



Provider Bulletin

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SIGN UP FOR OUR EMAIL LIST

Learn the latest Medi-Cal Dental news and information by signing up for our Medi-Cal Dental Fee-For-Service Provider email distribution list [here](#).

TRAINING SEMINARS

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

PROVIDER ENROLLMENT

To enroll in the Medi-Cal Dental Program, or check the status of an existing enrollment application, click [here](#) or email PAVE@dhcs.ca.gov.

Teledentistry Expansion

The Department of Health Care Services (DHCS) is committed to continuing to enable broad teledentistry coverage post-Public Health Emergency (PHE), via both asynchronous and video and audio-only synchronous interaction.

Currently, DHCS allows teledentistry as an alternative modality for the provision of select dental services, which can be rendered using Current Dental Terminology (CDT) codes:

- D9995 (Teledentistry – Synchronous; Real-Time Encounter) and
- D9996 (Teledentistry – Asynchronous; Information stored and forwarded to dentist for subsequent review).

Effective May 1, 2023, in an effort to broaden access to care for Medi-Cal dental members, DHCS has expanded its teledentistry policy to allow Medi-Cal dental Fee-for-Service (FFS) and Dental Managed Care (DMC) providers the ability to establish new patient relationships through an asynchronous store and forward modality, consistent with Federally Qualified Health Center/Rural health Clinic (FQHC/RHC) providers. Additionally, DHCS enables providers the flexibility to use teledentistry as a modality to render services based upon service categories and specified parameters, versus designated CDT codes as is the

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current policy, when in compliance with ALL of the following requirements:

- The procedure is a diagnostic (D0100-D0999) or preventive (D1000-D1999) service. Teledentistry is not allowable for all other service categories and CDT codes (D2000-D9999) except D9995 and D9996, which are the teledentistry modality codes; and D9430 office visit for observation (during regularly scheduled hours – no other services performed).
- Dental providers billing for services delivered via teledentistry must be enrolled as Medi-Cal dental providers. The dental provider rendering Medi-Cal covered benefits or services via a teledentistry modality must be licensed in California, enrolled as a Medi-Cal Dental rendering provider, operate within their allowable scope of practice, and meet applicable standards of care.
- Providers must inform the patient, prior to the initial delivery of teledental services, about the use of teledentistry and obtain verbal or written consent from the patient for the use of teledentistry as an acceptable mode of delivering dental care services. Providers also need to document when a patient consents to receive services and such documentation must be maintained in the patient’s medical (dental) record.
- All services rendered through teledentistry must be in compliance with the [Manual of Criteria \(MOC\)](#), including documentation requirements to substantiate the corresponding technical and professional components of billed CDT codes.
- A patient who receives teledentistry services under these provisions shall also have the ability to receive in-person services from the dentist or dental practice or assistance in arranging a referral for in-person services.
- The referral to the dentist or dental practice must be documented in order to use asynchronous teledentistry to establish a patient relationship.
- Procedure does not require in-person presence of the patient in a dental facility, such as, administration of anesthesia, require direct visualization, or require instrumentation of the mouth by a licensed dentist.
- Procedure does not involve the insertion/removal of dental devices or products – such as crowns, implants, removable partials or dentures, or orthodontic appliances.

The reimbursement for procedures rendered via CDT code D9996 – asynchronous

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teledentistry – will be reimbursed based upon the applicable CDT procedure code(s) being provided. Transmission costs associated with store and forward are not payable per [Section 5 – Manual of Criteria and Schedule of Maximum Allowances of the Medi-Cal Dental Provider Handbook](#).

For more information about Medi-Cal Dental’s teledentistry policy, please refer to the [Teledentistry Resources](#) webpage or [Section 4 – Treating Members](#) of the Medi-Cal Dental Provider Handbook.

Periodontal Procedures

Due to a recent increase in denials for Periodontal Procedure Codes, Medi-Cal Dental would like to reiterate the importance of diagnostic quality radiographs. In addition, other documentation can be submitted, such as photos and periodontal charting to support procedure codes D4341 and D4342.

PROCEDURE D4341

PERIODONTAL SCALING AND ROOT PLANING – FOUR OR MORE TEETH PER QUADRANT

1. Prior authorization is required.
2. Radiographs for prior authorization- submit periapical radiographs of the involved areas and bitewing radiographs. See radiograph exemption in Periodontal General Policies (D4000-D4999) c.) (Page 8.1.65).
3. Requires a quadrant code.
4. If three or fewer diseased teeth are present in the quadrant, use periodontal scaling and root planning (D4342).
5. A benefit is:
 - a. for patients age 13 or older.
 - b. once per quadrant every 24 months.
6. Gingivectomy or gingivoplasty (D4210 and D4211) and osseous surgery (D4260 and D4261) cannot be prior authorized within 30 days following this procedure for the same quadrant.

