Provider Bulletin

TRAINING SEMINARS

To reserve a spot online or to view a complete list of training seminars, to go the Provider Training Seminar Schedule.
Please note: Due to the COVID-19 situation, all seminars will be held as webinars. These changes are noted in red on the Provider Training Seminar Schedule page.

PROVIDER ENROLLMENT ASSISTANCE LINE

Speak with an Enrollment Specialist. Go here for more information.
Available every Wednesday
8am - 4pm

Medi-Cal Dental to Complete Implementation of Current Dental Terminology 2019

As announced in Provider Bulletin Volume 36, Number 3, the Department of Health Care Services (DHCS) implemented the majority of its Current Dental Terminology (CDT) code set from CDT-13 to CDT-19, effective March 14, 2020. As part of this effort, providers can access the draft CDT-19 Manual of Criteria (MOC) here and the draft Medi-Cal Dental Schedule of Maximum Allowances (SMA) here. The draft CDT-19 MOC contains all procedure codes added from CDT-14 to CDT-19 and all changes made with Provider Bulletin authority to existing procedure codes. All changes to the MOC and SMA are identified in red. Provider Handbook Section 5 will **not** be updated with the CDT-19 MOC or new SMA until the MOC is approved through the regulatory process. DHCS will notify providers via a Provider Bulletin when the MOC and SMA have been updated.

Effective May 16, 2020, DHCS will implement the remaining CDT-19 codes. The tables below show all these procedure code changes by category: new benefit and new global. For a complete list of implemented CDT-19 procedure codes, please refer to Provider Bulletin Volume 36, Number 3.

New Benefit Procedures

The procedures below will be effective as a benefit for DOS on and after May 16, 2020. Please refer to the draft CDT 19 MOC for the criteria applicable to the procedures. Though not shown here, the draft CDT-19 MOC and SMA show all new benefit procedures in red.

CDT Codes	Procedure Code Description	Maximum $$ Allowance	New Benefit Effective Date
Preventive Procedures			
D1575	Distal shoe space maintainer- fixed- unilateral* ***DTI Domain 1 Impact: Volume 36, Number 4**	$120.00	May 16, 2020
Oral and Maxillofacial Surgery Procedures			
D7979	Non-surgical Sialolithotomy	$45.00	May 16, 2020
Orthodontic Procedures			
D8695	Removal of Fixed Orthodontic Appliance(s) – other than at conclusion of treatment	$50.00	May 16, 2020
Adjunctive Service Procedures			
D9990	Certified Translation or Sign Language Services – Per Visit	Refer to Manual of Criteria (MOC)	May 16, 2020
D9992	Dental Case Management – Care Coordination	Refer to Manual of Criteria (MOC)	May 16, 2020
D9995	Teledentistry – Synchronous; Real-time encounter	$0.24/min up to 90 minutes	May 16, 2020
D9996	Teledentistry – Asynchronous; Information stored and forwarded to dentist for subsequent review *Transmission costs associated with store and forward are not payable	$0.00*	May 16, 2020

New Global Procedure

The procedure below will be effective as "global" for DOS on and after May 16, 2020. If used after the effective date, this procedure will be denied with ARC 269A - *Procedure denied for the following reason: Included in the fee for another procedure and is not payable separately*. Though not shown in this bulletin, the draft CDT-19 MOC and SMA show all new global procedures in red.

CDT Codes	Procedure Code Description	Maximum $$ Allowance	New Benefit Effective Date
Periodontal Procedures			
D4346	Scaling in presence of generalized moderate or severe gingival inflammation- full mouth, after oral evaluation	Global	May 16, 2020

Teledentistry CDT Code Changes

For Medi-Cal dental benefits or services, Medi-Cal enrolled dentists and allied dental professionals (under the supervision of a dentist) may render limited services via synchronous/live transmission teledentistry, so long as such services are within their scope of practice, when billed using CDT code D9999 (and procedure D0999) for dates of service on or before May 15, 2020. For dates of service on or after May 16, 2020, CDT code D9999 will be replaced with CDT code D9995, which can be billed as a standalone synchronous teledentistry procedure code.

- CDT code D9999 is reimbursed at 24 cents per minute, up to a maximum of 90 minutes, i.e., up to $21.60 maximum reimbursement. CDT code D9999 may only be used once per date of service per beneficiary, per provider. As noted above, CDT code D9999 will be replaced with CDT code D9995, as of May 16, 2020.

- CDT code D0999 will revert to "Unspecified diagnostic procedure, by report" with a SMA reimbursement rate of $46.00, effective May 16, 2020.

Adjudication Reason Code (ARC) Impacts

The following ARCs are effective for dates of service (DOS) on and after May 16, 2020.

