Dear Medi-Cal Dental Provider and Staff:

Welcome! This seminar has been designed for dental providers and office staff who participate in the California Medi Cal Dental Program.

The material contained in the training packet has been prepared to help familiarize you with the Medi-Cal Dental Programs' policies, procedures and billing requirements. You should also refer to the Medi-Cal Dental Program Provider Handbook, located on the Medi-Cal Dental Program website at www.denti-cal.ca.gov for additional information.

We hope that you will benefit from the information presented at today’s seminar. If you have any questions, please call our provider toll-free line at (800)-423-0507.

Sincerely,

Medi-Cal Dental Program
Introduction

This packet contains the information discussed in today’s seminar regarding basic billing procedures and the use of forms. Please refer to the Medi-Cal Dental Program Provider Handbook for detailed, step-by-step instructions on how to complete each form.

When discussing the Medi-Cal Dental program, some terminology may be unfamiliar. The seminar packet contains a glossary listing some of the terms mentioned in today’s seminar.

Program Overview

Medi-Cal Dental is the dental portion of the State Medicaid Program. Delta Dental of California administers the 'Fee-For-Service' portion of the dental program for the Department Of Health Care Services (DHCS). Our function as administrators of this program is to process your TAR/Claim forms, and to enforce the rules and guidelines set by DHCS.
The Medi-Cal Dental Provider Handbook and Medi-Cal Dental Bulletins are available on the Medi-Cal Dental website at www.denti-cal.ca.gov.

The Medi-Cal Dental Provider Handbook has been developed to assist the provider and office staff with participation in the Medi-Cal Dental program. It contains detailed information regarding the submission, processing and completion of all treatment forms and other related documents. The Handbook should be used frequently as a reference guide to obtain the most current criteria, policies and procedures of the California Medi-Cal Dental Program.

The Medi-Cal Dental Bulletins are published periodically to keep providers informed of the latest developments in the program. New bulletins will appear in the “What’s New Section” of the Medi-Cal Dental website and are incorporated into the “Provider Bulletins” section of the website. This section should be checked frequently to ensure that your office has the most updated information on the Medi-Cal Dental program.
BILLING PROVIDERS

To receive payment for dental services performed for eligible Medi-Cal members, prospective providers must apply and be approved by the Medi-Cal Dental Program. New providers are notified of their acceptance in writing after enrollment procedures are completed. Prospective providers must not provide services to members until they have received the confirmation letter of acceptance in the Medi-Cal Dental Program. The letter includes the provider’s billing number, which is the National Provider Identifier (NPI) Number that the enrollee obtained from NPPES for their type of business. A second letter includes a personal identification number (PIN). The PIN will be used to access the provider’s financial information.

RENDERING PROVIDERS

Rendering providers must be enrolled in the Medi-Cal Dental program prior to rendering services to Medi-Cal Dental members. The rendering provider number will be the NPI number that the doctor obtained from NPPES based on their personal information.

BILLING INTERMEDIARIES

The Medi-Cal Dental program will accept claims prepared and submitted by billing services acting on behalf of providers. A billing service along with the perspective provider, must register with the Medi-Cal Dental Program by submitting form Medi-Cal Dental Provider and Billing Intermediary Application/Agreement and required documents. Upon submission of this form with supporting documents, the billing intermediary will be issued a billing intermediary number which must be included on all claims submitted on behalf of a provider. The form may be obtained by calling (800) 423-0507, written correspondence, or from the Medi-Cal Dental website.

Billing intermediaries must know and abide by the Medi-Cal Dental regulations. The provider must ensure the billing intermediary knows these regulations prior to contracting with them. The provider is accountable for any incorrect or fraudulent billings submitted on their behalf. Providers should ensure the billing intermediary knows where to find the Provider Handbook on the website.
Enrollment Changes

Changes to the practice

• All changes to your practice and/or license must be submitted to the Medi-Cal Dental program within 35 days of the change.

• Changes must be made in writing

• Must include the signature of the billing provider or responsible party.

Enrollment Revalidation

• Compliance with Centers for Medicare and Medicaid Services (CMS) Final Rule;
• The Code of Federal Regulations, Title 42, Section 455.414 states:
• The State Medicaid agency must revalidate the enrollment of all providers regardless of provider type at least every 5 years.

• All providers are required to submit a new enrollment application package in order to continue participating in the Medi-Cal Dental Program.

• Providers will receive written notification of their reenrollment when it is due.
Enrollment Assistance

Inquiries relating to the prospective billing or rendering provider/s application can be directed to the Enrollment department. The Enrollment department takes phone calls on Wednesday when the prospect provider has registered via the Medi-Cal Dental website (www.denti-cal.ca.gov). Also the prospective billing provider can request an on-site to fill out the application with one of the outreach representative. The prospective billing provider can register for the face to face assistance via the Medi-Cal Dental website (www.denti-cal.ca.gov). Please remember that the Enrollment department will not be able to answer inquiries regarding billing or criteria those questions should be directed to the Provider Relations Representative, Local Outreach Representatives or Telephone Service Center (TSC) 800-423-0507.
Phone Numbers and Websites

Provider Toll-Free Line (Medi-Cal Dental) 800-423-0507
Member Toll-Free Line (Medi-Cal Dental) 800-322-6384
A.E.V.S. (to verify eligibility) 800-456-2387
A.E.V.S. Help Desk (Medi-Cal) 800-541-5555
P.O.S./Internet Help Desk 800-541-5555
Medi-Cal Website (to verify member eligibility) www.medi-cal.ca.gov
Medi-Cal Dental Website www.denti-cal.ca.gov
EDI Technical Support 916-853-7373
Medi-Cal dental Forms (fax number) 877-401-7534
Health Care Options 800-430-4263
CA Department of Public Health
https://www.cdph.ca.gov/Programs/CHCQ/LCP/CalHealthFind/Pages/Home.aspx
Eligibility
MEDI-CAL MEMBERS IDENTIFICATION

Members are required to sign their Benefits Identification Card (BIC) prior to presenting the card for services. This requirement does not apply to persons 17 years of age or younger, or to those who reside in a long-term care facility.

