



Provider Bulletin

DECEMBER 2024

Volume 40, Number 42



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Extension to the Authorization Period for Notice of Authorizations

Medi-Cal Dental is pleased to announce an extension to the authorization period for Notice of Authorizations (NOAs) and NOA re-evaluations for all procedure codes. Currently, the authorization period to complete authorized treatment is 6 months (180 days) from date of authorization. Approved NOAs and denied NOAs submitted for re-evaluations, processed on and after January 29, 2025, once approved, will be authorized for 12 months (365 days) to complete the treatment for all procedure codes.

Time limitations for billing services provided under Medi-Cal Dental will remain as follows:

- Six calendar months after the end of the month in which the service is authorized will be considered for full payment (100 percent of the SMA).
- Seven to nine months after the end of the month in which the service is authorized will be considered for payment at 75 percent of the SMA amount.
- Ten to twelve months after the end of the month in which the service is authorized will be considered for payment at 50 percent of the SMA amount.

For more information about how to submit a NOA, please refer to the [Medi-Cal Dental Provider Handbook Section 6](#) or call the Telephone Service Center (TCS) at (800) 423-0507, available Monday through Friday from 8:00 a.m. through 5:00 p.m.

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PO BOX 15609, Sacramento, CA 95852-0509 | (800) 423-0507

dental.dhcs.ca.gov



Medi-Cal Dental Criteria Update – Retreatment of Previous Root Canal Therapy for Adults

Effective January 29, 2025, the prior authorization requirement will be waived for retreatment of previous root canal therapy for Members 21 years of age or older.

Criteria updates for Current Dental Terminology (CDT) codes D3346, D3347, and D3348:

Procedure Code D3346: Retreatment of Previous Root Canal Therapy – Anterior

1. Prior authorization is not required.
2. Requires a tooth code.
3. Not a benefit to the original provider within 12 months of initial treatment.
4. The fee for this procedure includes all treatment and post treatment radiographs, any temporary restoration and/or occlusal seal.

Procedure Code D3347: Retreatment of Previous Root Canal Therapy – Premolar

1. Prior authorization is not required.
2. Requires a tooth code.
3. Not a benefit to the original provider within 12 months of initial treatment.
4. The fee for this procedure includes all treatment and post treatment radiographs, any temporary restoration and/or occlusal seal.

Procedure Code D3348: Retreatment of Previous Root Canal Therapy – Molar

1. Prior authorization is not required.
2. Requires a tooth code.
3. Not a benefit:
 - a. to the original provider within 12 months of initial treatment.
 - b. for third molars, unless the third molar occupies the first or second molar position or is an abutment for an existing fixed partial denture or removable partial denture with cast clasps or rests.
4. The fee for this procedure includes all treatment and post treatment radiographs, any temporary restoration and/or occlusal seal.

For more information, please call the Medi-Cal Dental Telephone Service Center (TSC) at: (800) 423-0507, available Monday through Friday from 8:00 a.m. through 5:00 p.m.