- **NEW**: ARC 071D - This procedure does not have a fee in the Schedule of Maximum Allowance and is not payable through a claim submission. Please see https://dental.dhcs.ca.gov/Dental_Providers/Denti-Cal/Dental_Case_Management_Program/ for further instructions.

- **NEW**: ARC 086B - Full Mouth Debridement is not payable when rendered within 24 months of a scaling and root planning.

- **NEW:** ARC 666A - Per clinical screening, the patient's medical condition does not preclude the taking of radiographs.

For questions about the CDT-19 implementation or SMA updates, please call the Telephone Service Center at (800) 423-0507.

Medi-Cal Dental Website Domain Update

As part of the Department of Health Care Services (DHCS) effort to update Medi-Cal Dental Program terminology (Volume 35, Number 26), the Medi-Cal Dental website domain was changed from www.denti-cal.ca.gov to www.dental.dhcs.ca.gov on March 31, 2020. The domain change aligns to the new Medi-Cal Dental name. DHCS aims to make it clear that the dental benefit, previously referred to as Denti-Cal, is not separate from the Medi-Cal program and that members enrolled in Medi-Cal may also be eligible to receive dental benefits through the Medi-Cal Dental Program. Any links to the old domain that appear in

provider materials, such as the Provider Handbook, will automatically redirect to the Medi-Cal Dental website. DHCS recommends that providers and their dental staff who have saved any links or bookmarks to the old domain update those to the new domain.

Avoid Denials: Respond Timely to Resubmission Turnaround Documents and Requests for Radiographs

One of the top reasons for Treatment Authorization Request (TAR) denials is Adjudication Reason Code (ARC) 326 - *Procedures being denied on this document due to invalid response to the RTD or, if applicable, failure to provide radiographs/attachments for this EDI document*. To avoid denials, providers must respond timely to Resubmission Turnaround Documents (RTDs) for both paper and Electronic Data Interchange (EDI) documents, as well as requests for radiographs/attachments for EDI documents. **Medi-Cal Dental will deny these 'suspended' documents if no response is received within 45 days**.

EDI Documents Suspended for Radiographs/Attachments

EDI documents submitted with procedures that require radiographs/attachments are automatically suspended if they do not include a digitized image reference number. A request is issued electronically to the provider as the '*Provider/Service Office X-Ray/ Attachment Request*' report (ID# CP-O-971-P). If suspended documents are not matched to the required documentation within seven days, they will appear on the '*Provider/Service Office Daily EDI Documents Waiting Return Information > (greater than) 7 Days*' tracking report (CP-O-978-P). Documents will continue to appear on this report for up to 45 days until the documentation is either received or, if the documentation is not received, denied.

Required radiographs/attachments for EDI documents must be submitted using special EDI labels and red-bordered envelopes. Refer to the EDI How-To Guide for instructions on how to prepare them. Once the EDI envelopes are received, patient identifying information on the labels is used to link the EDI documents to the radiographs/attachments so processing can continue.

Resubmission Turnaround Documents

RTDs requesting missing or additional information related to both paper and EDI documents should be completed and returned by mail in regular mailing envelopes without EDI labels or envelopes as soon as possible to:

> Medi-Cal Dental Program
> P.O. Box 15609
> Sacramento, CA 95852-0609

Providers are usually enrolled to receive their RTDs electronically for documents submitted electronically along with other EDI reports. Providers may, however, opt to receive EDI RTDs by mail. If you have difficulty retrieving any EDI reports, contact your EDI clearinghouse.

For more information, please contact the Telephone Service Center at (800) 423-0507 or call (916) 853-7373 and ask for EDI Support. EDI-related questions can also be emailed to Medi-CalDentalEDI@delta.org.

Verify Your Tax Identification Number

The amount paid to each enrolled billing provider is reported annually to the Internal Revenue Service (IRS) by Medi-Cal Dental. The business name and Tax Identification Number (TIN) must match exactly with the name and TIN on file with the IRS. If the business name and TIN do not match, the IRS requires Medi-Cal Dental to withhold 28% of future payments. **If the business name and TIN appearing on your Medi-Cal Dental check/ EOB (Explanation of Benefits) are correct, you do not need to notify Medi-Cal Dental**.

Tax Identification Number

The TIN may either be a Social Security Number (SSN) or an Employer Identification Number (EIN). Medi-Cal Dental uses the TIN to report earnings to the IRS. The last four digits of the TIN are printed on the front of the check and on the EOB you receive from Medi-Cal Dental. Please verify that the business name and TIN on the next check/EOB you receive from Medi-Cal Dental are correct.

Updating Your Tax Identification Number

Updating your TIN is necessary only if your business type has changed (for example: sole proprietorship, corporation or partnership). **You will be required to complete a new Medi-Cal Dental Provider Enrollment Application (DHCS 5300) form if**:

- You have incorporated your business: include a valid, legible copy of the Articles of Incorporation showing the name of your corporation and a legible copy of an official document from the IRS (Form 147-C, SS-4 Confirmation Notification, 2363 or 8109-C).

