



# Provider Bulletin

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## 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

## Medi-Cal Dental to Implement Current Dental Terminology 2022

### New Draft Manual of Criteria and Schedule of Maximum Allowances

Medi-Cal Dental is working to update its Current Dental Terminology (CDT) code set from CDT-21 to CDT-22 by **May 1, 2022**.

As part of this effort, providers can now access the drafts below. Changes are identified in **red**.

- [Draft CDT-22 Manual of Criteria \(MOC\)](#)
  - Contains all procedure codes added from CDT-21 to CDT-22
- [Draft Medi-Cal Dental Schedule of Maximum Allowances \(SMA\)](#)
  - Contains the new SMA rates for CDT-22 and existing procedure codes

[Provider Handbook](#) Section 5 and the [Medi-Cal Dental Manual of Criteria and Schedule of Maximum Allowances page](#) will be updated with the draft CDT-22 MOC and draft SMA upon implementation.

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## Deleted Procedures

The procedures below will no longer be effective for dates of service (DOS) on or after May 1, 2022. If used after the effective date, these procedures will be denied with **Adjudication Reason Code (ARC) 261A** - *Procedure code is missing or is not a valid code.*

CDT Codes	Procedure Code Description	Maximum \$\$ Allowance
<b>Periodontal Procedures</b>		
D4320	Provisional splinting - intracoronal	Not a Benefit
D4321	Provisional splinting - extracoronal	Not a Benefit
<b>Orthodontic Procedures</b>		
D8050	Interceptive orthodontic treatment of the primary dentition	Not a Benefit
D8060	Interceptive orthodontic treatment of the transitional dentition	Not a Benefit
D8690	Orthodontic treatment (alternative billing to a contract fee)	Not a Benefit

## New Benefit Procedure

The procedure below will be an effective benefit for DOS on and after May 1, 2022. Please refer to the draft CDT-22 MOC for the applicable criteria.

CDT Codes	Procedure Code Description	Maximum \$\$ Allowance
<b>Endodontic Procedures</b>		
D3921	Decoronation or submergence of an erupted tooth	\$135.00

## New Global Procedures

The procedures below will be effective as “global” for DOS on and after May 1, 2022. If used after the effective date, these procedures will be denied with **ARC 269A** - *Procedure denied for the following reason: Included in the fee for another procedure and is not payable separately.*

CDT Codes	Procedure Code Description	Maximum \$\$ Allowance
<b>Endodontic Procedures</b>		
D3911	Intraorifice barrier	Global
<b>Adjunctive Service Procedures</b>		
D9912	Pre-visit patient screening	Global

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## New Not a Benefit Procedures

The procedures below are not a benefit of the program effective for DOS on or after May 1, 2022. If used after the effective date, these procedures will be denied with **ARC 261** - *Procedure is not a benefit of this program*.

CDT Codes	Procedure Code Description	Maximum \$\$ Allowance
<b>Diagnostic Procedures</b>		
D0606	Molecular testing for a public health related pathogen, including coronavirus	Not a Benefit
<b>Preventive Procedures</b>		
D1701	Pfizer-BioNTech Covid-19 vaccine administration - first dose	Not a Benefit
D1702	Pfizer-BioNTech Covid-19 vaccine administration - second dose	Not a Benefit
D1703	Moderna Covid-19 vaccine administration - first dose	Not a Benefit
D1704	Moderna Covid-19 vaccine administration - second dose	Not a Benefit
D1705	AstraZeneca Covid-19 vaccine administration - first dose	Not a Benefit
D1706	AstraZeneca Covid-19 vaccine administration - second dose	Not a Benefit
D1707	Janssen Covid-19 vaccine administration	Not a Benefit
<b>Periodontal Procedures</b>		
D4322	Splint - intra-coronal; natural teeth or prosthetic crowns	Not a Benefit
D4323	Splint - extra-coronal; natural teeth or prosthetic crowns	Not a Benefit
<b>Prosthodontic Procedures</b>		
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests, and teeth)	Not a Benefit
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests, and teeth)	Not a Benefit
D5725	Rebase hybrid prosthesis	Not a Benefit
D5765	Soft liner for complete or partial removable denture - indirect	Not a Benefit

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CDT Codes	Procedure Code Description	Maximum \$\$ Allowance
<b>Implant Service Procedures</b>		
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	Not a Benefit
D6198	Remove interim implant component	Not a Benefit
<b>Oral and Maxillofacial Surgery Procedures</b>		
D7298	Removal of temporary anchorage device [screwed retained plate], requiring flap	Not a Benefit
D7299	Removal of temporary anchorage device, requiring flap	Not a Benefit
D7300	Removal of temporary anchorage device, without flap	Not a Benefit
<b>Adjunctive Service Procedures</b>		
D9947	Custom sleep apnea appliance fabrication and placement	Not a Benefit
D9948	Adjustment of custom sleep apnea appliance	Not a Benefit
D9949	Repair of custom sleep apnea appliance	Not a Benefit

## Existing CDT Procedures with Modification to Description

The descriptions for the existing procedures below will be effective May 1, 2022. There is no impact to adjudication with these changes. The existing criteria will not change for these procedures.