Verification of identification is required for members who are unknown to the dental office except, when a member is 17 years of age or younger, is receiving emergency dental services, or resides in a long-term care facility. For all other members, the Medi-Cal Dental providers must make a “good-faith” effort to verify identification before providing Medi-Cal dental services. A good-faith effort means matching the name and signature on the BIC against the signature on a valid photo ID or any other document which appears to validate and establish identity.

Medi-Cal members who are unable to sign their name or make an “X” instead of a signature because of a disability are not required to sign their cards. Providers must still attempt to match the name on the BIC with an acceptable photo identification. If a provider does not attempt to identify a member and provides services to an ineligible member, payment for those services may be disallowed. Providers must verify eligibility every month for each member who presents a BIC, paper Immediate Need or Minor Consent card. A provider who declines to accept a Medi-Cal member must do so before accessing eligibility information with the exceptions listed in the Handbook. The State of California Department of Health Care Services (DHCS) will also review claims to determine providers who establish a pattern of providing services to ineligible members or individuals other than the member indicated on the BIC.

If a provider suspects this type of fraud or abuse is occurring, he or she should report it immediately by calling the (800) 822-6222, Monday through Friday between 8:00 a.m. and 5:00 p.m.

The BIC is a permanent plastic card issued once. The front of the card contains the member’s ID number, name, birth date and issue date. The reverse side contains a magnetic strip and member’s signature area.

The BIC is NOT a verification of eligibility but DOES contain the information to enable the provider to access eligibility.

Providers have two methods available to verify eligibility information. The options are:

1. Touch-tone telephone
2. Internet access
Eligibility

- The County Department of Social Services establishes eligibility

- Information is transferred to the Department of Health Care Services (DHCS)

- Verify eligibility monthly

- Members turning 21 years of age

- Eligibility Verification Confirmation Number (EVC)

Medi-Cal Benefits Identification Card (BIC)
OPTIONS TO ACCESS THE POINT OF SERVICE (POS) NETWORK
The POS is set up to verify eligibility and perform Share of Cost (SOC) transactions. The network may be accessed through the following ways:

**Touch-tone Telephone Access**
With the use of an assigned PIN, all providers with a touch-tone telephone may access the Medi-Cal Automated Eligibility Verification System (AEVS). The automated system will provide eligibility and Share of Cost (SOC) information that is current and up-to-date. Please remember other information such as patient history or specific claim activity is available only through the Medi-Cal dental program. AEVS is accessible 22 hours a day, 7 days a week. The toll-free number to access AEVS is (800) 456-AEVS (2387).

**Internet Access**
The Medi-Cal website on the internet at www.medi-cal.ca.gov allows providers to verify eligibility and update Share of Cost liability. This secure site is accessed by using the billing provider number and PIN.

**Custom Applications**
Providers with large claim volume and extensive computer systems may require custom applications to allow their system to interface with the POS network. The technical specifications to develop the program are available at no charge. The same eligibility and SOC information will be available to those using this method.

**ELIGIBILITY VERIFICATION CONFIRMATION (EVC)**
If the member’s eligibility has been established for the month requested, an EVC number is received. This number should be recorded in the patient record. Please enter the EVC number in the field available on the Treatment Authorization Request (TAR)/Claim form, or in Box 23 on the Notice Of Authorization (NOA).
Eligibility

• The Medi-Cal program verifies eligibility

• Two ways to verify eligibility through the Point of Service (POS) Network
  1) Touch Tone Telephone (A.E.V.S.)
  2) Internet (www.medi-cal.ca.gov)

• Request a POS Network/Internet Agreement from the POS/Internet Help Desk or Medi-Cal

Web Eligibility
www.medi-cal.ca.gov

Screen #1
Screen #2

Web Eligibility
www.medi-cal.ca.gov

Screen #3

Web Eligibility
www.medi-cal.ca.gov

Transaction Services

You are logged in as:

- Single Subscriber
- Multiple Subscribers
- Lab Services Reservation System (LSRS)
- SOC (Spend Down) Transactions
- Automated Provider Services (PTN)
- Batch Internet Eligibility
- Medical Services Reservations (Medi-Services)
Additional Information

Aid Code information may be found in the Medi-Cal Dental Provider Handbook or on the Medi-Cal website

- Type of Benefits
- SOC

Aid Codes

Not everyone receiving Medi-Cal has full-scope benefits
- Limited Services
- Restricted Services
  - Emergency Services Only
    - Require an 'Emergency Certification Statement'
Aid Codes

Emergency services only aid codes (for OBRA members) contain specific emergency procedures, regardless of age

