



Provider Bulletin

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THIS ISSUE

- pg 1 Update: Disaster Assistance to Evacuated Members and Dental Offices
- pg 3 New Adjudication Reason Code 395 for Medi-Cal County Inmate Program

Update: Disaster Assistance to Evacuated Members and Dental Offices

The Department of Health Care Services will allow member and provider processing exceptions to expedite the replacement of removable dental appliances for those impacted by the recent winter storms in California.

Removable dental appliances include:

- Orthodontic retainers
- Space maintainers
- Partial and full dentures
- Temporomandibular joint appliances fabricated by professionals, which may be removed and inserted by the member

Disaster assistance will be provided to the following California counties: Alameda, Alpine, Amador, Butte, Calaveras, Del Norte, El Dorado, Fresno, Glenn, Humboldt, Imperial, Inyo, Kern, Kings, Lake, Los Angeles, Madera, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Orange, Placer, Plumas, Sacramento, San Benito, San Bernardino, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara,

Continued on pg 2

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.



Santa Clara, Santa Cruz, Shasta, Sierra, Sonoma, Stanislaus, Trinity, Tulare, Tuolumne and Yuba. The end date of this assistance is May 31, 2024. All counties not included in this list will continue with the assistance end date of March 31, 2024.

Will prior authorization be waived?

Claims will be accepted without requiring prior authorization and will not be rejected due to frequency limitations for subsequent removable appliances for eligible members who are residents of the impacted counties. Claims for exams and radiographs connected to removable appliances will also be accepted and will not be rejected due to frequency limitations.

Exceptions to prior authorization requirements will be allowed. “Title 22, Section 51003, State of California Code of Regulations allows for the retroactive approval of prior authorization under the following conditions: When the required service could not be delayed ... “ ([Provider Handbook Section 5](#) - Manual of Criteria and Section 2 - Program Overview, page 2-14). For provider claims submitted for the replacement of removable appliances, the claims will be evaluated to determine if they are requested from the impacted counties.

What does the claim need to demonstrate?

The negative impact of winter storms and extreme weather conditions alone will meet the criteria of medical necessity.

What does the claim need to include?

Providers are instructed to include the statement **“Patient impacted by winter storms and extreme weather conditions and removable appliance was lost”** within the comments field on the claim. Damaged appliances will be screened for repair.

Reminder: Partial and full dentures require submission of a properly completed Justification of Need for Prosthesis (DC054) form (Rev 09/18). For detailed instructions, please refer to [Provider Handbook Section 6](#) – Forms, pages 6-48 to 6-51.

Will late submission of claims be accepted?

For Medi-Cal dental providers that must submit late billing due to the winter storms and extreme weather conditions, providers are instructed to include substantiating documentation that justifies the late submission of a claim.

Providers must submit statements about the circumstances of the winter storms and extreme weather conditions that were beyond their control, such as damage to or destruction of their business office or records; circumstances of the winter storms that

Continued on pg 3



substantially interfered with the timely processing of bills; or other circumstances clearly beyond the control of the provider, that was reported to the appropriate law enforcement or public agency.

Payment for removable appliances fabricated by a lab but cannot be delivered to the member must follow the requirements in the [Provider Handbook Section 2](#) - Program Overview, Billing and Payment Policies, Time Limitations for Billing, pages 2-17.

Will claims for members living in other counties be accepted?

For members residing in other counties that lost their removable appliance while they were temporarily in one of the impacted counties, claims will be accepted for removable appliances and related exams and radiographs without prior authorization and will not reject claims due to frequency limitations, however further documentation of need is required.

Documentation must include: a copy of the official Public Service Agency Report (fire or police) filed in the county in which the removable appliance was lost, the statement that the member lost the removable appliance due to the winter storms, and identification of the county where the removable appliance was lost. Claims submitted due to the situation above will be evaluated.

Providers are encouraged to monitor the Medi-Cal Dental [website](#) for future updates. Questions about this notice may be directed to the Telephone Service Center at (800) 423-0507.

New Adjudication Reason Code 395 for Medi-Cal County Inmate Program

Medi-Cal Dental implemented a new Adjudication Reason Code (ARC) on April 5, 2023: ARC 395 - Payment/authorization denied. Please contact the local governmental financing division at DHCS via general email box: DHCSIMCU@DHCS.CA.GOV for the responsible county for this service.

The Medi-Cal County Inmate Program (MCIP) aid codes are: F3, F4, G3, G4, G5, G6, G7, G8, J1, J2, J3, J4, J5, J6, J7, J8, N0, N7, N8, K6, K7, K8, and K9.

The claims service lines will be denied with the above ARC when a member has MCIP Aid Code, and the Billing Provider Service Office is not located in a State Fiscal Year (SFY) participating county.

Continued on pg 4



Non-Participating County codes in SFY 2022 (July 1, 2021 - June 30, 2022):

County Code	County Name
08	Del Norte
12	Humboldt
18	Lassen
21	Marin
23	Mendocino
30	Orange
44	Santa Cruz
45	Shasta
53	Trinity
57	Yolo

Non-Participating County codes in SFY 2023 (July 1, 2022 - June 30, 2023):

County Code	County Name
08	Del Norte
23	Mendocino
30	Orange
44	Santa Cruz
45	Shasta
46	Sierra
53	Trinity
57	Yolo

Non-Participating County codes in SFY 2024 (July 1, 2023 - June 30, 2024):

County Code	County Name
08	Del Norte
21	Marin
23	Mendocino
30	Orange
44	Santa Cruz
45	Shasta
53	Trinity
57	Yolo

For more information about the current CDT-23 Manual of Criteria and Schedule of Maximum Allowances, please visit the Medi-Cal Dental [website](#).