal of impacted tooth – soft tissue
Oral and Maxillofacial Surgery	D7230	Removal of impacted tooth – partially bony
Oral and Maxillofacial Surgery	D7240	Removal of impacted tooth – completely bony
Oral and Maxillofacial Surgery	D7241	Removal of impacted tooth – completely bony, with unusual surgical complications
Oral and Maxillofacial Surgery	D7250	Surgical removal of residual tooth roots (cutting procedure)
Oral and Maxillofacial Surgery	D7260	Oroantral fistula closure

Continued on pg 11

Category	CDT Procedure Code	Procedure Description
Oral and Maxillofacial Surgery	D7261	Primary closure of a sinus perforation
Oral and Maxillofacial Surgery	D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth
Oral and Maxillofacial Surgery	D7280	Surgical access of an unerupted tooth
Oral and Maxillofacial Surgery	D7283	Placement of device to facilitate eruption of impacted tooth
Oral and Maxillofacial Surgery	D7285	Biopsy of oral tissue – hard (bone, tooth)
Oral and Maxillofacial Surgery	D7286	Biopsy of oral tissue – soft
Oral and Maxillofacial Surgery	D7290	Surgical repositioning of teeth
Oral and Maxillofacial Surgery	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report
Oral and Maxillofacial Surgery	D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant
Oral and Maxillofacial Surgery	D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant
Oral and Maxillofacial Surgery	D7340	Vestibuloplasty – ridge extension (secondary epithelialization)
Oral and Maxillofacial Surgery	D7350	Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)
Oral and Maxillofacial Surgery	D7410	Excision of benign lesion up to 1.25 cm
Oral and Maxillofacial Surgery	D7411	Excision of benign lesion greater than 1.25 cm
Oral and Maxillofacial Surgery	D7412	Excision of benign lesion, complicated
Oral and Maxillofacial Surgery	D7413	Excision of malignant lesion up to 1.25 cm

Category	CDT Procedure Code	Procedure Description
Oral and Maxillofacial Surgery	D7414	Excision of malignant lesion greater than 1.25 cm
Oral and Maxillofacial Surgery	D7415	Excision of malignant lesion, complicated
Oral and Maxillofacial Surgery	D7440	Excision of malignant tumor – lesion diameter up to 1.25 cm
Oral and Maxillofacial Surgery	D7441	Excision of malignant tumor – lesion diameter greater than 1.25 cm
Oral and Maxillofacial Surgery	D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm
Oral and Maxillofacial Surgery	D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm
Oral and Maxillofacial Surgery	D7460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25cm
Oral and Maxillofacial Surgery	D7461	Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm
Oral and Maxillofacial Surgery	D7465	Destruction of lesion(s) by physical or chemical method, by report
Oral and Maxillofacial Surgery	D7471	Removal of lateral exostosis (maxilla or mandible)
Oral and Maxillofacial Surgery	D7472	Removal of torus palatinus
Oral and Maxillofacial Surgery	D7473	Removal of torus mandibularis
Oral and Maxillofacial Surgery	D7485	Surgical reduction of osseous tuberosity
Oral and Maxillofacial Surgery	D7490	Radical resection of maxilla or mandible

Continued on pg 13

Category	CDT Procedure Code	Procedure Description
Oral and Maxillofacial Surgery	D7510	Incision and drainage of abscess – intraoral soft tissue
Oral and Maxillofacial Surgery	D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)
Oral and Maxillofacial Surgery	D7520	Incision and drainage of abscess – extraoral soft tissue
Oral and Maxillofacial Surgery	D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)
Oral and Maxillofacial Surgery	D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue
Oral and Maxillofacial Surgery	D7540	Removal of reaction producing foreign bodies, musculoskeletal system
Oral and Maxillofacial Surgery	D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone
Oral and Maxillofacial Surgery	D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body
Oral and Maxillofacial Surgery	D7610	Maxilla – open reduction (teeth immobilized, if present)
Oral and Maxillofacial Surgery	D7620	Maxilla – closed reduction (teeth immobilized, if present)
Oral and Maxillofacial Surgery	D7630	Mandible – open reduction (teeth immobilized, if present)
Oral and Maxillofacial Surgery	D7640	Mandible – closed reduction (teeth immobilized, if present)
Oral and Maxillofacial Surgery	D7650	Malar and/or zygomatic arch – open reduction
Oral and Maxillofacial Surgery	D7660	Malar and/or zygomatic arch – closed reduction