- See Table 4 for the allowable procedures
<table>
<thead>
<tr>
<th>Proc. Code</th>
<th>CDT 13 Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D0220</td>
<td>Intraoral - periapical first radiographic image</td>
</tr>
<tr>
<td>D0230</td>
<td>Intraoral - periapical each additional radiographic image</td>
</tr>
<tr>
<td>D0250</td>
<td>Extraoral - first radiographic image</td>
</tr>
<tr>
<td>D0260</td>
<td>Extraoral - each additional radiographic image</td>
</tr>
<tr>
<td>D0290</td>
<td>Posterior - anterior or lateral skull and facial bone survey radiographic image</td>
</tr>
<tr>
<td>D0330</td>
<td>Panoramic radiographic image</td>
</tr>
<tr>
<td>D0502</td>
<td>Other oral pathology procedures, by report</td>
</tr>
<tr>
<td>D0999</td>
<td>Unspecified diagnostic procedure, by report</td>
</tr>
<tr>
<td>D2920</td>
<td>Recement crown</td>
</tr>
<tr>
<td>D2940</td>
<td>Protective restoration</td>
</tr>
<tr>
<td>D2970</td>
<td>Temporary crown (fractured tooth)</td>
</tr>
<tr>
<td>D3220</td>
<td>Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament</td>
</tr>
<tr>
<td>D3221</td>
<td>Pulpal debridement, primary and permanent teeth</td>
</tr>
<tr>
<td>D6092</td>
<td>Recement implant/abutment supported crown</td>
</tr>
<tr>
<td>D6093</td>
<td>Recement implant/abutment supported fixed partial denture</td>
</tr>
<tr>
<td>D6930</td>
<td>Recement fixed partial denture</td>
</tr>
<tr>
<td>D7111</td>
<td>Extraction, coronal remnants – deciduous tooth</td>
</tr>
<tr>
<td>D7140</td>
<td>Extraction, erupted tooth or exposed root (elevation and/or forceps removal)</td>
</tr>
<tr>
<td>D7210</td>
<td>Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated</td>
</tr>
<tr>
<td>D7220</td>
<td>Removal of impacted tooth - soft tissue</td>
</tr>
<tr>
<td>D7230</td>
<td>Removal of impacted tooth - partially bony</td>
</tr>
<tr>
<td>D7240</td>
<td>Removal of impacted tooth - completely bony</td>
</tr>
<tr>
<td>D7241</td>
<td>Removal of impacted tooth - completely bony, with unusual surgical complications</td>
</tr>
<tr>
<td>D7250</td>
<td>Surgical removal of residual tooth roots (cutting procedure)</td>
</tr>
<tr>
<td>D7260</td>
<td>Oroantral fistula closure</td>
</tr>
<tr>
<td>D7261</td>
<td>Primary closure of a sinus perforation</td>
</tr>
<tr>
<td>D7270</td>
<td>Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth</td>
</tr>
<tr>
<td>D7285</td>
<td>Biopsy of oral tissue - hard (bone, tooth)</td>
</tr>
<tr>
<td>D7286</td>
<td>Biopsy of oral tissue – soft</td>
</tr>
<tr>
<td>D7410</td>
<td>Excision of benign lesion up to 1.25 cm</td>
</tr>
<tr>
<td>D7411</td>
<td>Excision of benign lesion greater than 1.25 cm</td>
</tr>
<tr>
<td>D7412</td>
<td>Excision of benign lesion, complicated</td>
</tr>
<tr>
<td>D7413</td>
<td>Excision of malignant lesion up to 1.25 cm</td>
</tr>
<tr>
<td>D7414</td>
<td>Excision of malignant lesion greater than 1.25 cm</td>
</tr>
<tr>
<td>D7415</td>
<td>Excision of malignant lesion, complicated</td>
</tr>
<tr>
<td>D7440</td>
<td>Excision of malignant tumor - lesion diameter up to 1.25 cm</td>
</tr>
<tr>
<td>D7441</td>
<td>Excision of malignant tumor - lesion diameter greater than 1.25 cm</td>
</tr>
<tr>
<td>D7450</td>
<td>Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm</td>
</tr>
<tr>
<td>D7451</td>
<td>Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm</td>
</tr>
<tr>
<td>D7460</td>
<td>Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm</td>
</tr>
<tr>
<td>D7461</td>
<td>Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm</td>
</tr>
<tr>
<td>D7490</td>
<td>Radical resection of mandible with bone graft</td>
</tr>
<tr>
<td>D7510</td>
<td>Incision and drainage of abscess - intraoral soft tissue</td>
</tr>
<tr>
<td>D7511</td>
<td>Incision and drainage of abscess – intraoral soft tissue- complicated (includes drainage of multiple fascial spaces)</td>
</tr>
<tr>
<td>D7520</td>
<td>Incision and drainage of abscess - extraoral soft tissue</td>
</tr>
<tr>
<td>D7521</td>
<td>Incision and drainage of abscess – extraoral soft tissue- complicated (includes drainage of multiple fascial spaces)</td>
</tr>
<tr>
<td>D7530</td>
<td>Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue</td>
</tr>
<tr>
<td>D7540</td>
<td>D7440</td>
</tr>
<tr>
<td>D7550</td>
<td>Partial ostectomy/sequestrectomy for removal of non-vital bone</td>
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<td>-----------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>D7560</td>
<td>Maxillary sinusotomy for removal of tooth fragment or foreign body</td>
</tr>
<tr>
<td>D7610</td>
<td>Maxilla - open reduction (teeth immobilized, if present)</td>
</tr>
<tr>
<td>D7620</td>
<td>Maxilla - closed reduction (teeth immobilized, if present)</td>
</tr>
<tr>
<td>D7630</td>
<td>Mandible - open reduction (teeth immobilized, if present)</td>
</tr>
<tr>
<td>D7640</td>
<td>Mandible - closed reduction (teeth immobilized, if present)</td>
</tr>
<tr>
<td>D7650</td>
<td>Malar and/or zygomatic arch - open reduction</td>
</tr>
<tr>
<td>D7660</td>
<td>Malar and/or zygomatic arch - closed reduction</td>
</tr>
<tr>
<td>D7670</td>
<td>Alveolus - closed reduction, may include stabilization of teeth</td>
</tr>
<tr>
<td>D7671</td>
<td>Alveolus - open reduction, may include stabilization of teeth</td>
</tr>
<tr>
<td>D7710</td>
<td>Maxilla - open reduction</td>
</tr>
<tr>
<td>D7720</td>
<td>Maxilla - closed reduction</td>
</tr>
<tr>
<td>D7730</td>
<td>Mandible - open reduction</td>
</tr>
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<td>D7740</td>
<td>Mandible - closed reduction</td>
</tr>
<tr>
<td>D7750</td>
<td>Malar and/or zygomatic arch - open reduction</td>
</tr>
<tr>
<td>D7760</td>
<td>Malar and/or zygomatic arch - closed reduction</td>
</tr>
<tr>
<td>D7770</td>
<td>Alveolus - open reduction stabilization of teeth</td>
</tr>
<tr>
<td>D7771</td>
<td>Alveolus, closed reduction stabilization of teeth</td>
</tr>
<tr>
<td>D7810</td>
<td>Open reduction of dislocation</td>
</tr>
<tr>
<td>D7820</td>
<td>Closed reduction of dislocation</td>
</tr>
<tr>
<td>D7830</td>
<td>Manipulation under anesthesia</td>
</tr>
<tr>
<td>D7910</td>
<td>Suture of recent small wounds up to 5 cm</td>
</tr>
<tr>
<td>D7911</td>
<td>Complicated suture - up to 5 cm</td>
</tr>
<tr>
<td>D7912</td>
<td>Complicated suture - greater than 5 cm</td>
</tr>
<tr>
<td>D7980</td>
<td>Sialolithotomy</td>
</tr>
<tr>
<td>D7983</td>
<td>Closure of salivary fistula</td>
</tr>
<tr>
<td>D7990</td>
<td>Emergency tracheotomy</td>
</tr>
<tr>
<td>D9110</td>
<td>Palliative (emergency) treatment of dental pain - minor procedure</td>
</tr>
<tr>
<td>D9210</td>
<td>Local anesthesia not in conjunction with operative or surgical procedures</td>
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<tr>
<td>D9220</td>
<td>Deep sedation/general anesthesia - first 30 minutes</td>
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<tr>
<td>D9221</td>
<td>Deep sedation/general anesthesia - each additional 15 minutes</td>
</tr>
<tr>
<td>D9230</td>
<td>Inhalation of nitrous oxide/anxiolysis, analgesia</td>
</tr>
<tr>
<td>D9241</td>
<td>Intravenous conscious sedation/analgesia - first 30 minutes</td>
</tr>
<tr>
<td>D9242</td>
<td>Intravenous conscious sedation/analgesia - each additional 15 minutes</td>
</tr>
<tr>
<td>D9248</td>
<td>Non-intravenous conscious sedation</td>
</tr>
<tr>
<td>D9410</td>
<td>House/extended care facility call</td>
</tr>
<tr>
<td>D9420</td>
<td>Hospital or ambulatory surgical center call</td>
</tr>
</tbody>
</table>
Managed Care Plans