CDT Codes	Procedure Code Description	Maximum \$\$ Allowance
<b>Diagnostic Procedures</b>		
D0486	<u>Laboratory</u> accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	Not a Benefit
<b>Preventive Procedures</b>		
D1354	<u>Interim Application of</u> caries arresting medicament <u>application</u> – per tooth	\$12.00

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CDT Codes	Procedure Code Description	Maximum \$\$ Allowance
<b>Restorative Procedures</b>		
D2799	<del>Provisional</del> <u>Interim</u> crown – further treatment or completion of diagnosis necessary prior to final impression	Not a Benefit
D2910	Re-cement <del>inlay</del> or re-bond <u>inlay</u> , onlay, veneer or partial coverage restoration	\$30.00
D2971	Additional procedures to <u>customize construct a new</u> crown <u>to fit</u> under <u>an</u> existing partial denture framework	Global
<b>Endodontic Procedures</b>		
D3421	Apicoectomy – <del>bicuspid</del> <u>premolar</u> (first root)	\$100.00
<b>Periodontal Procedures</b>		
D4230	Anatomical crown exposure – four or more contiguous teeth or <del>tooth-bounded</del> <u>bounded tooth</u> spaces per quadrant	Not a Benefit
D4231	Anatomical crown exposure – one to three teeth or <del>tooth-bounded</del> <u>bounded tooth</u> spaces per quadrant	Not a Benefit
D4265	Biologic materials to aid in soft and osseous tissue regeneration, <u>per site</u>	Global
D4276	Combined connective tissue and <del>double</del> pedicle graft, per tooth	Not a Benefit
D4355	Full mouth debridement to enable <u>a</u> comprehensive evaluation and diagnosis on a subsequent visit	\$75.00
<b>Prosthodontic (Removable) Procedures</b>		
D5867	Replacement of replaceable part of semi-precision or precision attachment, <del>(male or female component per attachment)</del>	Not a Benefit
<b>Implant Service Procedures</b>		
D6051	Interim <u>implant</u> abutment <u>placement</u>	Not a Benefit
D6084	Implant supported crown – porcelain fused to titanium <del>and</del> <u>or</u> titanium alloys	Not a Benefit

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CDT Codes	Procedure Code Description	Maximum \$\$ Allowance
D6085	<del>Provisional Interim</del> implant crown	Not a Benefit
D6091	Replacement of replaceable part of semi-precision or precision attachment <del>(male or female component)</del> of implant/abutment supported prosthesis, per attachment	By Report
D6100	<del>Surgical removal of</del> implant <del>body removal, by report</del>	\$45.00
<b>Fixed Prosthodontic Procedures</b>		
D6253	<del>Provisional Interim</del> pontic – further treatment or completion of diagnosis necessary prior to final impression	Not a Benefit
D6793	<del>Provisional Interim</del> retainer crown – further treatment or completion of diagnosis necessary prior to final impression	Not a Benefit
<b>Oral and Maxillofacial Surgery Procedures</b>		
D7210	Extraction, <del>of</del> erupted tooth requiring removal of bone and/or sectioning of tooth, AND including elevation of mucoperiosteal flap if indicated	\$85.00
D7250	<del>Surgical</del> Removal of residual tooth roots (cutting procedure)	\$100.00
D7292	Placement of temporary anchorage device [screw retained plate] requiring flap; <del>includes device removal</del>	Not a Benefit
D7293	Placement of temporary anchorage device requiring flap; <del>includes device removal</del>	Not a Benefit
D7294	Placement of temporary anchorage device without flap; <del>includes device removal</del>	Not a Benefit
D7550	Partial ostectomy/sequestrec-tomy for removal of non-vital bone	\$100.00
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or <del>maxilla facial bones</del> – autogenous or nonautogenous, by report	\$800.00
D7952	Sinus augmentation <del>with bone or bone substitute</del> via a vertical approach	\$750.00

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CDT Codes	Procedure Code Description	Maximum \$\$ Allowance
<b>Adjunctive Service Procedures</b>		
D9613	Infiltration of sustained release therapeutic drug, <del>per quadrant – single or multiple sites</del>	Not a Benefit

To stay up-to-date on current CDT code set criteria and changes, providers are strongly encourage attending a Provider Training Seminar. Visit the [Provider Training page](#) to view the schedule and sign-up today.