Continued on pg 14

Category	CDT Procedure Code	Procedure Description
Oral and Maxillofacial Surgery	D7670	Alveolus – closed reduction, may include stabilization of teeth
Oral and Maxillofacial Surgery	D7671	Alveolus – open reduction, may include stabilization of teeth
Oral and Maxillofacial Surgery	D7710	Maxilla – open reduction
Oral and Maxillofacial Surgery	D7720	Maxilla – closed reduction
Oral and Maxillofacial Surgery	D7730	Mandible – open reduction
Oral and Maxillofacial Surgery	D7740	Mandible – closed reduction
Oral and Maxillofacial Surgery	D7750	Malar and/or zygomatic arch – open reduction
Oral and Maxillofacial Surgery	D7760	Malar and/or zygomatic arch – closed reduction
Oral and Maxillofacial Surgery	D7770	Alveolus – open reduction stabilization of teeth
Oral and Maxillofacial Surgery	D7771	Alveolus, closed reduction stabilization of teeth
Oral and Maxillofacial Surgery	D7810	Open reduction of dislocation
Oral and Maxillofacial Surgery	D7820	Closed reduction of dislocation
Oral and Maxillofacial Surgery	D7830	Manipulation under anesthesia
Oral and Maxillofacial Surgery	D7840	Condylectomy
Oral and Maxillofacial Surgery	D7850	Surgical discectomy, with/without implant
Oral and Maxillofacial Surgery	D7852	Disc repair
Oral and Maxillofacial Surgery	D7854	Synovectomy
Oral and Maxillofacial Surgery	D7856	Myotomy
Oral and Maxillofacial Surgery	D7858	Joint reconstruction
Oral and Maxillofacial Surgery	D7860	Arthroscopy
Oral and Maxillofacial Surgery	D7865	Arthroplasty

Continued on pg 15

Category	CDT Procedure Code	Procedure Description
Oral and Maxillofacial Surgery	D7870	Arthrocentesis
Oral and Maxillofacial Surgery	D7872	Arthroscopy – diagnosis, with or without biopsy
Oral and Maxillofacial Surgery	D7873	Arthroscopy – surgical: lavage and lysis of adhesions
Oral and Maxillofacial Surgery	D7874	Arthroscopy – surgical: disc repositioning and stabilization
Oral and Maxillofacial Surgery	D7875	Arthroscopy – surgical: synovectomy
Oral and Maxillofacial Surgery	D7876	Arthroscopy – surgical: discectomy
Oral and Maxillofacial Surgery	D7877	Arthroscopy – surgical: debridement
Oral and Maxillofacial Surgery	D7880	Occlusal orthotic device, by report
Oral and Maxillofacial Surgery	D7910	Suture of recent small wounds up to 5 cm
Oral and Maxillofacial Surgery	D7911	Complicated suture – up to 5 cm
Oral and Maxillofacial Surgery	D7912	Complicated suture – greater than 5 cm
Oral and Maxillofacial Surgery	D7920	Skin graft (identify defect covered, location and type of graft)
Oral and Maxillofacial Surgery	D7940	Osteoplasty – for orthognathic deformities
Oral and Maxillofacial Surgery	D7941	Osteotomy – mandibular rami
Oral and Maxillofacial Surgery	D7943	Osteotomy – mandibular rami with bone graft; includes obtaining the graft
Oral and Maxillofacial Surgery	D7944	Osteotomy – segmented or subapical
Oral and Maxillofacial Surgery	D7945	Osteotomy – body of mandible
Oral and Maxillofacial Surgery	D7946	LeFort I (maxilla – total)
Oral and Maxillofacial Surgery	D7947	LeFort I (maxilla – segmented)
Oral and Maxillofacial Surgery	D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) – without bone graft
Oral and Maxillofacial Surgery	D7949	LeFort II or LeFort III – with bone graft