- Member must go to a plan provider

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<thead>
<tr>
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<th>Last, First M.</th>
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<td>Subscriber ID:</td>
<td>90000000A</td>
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<tr>
<td>Service Date:</td>
<td>MM/DD/YYYY</td>
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<tr>
<td>Subscriber Birth Date:</td>
<td>MM/DD/YYYY</td>
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<tr>
<td>Issue Date:</td>
<td>MM/DD/YYYY</td>
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<tr>
<td>Primary Aid Code:</td>
<td>00</td>
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<tr>
<td>First Special Aid Code:</td>
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<tr>
<td>Second Special Aid Code:</td>
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<tr>
<td>Third Special Aid Code:</td>
<td></td>
</tr>
<tr>
<td>Subscriber County:</td>
<td>19 – Los Angeles</td>
</tr>
<tr>
<td>HIC Number:</td>
<td></td>
</tr>
<tr>
<td>Trace Number (Eligibility Verification Confirmation (EVC) Number):</td>
<td>0000CAKEOR</td>
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</table>

Eligibility Message:
SUBSCRIBER LAST NAME: XXXXXX. EVC# 00000AKEOR. CTY CODE: 19. PRIMARY AID CODE: 00. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. HEALTH PLAN MEMBER: PHP- HLTH: NET: MEDICAL CALL (800)0000-0000. HRC: CALL (800)0000-0000 FOR HCP INFORMATION. PCP: DR. XXXXX. XXXX CALL (800) 0000-0000. ACCESS DENTAL PLAN: DENTAL CALL (800) 0000-0000.