## New Adjudication Reason Code 403C

Medi-Cal Dental will implement new Adjudication Reason Code (ARC) **ARC 403C** - *The requested procedure could be considered with EPSDT documentation; however, none was submitted.*

ARC 403C will appear on a provider's Explanation of Benefits (EOB) if the provider requests a procedure for a Medi-Cal member under age 21, but the procedure is not a benefit, and no documentation is submitted to justify medical necessity for the requested procedure. Providers can find ARC 403C in [Provider Handbook](#) Section 7 - Codes.

The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit allows Medi-Cal enrolled children and youth under age 21 to get:

- Preventive (screening) dental services
- Diagnostic and treatment services that are medically necessary to correct or ameliorate (or make more tolerable) health conditions found during screening

For detailed information about EPSDT, including Frequently Asked Questions and examples of what constitutes medical necessity, please refer to [Provider Handbook](#) Section 9 - Special Programs, pages 9-19 through 9-22.

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## New 2022 Dental Provider Participation Survey

Medi-Cal invites dental providers, including allied dental professionals, to take the [2022 Provider Participation Survey](#) now through **May 16, 2022**. The goal of this survey is to understand the factors that influence a provider's decision not to participate in Medi-Cal. The survey is available on the Medi-Cal Dental [website](#) and *Smile, California* [website](#).

**NOTE: Please only complete this survey if you are not currently enrolled in Medi-Cal.**

Thank you for taking time to respond.

## Reminder: 2022 Provider Customer Service Satisfaction Survey

Medi-Cal Dental invites providers to share their experience with the Medi-Cal Dental Program by taking the [2022 Provider Customer Service Satisfaction Survey](#) now through **April 15, 2022**. The survey is available on the Medi-Cal Dental [website](#) and *Smile, California* [website](#) for all providers to complete, and was mailed to a randomly selected group on March 1, 2022.

Thank you for your continued participation in the program and taking time to respond. The results will be used to assess how we can better serve our Medi-Cal dental providers.

## Medi-Cal Dental Case Management Program

Medi-Cal Dental offers additional support to members through the Dental Case Management Program. This program is designed for Medi-Cal members with special health care needs who are unable to schedule and coordinate complex treatment plans involving one or more medical and dental providers. Case Management services are intended for members who have:

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- Mental disabilities
- Physical disabilities
- Behavioral disabilities
- Diagnoses that make the member unable to coordinate complex treatment with one or more providers

Examples of qualifying special healthcare needs include physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or other limiting condition that require:

- Medical management
- Hospital dentistry
- Health care intervention
- Use of specialized services or programs

Referrals for Case Management services must be initiated by the member's:

- » Medi-Cal dental provider
- » Medical provider
- » Case manager
- » Case worker
- » Other healthcare professional

To refer a Medi-Cal member, please complete the online [Case Management Referral Form](#). All referrals are evaluated to determine eligibility based on Case Management criteria. Referrals that do not meet the criteria will be routed for care coordination assistance.

## Reminder: Annual Medi-Cal Dental Provider Directory Refresh

Medi-Cal Dental will be updating the [Provider Directory](#) with its Annual Refresh Campaign. The directory is a tool members can access on the *Smile, California* [Find a Dentist page](#) and use to search for enrolled providers in their area who are accepting Medi-Cal patients. Displaying your status in the Provider Directory is an excellent way to build, maintain, and increase your patient base while also serving Medi-Cal members in your community.

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## Provider Directory Refresh Steps

1. You will get a notification from Medi-Cal Dental requesting that you complete and submit the [Medi-Cal Dental Provider Directory/Referral Form](#). This is your opportunity to update your status in the directory so that your office either appears as “Accepting New Patients” or “Not Accepting New Patients”.
2. Once you receive the notice, you will have **35 business days** to complete and submit the form.
  - » **IMPORTANT:** If you wish to remain on the Directory as “Accepting New Patients”, you must submit a new form. **If you do not submit a form, your dental office will be listed as “Not Accepting New Patients” in the directory.**
3. You can submit the completed form in any of the following ways:
  - » Email it to [Medi-CalDentalEnrollmentDept@delta.org](mailto:Medi-CalDentalEnrollmentDept@delta.org).
  - » Mail it to Medi-Cal Dental in the postage paid envelope provided with the notification letter you received in the mail.
  - » Fax it to the Provider Enrollment Department at (916) 853-6315.
  - » Call the Telephone Service Center at (800) 423-0507 to have a representative assist you with completing and submitting the form.

**Please note:** Safety Net Clinics (Federally Qualified Health Centers, Rural Health Clinics, and Indian Health Clinics) will only be added to the [Dental Clinics Serving Medi-Cal Members](#) static list.

Thank you for your continued support and participation as we strive to improve oral health for Medi-Cal members all over California.