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7. Prophylaxis (D1110 and D1120) are not payable on the same date of service as this procedure.

PROCEDURE D4342

PERIODONTAL SCALING AND ROOT PLANING – ONE TO THREE TEETH PER QUADRANT

1. Prior authorization is required.
2. Radiographs for prior authorization- submit periapical radiographs of the involved areas and bitewing radiographs. See radiograph exemption in Periodontal General Policies (D4000-D4999) c.) (Page 8.1.65).
3. Requires a quadrant code.
4. If four or more diseased teeth are present in the quadrant, use periodontal scaling and root planning (D4341).
5. A benefit is:
 - a. for patients age 13 or older.
 - b. once per quadrant every 24 months.
6. Gingivectomy or gingivoplasty (D4210 and D4211) and osseous surgery (D4260 and D4261) cannot be prior authorized within 30 days following this procedure for the same quadrant.
7. Prophylaxis (D1110 and D1120) are not payable on the same date of service as this procedure

We encourage providers to attend one of our Medi-Cal Dental Training Seminars to learn more about the Medi-Cal Dental Program and dental criteria, x-ray and documentation requirements, processing codes, and more. The [Provider Training Seminar Schedule](#) includes both virtual, in-person, and On-Demand training. Notably, many of our trainings include free CEUs for Medi-Cal Dental providers.

For further information on Periodontal General Policies and Procedures, please see [Section 5 of the Provider Handbook](#), pages 64-72.

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Coming Soon: 2023 Provider Network Capacity Survey

Medi-Cal is pleased to announce that dental providers enrolled in Medi-Cal will have an opportunity to take the 2023 Provider Network Capacity Survey online from May 1, 2023 through July 31, 2023. The purpose of this survey is to ensure we have the most comprehensive information possible regarding the provider networks within the Medi-Cal Dental Program.

Providers will be able to find the survey on the Medi-Cal Dental [website](#) and the *Smile, California* [website](#). Some providers will also receive the survey by mail.

Please only take the survey once. Thank you for taking the time to respond.

Treatment Authorizations After State Hearing Approval

The Department of Health Care Services would like to remind providers that members approved for dental treatment through a State Hearing will receive a Pre-Approval of Dental Treatment (pink letter), which will be used by the Medi-Cal provider of the member's choice. The member has 180 days from the date of the letter for treatment to be completed. This pink letter is authorization for the listed procedures and will be used by the provider to submit for payment once the treatment has been completed.

Note: Treatment allowed through the State Hearing process does not require a Medi-Cal Dental Treatment Authorization Request (TAR), unless it is an authorization for orthodontics. A TAR is required for allowed orthodontic treatment.

Treating Dentist's responsibilities:

- Be an enrolled Medi-Cal Dental dentist.
- Verify member's Medi-Cal eligibility for the month treatment is completed.
- Provide the allowed treatment within 180 days of the date of the pink authorization letter.

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- Submit a Medi-Cal Dental Claim form **no more than six months** after the end of the month in which the treatment was given. The Medi-Cal Dental Claim must include the **original pink** allowance notice. The Medi-Cal Dental Claim may be submitted electronically with the pink pre-approval letter attached.

- The claim must be mailed to:

Medi-Cal Dental Program
ATTN: State Hearing Department
P.O. Box 13898
Sacramento, CA 95853-4898

For further information, please call the Telephone Service Center at (800) 423-0507.

Access Your Medi-Cal Information Quickly and Easily with the Dental Provider Website Application

Did you know that you and your staff can save time and get up-to-date information on your Medi-Cal dental operations by using the [Provider Website Application](#)? With the Provider Website Application, you can securely log in to view:

- ◆ Patient history, including all dental services a member received from Medi-Cal dental providers in the last two years. Each line item shows:
 - ✓ Tooth information
 - ✓ Procedure(s)
 - ✓ Dates of service
 - ✓ Denied/allowed status
- ◆ Claim status and history
- ◆ Treatment Authorization Request status and history
- ◆ Weekly check amounts
- ◆ Monthly payment totals and year-to-date payments

The Provider Website Application is even mobile friendly, so you can stay current no matter where you are. [Need help getting started?](#) Check out the [Provider Website Application User Guide](#) for step-by-step instructions on how to create an account.