Other Insurance Coverage

- Other Coverage
- Prepaid Health Plans (PHP) / Health Maintenance Organization (HMO)
- Indemnity Plans
- Medi-Cal Dental is always secondary carrier
- Other Coverage must be billed first

<table>
<thead>
<tr>
<th>Name:</th>
<th>Last, First M.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subscriber ID:</td>
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<td>MM/DD/YYYY</td>
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<td>Subscriber Birth Date:</td>
<td>MM/DD/YYYY</td>
</tr>
<tr>
<td>Issue Date:</td>
<td>MM/DD/YYYY</td>
</tr>
<tr>
<td>Primary Aid Code:</td>
<td>00</td>
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<tr>
<td>First Special Aid Code:</td>
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<tr>
<td>Second Special Aid Code:</td>
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</tr>
<tr>
<td>Third Special Aid Code:</td>
<td></td>
</tr>
<tr>
<td>Subscriber County:</td>
<td>11 – Glenn</td>
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<tr>
<td>HIC Number:</td>
<td></td>
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<tr>
<td>Trace Number (Eligibility Verification Confirmation (EVC) Number):</td>
<td>00000AKEOR</td>
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</table>

Eligibility Message:
SUBSCRIBER LAST NAME: XXXXXX. EVC# 00000AKEOR. CTY CODE: 00. PRIMARY AID CODE: 00. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. OTHER HEALTH INSURANCE COV UNDER CODE V CARTER NAME: BLUE CROSS OF CALIFORNIA. ID XXX0000X0000. COV: OIMPDP.
Share of Cost

- Is a pre-set amount determined by DHCS for an individual or family
- Any Health Care Services may be used
- Updating SOC
- Case Numbers
- Non-Covered Services may be used to meet SOC

Updating share of cost thru the POS network

EXAMPLE: Patient share of cost is $87.00

<table>
<thead>
<tr>
<th>Description</th>
<th>Date of Service</th>
<th>Procedure Code</th>
<th>UCR Fee</th>
<th>Patient Portion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination</td>
<td>05/05/18</td>
<td>D0150</td>
<td>$40.00</td>
<td>$40.00</td>
</tr>
<tr>
<td>2 Bitewings</td>
<td>05/05/18</td>
<td>D0272</td>
<td>$27.00</td>
<td>$27.00</td>
</tr>
<tr>
<td>Prophy</td>
<td>05/05/18</td>
<td>D1120</td>
<td>$60.00</td>
<td>$20.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td><strong>$127.00</strong></td>
<td><strong>$87.00</strong></td>
</tr>
</tbody>
</table>

THEN: Submit a claim to the Medi-Cal Dental program for all services provided.
Member Dental Cap

- $1800.00 Calendar year maximum
  - Applies to adults only (21 years and over)
  - Children are exempt (thru age 20)

- Exclusions to the Cap:
  - Emergency dental services
  - Dentures
  - Maxillofacial and complex oral surgery
  - Services provided for long-term care aid codes
  - Services provided to residents of SNFs or ICFs
  - Federally mandated services (including pregnancy-related services)
## Benefits Table Guide

<table>
<thead>
<tr>
<th>Age / Aid Code</th>
<th>Full Scope Benefits</th>
<th>Table 4 Emergency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Full Scope aid code</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Child (under 21)</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>• Adult (21 and over)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Member resides in an ICF or SNF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• DDS Member</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>All Ages – Emergency/Pregnancy aid code – Member is NOT pregnant/postpartum</strong></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>Member is pregnant/postpartum (regardless of age and aid code)</strong></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

## Residents of Qualifying SNF, ICF, ICF-DD, ICF-DDH, ICF-DDN

- These patients are eligible for additional services
- Services do not have to be provided in the facility to be payable benefits
- Use the website to confirm the classification and licensing of a facility (not all facilities qualify):
  
  [https://www.cdph.ca.gov/programs/chcq/lcp/calhealthfind/Pages/Home.aspx](https://www.cdph.ca.gov/programs/chcq/lcp/calhealthfind/Pages/Home.aspx)
Pregnant Members

- Pregnant members, regardless of age, aid code and/or scope of benefits are eligible to receive all dental procedures listed in the MOC
- Includes 60 days postpartum
- All requirements and criteria must be met
- Must document ‘Pregnant’ or ‘Postpartum’
Dental Transformation Initiative (DTI)

DTI Domain Goals

Domain 1  Increase Preventive Services Utilization
  • The goal of Domain 1 is to increase statewide proportion of children ages 1 through 20 enrolled in Medi-Cal who receive a preventive dental service by 10 percentage points over a five-year period.

Domain 2  Caries Risk Assessment and Disease Management
  • The goal of Domain 2 is to diagnose early childhood caries by utilizing Caries Risk Assessments (CRA) to treat it as a chronic disease and to introduce a model that proactively prevents and mitigates oral disease.

Domain 3  Continuity of Care
  • The goal for Domain 3 is to increase continuity of care for members ages 20 and under for 2, 3, 4, 5, and 6 continuous periods.
Dental Transformation Initiative
Within the Medi-Cal 2020 Waiver, the Dental Transformation Initiative (DTI) represents a critical mechanism to improve dental health for Medi-Cal children by focusing on high-value care, improved access, and utilization of performance measures to drive delivery system reform. More specifically, this strategy aims to increase the use of preventive dental services for children, prevent and treat more early childhood caries, and increase continuity of care for children. Given the importance of oral health to the overall health of an individual, California views improvements in dental care as critical to achieving overall better health outcomes for Medi-Cal members, particularly children.

DTI Domain 1 Goal
The goal of Domain 1 is to increase the statewide utilization of preventive services by at least ten (10) percentage points over the five (5) year Waiver 2020 period for Medi-Cal members ages one (1) through twenty (20), as aligned with the Centers for Medicare and Medicaid Services (CMS) Oral Health Initiative.