Continued on pg 16

Category	CDT Procedure Code	Procedure Description
Oral and Maxillofacial Surgery	D7950	Osseous, osteoperiosteal, or cartilage graft of mandible or facial bones – autogenous or nonautogenous, by report
Oral and Maxillofacial Surgery	D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach
Oral and Maxillofacial Surgery	D7952	Sinus augmentation with bone or bone substitute via a vertical approach
Oral and Maxillofacial Surgery	D7960	Frenulectomy also known as frenectomy or frenotomy – separate procedure not incidental to another procedure
Oral and Maxillofacial Surgery	D7963	Frenuloplasty
Oral and Maxillofacial Surgery	D7970	Excision of hyperplastic tissue – per arch
Oral and Maxillofacial Surgery	D7971	Excision of pericoronal gingiva
Oral and Maxillofacial Surgery	D7972	Surgical reduction of fibrous tuberosity
Oral and Maxillofacial Surgery	D7980	Sialolithotomy
Oral and Maxillofacial Surgery	D7981	Excision of salivary gland, by report
Oral and Maxillofacial Surgery	D7982	Sialodochoplasty
Oral and Maxillofacial Surgery	D7983	Closure of salivary fistula
Oral and Maxillofacial Surgery	D7990	Emergency tracheotomy
Oral and Maxillofacial Surgery	D7991	Coronoidectomy
Oral and Maxillofacial Surgery	D7995	Synthetic graft – mandible or facial bones, by report
Oral and Maxillofacial Surgery	D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar

Continued on pg 17

Category	CDT Procedure Code	Procedure Description
Adjunctive Services	D9110	Palliative (emergency) treatment of dental pain – minor procedure
Adjunctive Services	D9120	Fixed partial denture sectioning
Adjunctive Services	D9210	Local anesthesia not in conjunction with operative or surgical procedures
Adjunctive Services	D9220	Deep sedation/general anesthesia – first 30 minutes
Adjunctive Services	D9221	Deep sedation/general anesthesia – each additional 15 minutes
Adjunctive Services	D9230	Inhalation of nitrous oxide/anxiolysis analgesia
Adjunctive Services	D9241	Intravenous conscious sedation/analgesia – first 30 minutes
Adjunctive Services	D9242	Intravenous conscious sedation/analgesia – each additional 15 minutes
Adjunctive Services	D9248	Non-intravenous conscious sedation
Adjunctive Services	D9410	House/Extended care facility call
Adjunctive Services	D9420	Hospital or ambulatory surgical center call
Adjunctive Services	D9430	Office visit for observation (during regularly scheduled hours) - no other services performed
Adjunctive Services	D9440	Office visit – after regularly scheduled hours
Adjunctive Services	D9610	Therapeutic parenteral drug, single administration
Adjunctive Services	D9910	Application of desensitizing medication
Adjunctive Services	D9930	Treatment of complications (post-surgical) – unusual circumstances, by report
Adjunctive Services	D9950	Occlusion analysis – mounted case
Adjunctive Services	D9951	Occlusal adjustment – limited
Adjunctive Services	D9952	Occlusal adjustment – complete

Continued on pg 18

Visit Denti-Cal at the California Dental Association Convention (CDA Presents) in San Francisco 2017

Please be sure to visit the Denti-Cal booth at the [CDA Presents](#) in San Francisco, starting Thursday, August 24, 2017 through Saturday, August 26, 2017. Representatives from Denti-Cal will be on hand in Booth 1622 of the Moscone West to provide current Denti-Cal information and answer questions regarding Electronic Data Interchange (EDI), provider training, enrollment application assistance, and more!

In addition, the California Department of Health Care Services and Delta Dental of California will be presenting at The Spot at CDA Presents.

Two free one-hour lectures on the exhibit hall floor will cover:

1. Improving the Oral Health of California's Children: The Dental Transformation Initiative (DTI)
2. Successfully Navigating Denti-Cal: The Top 10 List of What Dentists Need to Know

For more details, visit the CDA website at <http://www.cdapresents.com/SF2017.aspx>.

Save Time and Use the Interactive Voice Response (IVR) System!