- You are doing business under a fictitious name: include a valid, legible copy of the fictitious name permit issued by the Dental Board of California.

Return completed forms and all applicable attachments to:

Medi-Cal Dental Program
Attention: Provider Enrollment Department
P.O. Box 15609
Sacramento, CA 95852-0609

To obtain the other forms mentioned above, please visit the Forms page on the Medi-Cal Dental website here or contact the Telephone Service Center at (800) 423-0507. Failure to submit the appropriate forms and supporting documents will delay the processing of your application and your application will be returned as incomplete.

Medi-Cal Eligible State Inmate Program (MSIP) Aid Codes

In November 2019, the Department of Health Care Services (DHCS) identified that Medi-Cal providers were improperly submitting and being paid for Medi-Cal State Inmate Program (MSIP) claims. To date, MSIP has followed a unique claiming structure that allows only the California Department of Corrections and Rehabilitation (COCA) to claim federal reimbursement for services provided to Medi-Cal eligible state inmates and does not allow for direct Medi-Cal provider billing for MSIP services.

MSIP claims with the following aid codes submitted by an entity other than COCA will be denied and directed to COCA.

Medi-Cal State Inmate aid codes:

- F1, F2, GO, G1, G2, G9, N5, N6, N9, K2, K3, K4, and K5

Providers whose claims have been denied due to the aid codes referenced above should direct those claims to the mailing address below:

CorrectCare Integrated Health
P.O. Box 349206
Sacramento, CA 95834-9206

For questions about this MSIP aid code denials, please contact the Telephone Service Center at (800) 423-0507.

Go Green! Submit Documents Electronically through Electronic Data Interchange

Looking for a way to reduce your carbon footprint? Go paperless with Electronic Data Interchange (EDI). EDI submissions make billing and tracking documents easier and helps maximize practice management system capabilities. You can enroll to participate by visiting this link: EDI program.

Enroll in the EDI program to submit Claims and Treatment Authorization Requests (TARs), Notices of Authorization (NOAs), and Claim Adjustments electronically. As an EDI-enrolled provider, you can also receive NOAs, Resubmission Turnaround Documents (RTDs) and Explanation of Benefits (EOB) data electronically.

Medi-Cal Dental receives more than 70% of documents electronically. You can determine your own potential **cost savings** in submitting claims electronically by using the EDI savings calculator available on the National Dental EDI Council website.

Along with EDI documents, Medi-Cal Dental also accepts digitized radiographs and attachments submitted through the following electronic attachment vendors: Change Healthcare, DentalXChange, National Electronic Attachment, Inc. (NEA), National Information Services (NIS), and Tesia-PCI, LLC.

Additional information can be found in the EDI How-To Guide.

For information on how to enroll in EDI, please contact the Telephone Service Center at (800) 423-0507, or call (916) 853-7373 and ask for EDI Support. EDI-related questions can also be emailed to Medi-CalDentalEDI@delta.org.

Reminder: Outdated Versions of Treatment Authorization Request (TAR)/Claim Forms No Longer Accepted

Medi-Cal Dental is decommissioning outdated versions of the Treatment Authorization Request (TAR)/Claim form. As a reminder, **effective January 30, 2020**, providers must use a current version of the TAR/Claim form when submitting to Medi-Cal Dental. The current TAR/Claim form numbers and revision dates are:

- DC-202 (R 08/13) and (R 10/19) - for filling in by hand
- DC-209 (R 07/13) and (R 10/19) - for pin-fed printers
- DC-217 (R 9/13) and (R 10/19) - for laser printers

Providers can confirm that they are using the most current version by checking the revision date at the bottom of the form. If you have outdated TAR/Claim forms in your dental office, please recycle the old forms and reorder new ones.

To order current TAR/Claim forms, please complete and fax the Forms Reorder Request to the number on the form. Providers can find the Forms Reorder Request on the Medi-Cal Dental website here.

For information on how to complete the TAR/Claim form, please refer to the Provider Handbook [Section 6 - Forms](), pages 6-6 and 6-7. For questions about the TAR/Claim form decommissioning effort, please contact the Telephone Service Center at (800) 423-0507.

Need to access your Medi-Cal Dental information? The Provider Website Application makes it quick and easy!

Save time by accessing your Medi-Cal Dental information with the [Provider Website Application](). You and your staff can securely login to view:

- Provider's Claim Status and Submission History
- Provider's Treatment Authorization Request Status and Submission History
- Weekly Check Amounts
- Monthly Payment Totals and Year-to-Date Payments

The Provider Website Application is even mobile friendly, so you can stay updated on the go. Need help getting started? Check out the [Provider Website Application User Guide]() for step-by-step instructions on how to create an account.