Who can participate in this Domain?
Providers: All enrolled Medi-Cal Dental providers in the Medi-Cal Dental Fee-For-Service (FFS) delivery system including Safety Net Clinics (e.g., Federally Qualified Health Centers; Rural Health Clinics; and Indian Health Services/Memorandum of Agreement Clinics (community health centers)), and Dental Managed Care (DMC) providers statewide may participate in this Domain. Enrolled FFS and DMC Medi-Cal Dental providers are not required to take any action to participate in this Domain. Enrolled Medi-Cal Dental providers must submit claims data through the dental fiscal intermediary (DXC) or encounter data using specific Current Dental Terminology (CDT) code information.

• Members: Medi-Cal Dental members ages one (1) through twenty (20) who are eligible for full scope Medi-Cal.
How will the incentive be calculated?
Incentive payments will be based on the performance of service office locations that meet or exceed the department’s predetermined benchmark during the measurement period. This benchmark is calculated based on the service office location’s delivery of preventive services to Medi-Cal members’ data during the baseline calendar year (CY) 2014. If a provider enters Domain 1 in a subsequent year with no 2014 data and more than a two (2) year gap in services rendered to Medi-Cal beneficiaries, they will receive a benchmark specific to their county of operation. If a provider enters Domain 1 in subsequent year with 2014 data or less than a two (2) year gap in services rendered to Medi-Cal members, the provider will be assigned benchmarks based off their previous data.

Once the 2% benchmark is met, the service office location will be paid 75% above the current SMA for each preventive service provided to each member the eligible services are rendered to, after meeting the benchmark. If the benchmark is not met, but preventive service utilization increases by 1.00 -1.99%, service office locations will be paid 37.5% above SMA for each preventive service provided to each member the eligible services are rendered to, after meeting the benchmark.

What is the frequency of payment and who will the incentive be paid to?
The incentive payments will be paid on a semi-annual basis to service office locations that meet or exceed a predetermined increase in preventive services to additional Medi-Cal members. Service office locations are eligible to earn full incentive payments at 75% above the Schedule of Maximum Allowances (SMA) or partial incentive payments at 37.5% above the SMA reflecting achievement of a 1 to 1.99 percentage point increase if the benchmark is partially met. The incentive amounts at 37.5% or 75% above the current SMA for each preventive service for children is as follows:
### DTI Domain 1

#### Table 1 Preventive Service by CDT Category Code
(All Current applicable procedure codes)

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Code Description</th>
<th>Frequency limitations per year</th>
<th>Current SMA</th>
<th>37.5% Above SMA</th>
<th>75% Above SMA</th>
</tr>
</thead>
<tbody>
<tr>
<td>D120</td>
<td>Prophylaxis</td>
<td>2 (once every 6 months)</td>
<td>$30.00</td>
<td>$11.25</td>
<td>$22.50</td>
</tr>
<tr>
<td>D120S</td>
<td>Topical application of fluoride varnish – child 0 to 5</td>
<td>2 (once every 6 months)</td>
<td>$18.00</td>
<td>$6.75</td>
<td>$13.50</td>
</tr>
<tr>
<td>D130S</td>
<td>Topical application of fluoride varnish – child 6-20</td>
<td>2 (once every 6 months)</td>
<td>$8.00</td>
<td>$3.00</td>
<td>$6.00</td>
</tr>
<tr>
<td>D121</td>
<td>Topical application of fluoride – child 0 to 5</td>
<td>2 (once every 6 months)</td>
<td>$18.00</td>
<td>$6.75</td>
<td>$13.50</td>
</tr>
<tr>
<td>D122</td>
<td>Topical application of fluoride – child 6-20</td>
<td>2 (once every 6 months)</td>
<td>$8.00</td>
<td>$3.00</td>
<td>$6.00</td>
</tr>
<tr>
<td>D135I</td>
<td>Sealant – per tooth</td>
<td>8 per year (once per tooth every 36 months)</td>
<td>$22.00</td>
<td>$8.25</td>
<td>$16.50</td>
</tr>
<tr>
<td>D135S</td>
<td>Preventative resin restoration in a moderate to high caries risk patient – permanent tooth</td>
<td>8 per year (once per tooth every 36 months)</td>
<td>$22.00</td>
<td>$8.25</td>
<td>$16.50</td>
</tr>
<tr>
<td>D151S</td>
<td>Space maintainer-fixed-unilateral</td>
<td>4 (once per quadrant)</td>
<td>$120.00</td>
<td>$45.00</td>
<td>$90.00</td>
</tr>
<tr>
<td>D151S</td>
<td>Space maintainer-fixed-bilateral</td>
<td>2 (once per arch)</td>
<td>$200.00</td>
<td>$75.00</td>
<td>$150.00</td>
</tr>
<tr>
<td>D152S</td>
<td>Space maintainer-removable-unilateral</td>
<td>4 (once per quadrant)</td>
<td>$230.00</td>
<td>$86.25</td>
<td>$172.50</td>
</tr>
<tr>
<td>D152S</td>
<td>Space maintainer-removable-bilateral</td>
<td>2 (once per arch)</td>
<td>$230.00</td>
<td>$86.25</td>
<td>$172.50</td>
</tr>
<tr>
<td>D155S</td>
<td>Re-cementation of space maintainer</td>
<td>4 – per provider</td>
<td>$30.00</td>
<td>$11.25</td>
<td>$22.50</td>
</tr>
<tr>
<td>D155S</td>
<td>Removal of fixed space maintainer</td>
<td>4 – per provider</td>
<td>$30.00</td>
<td>$11.25</td>
<td>$22.50</td>
</tr>
</tbody>
</table>
DTI Domain 2 Goal
The goals for this four (4) year Domain are to assess Medi-Cal children ages six (6) and under for caries risk, and to manage the disease of caries using preventive services and non-invasive treatment approaches instead of more invasive and costly restorative procedures.