Take advantage of the Denti-Cal Interactive Voice Response (IVR) system to access general program information. It is available to Denti-Cal providers from 2:00 AM to 11:59 PM, seven days a week.

The IVR system can be used to verify the following:

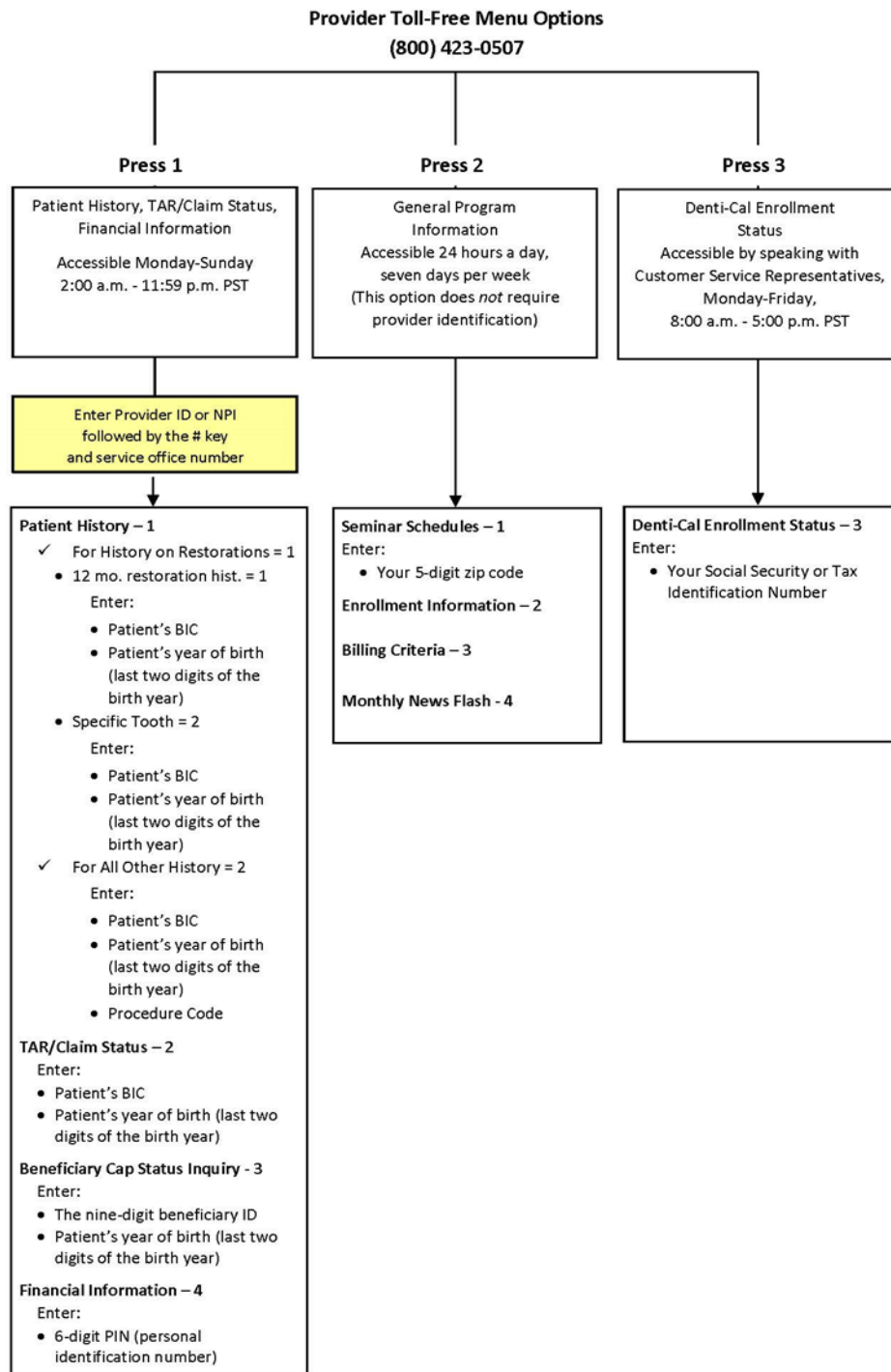
- Verify patient history
- Check claim/TAR status
- Beneficiary dental cap information
- Financial information

