



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.

Join Us at the 2023 CDA Convention in San Jose

The Department of Health Care Services ([DHCS](#)) invites you to attend the 2023 California Dental Association (CDA) [Convention](#) in San Jose.

The convention will be held **September 7-9** at the [San Jose McEnergy Convention Center](#). The [schedule](#) includes lectures, hands-on workshops, and more than 160 courses.

Stop by Booth 1123 to meet our Provider Training team, Outreach Representatives, and Dental Consultants.

Important Reminder: Procedure Code D9430, Office Visit for Observation

The Department of Health Care Services (DHCS) would like to remind providers that the Current Dental Terminology (CDT) Procedure Code D9430 - Office Visit For Observation during regularly scheduled hours – no other services performed is not payable for missed appointments, scheduled appointments for restorative procedures, denture fabrication, crown preparations or cementation, or post-operative visits.

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Although written documentation is no longer required to be submitted for payment of this procedure, providers must maintain the documentation of tooth/area, the chief complaint, and the non-clinical treatment rendered in the patient records.

For more information regarding CDT D9430, please refer to [Section 5](#) – Manual of Criteria and Schedule of Maximum Allowances in the Medi-Cal Dental Provider Handbook.

Modification of ARC 267I

To clarify denial reasons on claims, the Department of Health Care Services (DHCS) has made an update to the Adjudication Reason Code (ARC) 267I, which will indicate denial due to undated documentation on claims for procedure code D9920 (Behavioral Management).

Effective October 2, 2023, the ARC 267I description will be updated and used when a claim for D9920 is submitted with undated documentation.

The description for the updated ARC 267I will read:

ARC 267I: Documentation submitted is incomplete and/or undated.

PAVE Resources and Training Complimentary for all Medi-Cal Dental Providers

The PAVE (Provider Application and Validation for Enrollment) portal simplifies and accelerates the Medi-Cal dental provider enrollment processes. PAVE features a secure login, document uploading, electronic signature, application progress tracking, intuitive guidance, social collaboration, and more. Providers must use the PAVE portal to complete and submit new applications for enrollment, report changes to current enrollment, and respond to Department of Health Care Services-initiated requests for revalidation.

Providers can view the online demonstration that covers the basic functions of PAVE by visiting the site: [YouTube - Introduction to PAVE for Dental Providers](#) and Frequently Asked Questions for clarifications. For additional **PAVE resources**, please visit the [PAVE website](#).

PAVE improves access to enrollment services, facilitates ease of use, and adds efficiencies to enrollment processes. **All PAVE resources and trainings are complimentary for Medi-Cal Dental Providers.**

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For additional information, please contact the Provider Enrollment Division (PED) using the Inquiry Form on [PED's website](#) under "Provider Resources." You can also call the PED Message Center at (916) 323-1945, email PED at PAVE@dhcs.ca.gov, or send a message through the [PAVE](#) portal.

Provider Billing Tips

To assist Medi-Cal Dental providers in submitting treatment requests and claims for approval, below are lists of most common denial reasons and helpful tips and suggestions to avoid denials. Accurate billing practices are essential for efficient claims processing and timely reimbursement. Please take note of the following:

Top Five Denials:

1. Reason Code 128: Cast and prefabricated posts are benefits in endodontically treated devitalized permanent teeth only when crowns have been authorized and/or paid by the Medi-Cal Dental program.
2. Reason Code 113: Tooth does not meet the Manual of Criteria for a laboratory processed crown. Please re-evaluate for alternative treatment. Refer to Restorative General Policies (D2000- D2999) in section 5 of the Provider Handbook. https://dental.dhcs.ca.gov/MCD_documents/providers/provider_handbook/PHB_section_05_MOC_SMA.pdf
3. Reason Code 081: Periodontal procedure cannot be justified on the basis of pocket depth, bone loss, and/or degree of deposits as evidenced by the submitted radiographs. Refer to Periodontal General Policies (D4000- D4999) in section 5 of the Provider Handbook. https://dental.dhcs.ca.gov/MCD_documents/providers/provider_handbook/PHB_section_05_MOC_SMA.pdf
4. Reason Code 048: Extraction of a tooth is not payable when pathology is not demonstrated in the radiograph, or when narrative documentation submitted does not coincide with the radiographic evidence. Refer to Oral and Maxillofacial General Policies (D7000- D7999) in section 5 of the Provider Handbook. https://dental.dhcs.ca.gov/MCD_documents/providers/provider_handbook/PHB_section_05_MOC_SMA.pdf
5. Reason Code 326: Procedures are being denied due to an invalid response to the

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Resubmission Turnaround Document (RTD) or, if applicable, failure to provide radiographs/attachments for this EDI document.

Clinical Reasons for Denials:

1. Non-diagnostic radiographs.
2. Missing or incomplete submission of radiographs.
3. Radiographs/photographs fail to demonstrate medical necessity for restorative procedures.
4. Poor prognosis for treatment, such as severe bone loss or gross destruction rendering the tooth/teeth/arch unrestorable.

Clerical Reasons for Denials:

1. Other coverage claims for payment must have an Explanation of Benefits (EOB) / Remittance Advice (RA) attached showing action taken from the primary carrier. Medi-Cal Dental is always the secondary carrier.
2. Failure to submit treating provider/National Provider Identifier (NPI) numbers.

Helpful Hints to Avoid Denials:

1. Authorization for Members 21 years and older: Medi-Cal Dental authorized treatment on a Notice of Authorization (NOA) may be allowed even if the member turns 21 before the NOA's expiration date. Prior-authorized procedures will be payable as long as the member is eligible at the time services are rendered.
2. Orthodontic Coverage: Orthodontic treatment is a benefit for qualifying members up to age 21. Authorized ortho treatment may be rendered on an eligible member through the month of their 21st birthday.
3. Wet Signature Requirement: All Medi-Cal Dental forms, including claims/Treatment Authorization Request (TAR)/Notice of Authorization (NOA)/ Resubmission Turnaround Document (RTD)/ Claim Information Form (CIF), require a wet signature from the provider or authorized staff member. Rubber stamps or "signature on file" cannot be accepted.

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4. Re-evaluation with NOA: Use the existing NOA for a re-evaluation of a denied procedure by marking the re-evaluation box on the upper right corner and checking the attachment box. Do not submit a Claim Inquiry Form (CIF).
5. Bite-wing Radiographs: Bite-wing radiographs are considered arch films and are current for 36 months.
6. Arch Integrity: Anterior periapical radiographs and bite-wings are sufficient to establish arch integrity of the upper/lower arches.
7. X-ray Envelopes: Do not use x-ray envelopes for periodontal charts or any other type of documentation. X-ray envelopes are only for radiographs and photographs. Staple all attachments to the back of the Claim/TAR form. Do not reuse X-ray envelopes returned by Medi-Cal Dental.

We hope these billing tips assist you in avoiding denials and ensure a smoother claims processing experience. Additional billing tips are added regularly, please check back for additional tips at- [Medi-Cal Dental Program - Providers - Medi-Cal Dental - Provider Related FAQs](#)

Thank you for your dedication to providing quality dental care to our Medi-Cal Dental members.

Medi-Cal Dental Payment Delay

In observance of the Labor Day holiday on Monday, September 4, 2023, the weekly provider payments for the week of September 4th will be delayed. Regular provider payments (paper checks and direct deposit) will be issued on September 8th.

For more information about the Medi-Cal Dental Payment Schedule for fiscal year 2023-2024, please refer to the [May 2023 Provider Bulletin](#).

Thank you in advance for your patience.