Who can participate in this Domain?
Medi-Cal Dental providers enrolled as Medi-Cal Dental Fee-For-Service (FFS), Dental Managed Care (DMC), or Safety Net Clinic providers in select pilot counties are eligible to opt-in to this Domain. Medi-Cal Dental providers must be able to submit claims data to the dental fiscal intermediary (DXC Technology Services) including encounter data with specific Current Dental Terminology (CDT) code information. Additionally, Medi-Cal dental providers in select pilot counties must complete the Department of Health Care Services (Department) approved training, submit a certificate of completion for the training, and opt-in to the pilot using the Department approved Caries Risk Assessment Form. Medi-Cal Dental providers participating in the Domain will utilize a standardized Caries Risk Assessment (CRA) form, which was developed in partnership with a group of clinical experts, to ensure uniform application of the CRAs and risk level determinations. The 29 pilot counties are: Contra Costa, Fresno, Glenn, Humboldt, Imperial, Inyo, Kern, King, Lassen, Los Angeles, Madera, Mendocino, Merced, Monterey, Orange, Plumas, Riverside, Sacramento, San Bernardino, San Diego, San Joaquin, Santa Barbara, Santa Clara, Sierra, Sonoma, Stanislaus, Tulare, Ventura, Yuba.
How are incentive payments calculated?
Participating Medi-Cal Dental providers receive incentive payments for using the standardized CRA, development of a treatment plan, nutritional counseling, and motivational interviewing. Prophylaxis, application of topical fluoride varnish, application of interim caries arresting medication application (for children assessed at high risk), and oral evaluation are reimbursed using existing claiming processes. Participating Medi-Cal Dental providers receive a bundled incentive payment for completion of the approved CRA, treatment plan, nutritional counseling, and motivational interviewing at designated intervals depending upon assessed risk levels. Additional dental services are reimbursed based on the prescribed frequencies within designated intervals that may exceed standard frequency limitations outlined in the Manual of Criteria (MOC) depending upon assessed risk levels. Increased frequencies for services are permitted for children evaluated and determined to be at caries risk levels as follows:

“High risk” children will be authorized to visit their Medi-Cal Dental provider every three (3) months;
“Moderate risk” children will be authorized to visit their Medi-Cal Dental provider every four (4) months; and
“Low risk” children will be authorized to visit their Medi-Cal Dental provider every six (6) months.

What is the frequency of incentive payments and who will the incentives be paid to?
Incentive payments will be paid to participating Medi-Cal Dental providers, in accordance with the frequency of service as determined by the assessed risk level, using the current Medi-Cal Dental claim submission process.
DTI Domain 2 - Caries Risk Assessment and Disease Management

29 Participating Counties

Contra Costa
Fresno
Glenn
Humboldt
Imperial
Inyo
Kern
Kings
Lassen
Los Angeles

29 Participating Counties

Madera
Mendocino
Merced
Monterey
Orange
Plumas
Riverside
Sacramento
San Bernardino
San Diego

San Joaquin
Santa Barbara
Santa Clara
Sierra
Sonoma
Stanislaus
Tulare
Ventura
Ventura

DTI Domain 2

Opt-in form

Training

https://www.cda.org/Home/Education/Online-Learning/TYKE-Program
DTI Domain 2

The CRA consists of three CDT codes which must be performed on the same date of service and submitted together on one claim

- Caries Risk Assessment ($15.00)
  - D0601 = Low Risk (every 6 months)
  - D0602 = Moderate Risk (every 4 months)
  - D0603 = High Risk (every 3 months)
- Nutritional Counseling ($46.00)
  - D1310
- Motivational Interview ($65.00)
  - D9993

In addition to the CRA package, for high risk patients, interim caries arresting medicament (Silver Diamine Fluoride) may be performed as needed but is reimbursed no more than twice per year.
  - D1354 ($35.00)

- D1354 does not have to be performed at the time of CRA and a claim for reimbursement does not have to be submitted on the same claim as the CRA package.

Table of CRA Reimbursement Amounts

<table>
<thead>
<tr>
<th>Risk Level</th>
<th>Procedure</th>
<th>Frequency</th>
<th>CRA Reimbursement Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>D0601 – Caries Risk Assessment, low risk</td>
<td>Every 6 months</td>
<td>$126.00</td>
</tr>
<tr>
<td></td>
<td>D1310 – Nutritional Counseling</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>D9993 – Motivational Interview</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate</td>
<td>D0602 – Caries Risk Assessment, moderate risk</td>
<td>Every 4 months</td>
<td>$126.00</td>
</tr>
<tr>
<td></td>
<td>D1310 – Nutritional Counseling</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>D9993 – Motivational Interview</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>D0603 – Caries Risk Assessment, high risk</td>
<td>Every 3 months</td>
<td>$126.00</td>
</tr>
<tr>
<td></td>
<td>D1310 – Nutritional Counseling</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>D9993 – Motivational Interview</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Risk Only</td>
<td>D1354 – Interim Caries Arresting Medication</td>
<td>Every 6 months</td>
<td>$35.00</td>
</tr>
</tbody>
</table>
**DTI Domain 3 Goal**

The goal of Domain 3 is to increase dental continuity of care for children enrolled in the Medi-Cal program, who receive annual dental exams from a dentist at the same service office location year after year. The Department began this effort as a pilot in seventeen (17) select counties and by the end of year 3, based on the first three years of performance, decided to expand this Domain effective January 1, 2019 to an additional 19 counties, bringing the total to 36 pilot counties.