Continued on pg 19

The IVR System is a touch tone only system. If using the IVR to check beneficiary history, please enter only the numeric portion of the Current Dental Terminology (CDT) 13 or CDT 11-12 procedure code followed by the pound (#) sign. When confirming patient information with the benefits identification card number, please refer to the following chart when entering an alphabetic character:

Letter	2-Digit Code	Letter	2-Digit Code
A	*21	N	*62
B	*22	O	*63
C	*23	P	*71
D	*31	Q	*11
E	*32	R	*72
F	*33	S	*73
G	*41	T	*81
H	*42	U	*82
I	*43	V	*83
J	*51	W	*91
K	*52	X	*92
L	*53	Y	*93
M	*61	Z	*12

Continued on pg 20



For more information on verifying beneficiary identification, please refer to the [Provider Handbook](#) or to obtain beneficiary eligibility, please contact Medi-Cal at 1-800-456-2387.

Continued on pg 21

ACA's Non-Discrimination Policy Applies to Medi-Cal

Section 1557 of Patient Protection and Affordable Care Act (ACA) prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs or activities. In effect since 2010, Section 1557 builds on long-standing federal civil rights laws: Title VI of the Civil Rights Act of 1964; Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975.

The Health and Human Services (HHS) Office for Civil Rights issued its final rule implementing Section 1557 at Title 45 Code of Federal Regulations Part 92. The rule applies to any health program or activity, any part of which receives federal financial assistance, an entity established under Title I of the ACA that administers a health program or activity, and HHS. In addition to other requirements, Title 45 CFR Part 92.201, requires:

- **Language assistance services requirements**
Language assistance services required under paragraph (a) of Part 92.201 must be accurate, timely and provided free of charge, and protect the privacy and independence of the individual with limited English proficiency
- **Specific requirements for interpreter and translation services**
Subject to paragraph (a) of Part 92.201:
 - A covered entity shall offer a qualified interpreter to an individual with limited English proficiency when oral interpretation is a reasonable step to provide meaningful access for that individual with limited English proficiency
 - A covered entity shall use a qualified translator when translating written content in paper or electronic form

For more information about the application and requirements of the final rule implementing Section 1557, providers should contact their representative professional organizations. They might also visit the [Section 1557 of the Patient Protection and Affordable Care Act](#) page of the HHS website to find sample materials and other resources.

Are You New to the Denti-Cal Program? Then Attend a Provider Seminar!

Denti-Cal provider seminars are a great way to learn about the Denti-Cal program. The seminars are held year round across California and are also available as webinars. They are conducted by experienced, qualified instructors and free Continuing Education credits are available.

Seminars include:

- **Basic and EDI Seminars:** These seminars cover the general program purpose, goals, policies and procedures as well as the correct use of standard billing forms. Reference materials and support services available to Denti-Cal providers are also discussed. An Electronic Data Interchange (EDI) overview will be given which includes examples of Treatment Authorization Requests and claim submissions, review of reports, examples of EDI label preparation for mailing of radiographs, photographs and attachments, and the submission of electronic attachments.
- **Advanced Seminars:** This seminar covers in-depth information on topics such as Medi-Cal dental criteria, radiograph and documentation requirements, processing codes, and other topics of specific concern to Denti-Cal providers.
- **Ortho Seminars:** This specialized seminar for orthodontists addresses all aspects of the Denti-Cal orthodontic program, including enrollment and certification, completion of billing forms, billing procedures and criteria and policies specific to Denti-Cal orthodontic services.

Continued on pg 22

- **Workshops:** Workshops provide the inexperienced billing staff a hands-on opportunity to learn about the Medi-Cal Dental Program's policies and procedures.
- **Webinars:** Join Denti-Cal online for a webinar presentation of the Basic and EDI seminars or the Advanced seminar.

For more information on current and upcoming seminars, including seminar descriptions, the current seminar schedule, registration for seminars in your area and to get driving directions, please visit the Provider Seminars page on the Denti-Cal website:

<http://www.denti-cal.ca.gov/WSI/Prov.jsp?fname=SeminarHome>



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