**Who can participate in this Domain?**

All enrolled Medi-Cal Dental providers in the Medi-Cal Dental Fee-For-Service (FFS) delivery system including Safety Net Clinics (e.g., Federally Qualified Health Centers; Rural Health Clinics; and Indian Health Services/Memorandum of Agreement Clinics (community health centers)) in the selected pilot counties may participate in this Domain. Enrolled FFS Medi-Cal Dental providers in the selected counties are not required to take any action, while SNC providers are required to complete an opt in form. The SNC opt-in form is available on the DTI webpage and SNC providers must complete the opt-in form no later than October 31, 2019. All participating providers must be able to submit claims data through Medi-Cal Dental using specific Current Dental Terminology code information in order to qualify for an incentive payment. Claims data will be analyzed to identify enrolled FFS Medi-Cal dental providers that provide a qualifying examination (D0120, D0145, or D0150) to members ages twenty and under at the same service office location for two (2), three (3), four (4), five (5), and six (6) year consecutive periods.

**What is the frequency of payment and who will the incentive be paid to?**

An incentive payment will be paid to service office locations annually that have maintained continuity of care by providing qualifying examinations (D0120, D0150, or D0145) to enrolled Medi-Cal members, ages 20 and under for two (2), three (3), four (4), five (5), and six (6) year continuous periods. The incentive payment is applicable in any of the demonstration years if continuity of care is provided during the term of the waiver. If a service office location has a new member, or a qualifying exam is missed for a previous member, the appropriate tier year incentive payment will be paid for the year(s) of continuity of care. For example, if a service office location has a new member, or previous member who returns in year three (3), and maintains continuity of care through year five (5), the service office location will receive a tier year one (1) incentive payment after year four (4), and a tier year two (2) incentive payment after year five (5). Payments to participating providers are issued to the business address, or designated pay-to address, based on the services rendered at a service office location and as described in the Special Terms and Conditions for the Domain in the Medi-Cal 2020 Waiver. To the extent that the projected funding limit is reached for this domain, a pro-rata share payment amount may be determined based on remaining funds.
Incentive Payment Schedule

<table>
<thead>
<tr>
<th>Demonstration Years</th>
<th>Program Implementation Years</th>
<th>Continuity of Care Baseline Year</th>
<th>Payment 1</th>
<th>Payment 2*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2016</td>
<td>2015</td>
<td>June 2017</td>
<td>June 2018</td>
</tr>
<tr>
<td>2</td>
<td>2017</td>
<td>2016</td>
<td>June 2018</td>
<td>June 2019</td>
</tr>
<tr>
<td>3</td>
<td>2018</td>
<td>2017</td>
<td>June 2019</td>
<td>June 2020</td>
</tr>
<tr>
<td>4</td>
<td>2019</td>
<td>2018</td>
<td>June 2020</td>
<td>June 2021</td>
</tr>
<tr>
<td>5</td>
<td>2020</td>
<td>2019</td>
<td>June 2021</td>
<td>June 2022</td>
</tr>
</tbody>
</table>

How will the incentive be calculated?
Incentive payments are calculated by member by year(s) of continuity of care, on a tier schedule, based on the number of years a service office location maintains continuity of care with the same member.

Effective January 1, 2019, for Program Years 4, 5, 6, the Department increased the Domain 3 annual incentive payment amounts by $60 per member with dates of service of January 1, 2019 or later. Baseline data claims include calendar year 2018 dates of service. The new payment scale will be reflected in the June 2020 payment.

The new incentive payments are:

<table>
<thead>
<tr>
<th>Incentive Payment Amount by Tier for Domain 3 Program Years 4 – 5 Tier Year</th>
<th>Incentive Payment by Member by Continuity of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$100</td>
</tr>
<tr>
<td>2</td>
<td>$110</td>
</tr>
<tr>
<td>3</td>
<td>$120</td>
</tr>
<tr>
<td>4</td>
<td>$130</td>
</tr>
<tr>
<td>5</td>
<td>$140</td>
</tr>
</tbody>
</table>
DTI Domain 3 – Continuity of Care

36 Current counties

Alameda Monterey Santa Barbara
Butte Napa Santa Clara
Contra Costa Nevada Santa Cruz
Del Norte Orange Shasta
El Dorado Placer Solano
Fresno Riverside Sonoma
Imperial San Bernardino Stanislaus
Kern San Diego Sutter
Madera San Francisco Tehama
Marin San Joaquin Tulare
Merced San Luis Obispo Ventura
Modoc San Mateo Yolo

Members: Medi-Cal children ages 20 years and under

DTI Sources

Additional information can be found:

https://www.dhcs.ca.gov/provgovpart/Pages/ dti.aspx

For any questions and/or comments regarding DTI, please contact DTI@dhcs.ca.gov
Record Keeping Criteria for the Medi-Cal Dental Program

The Surveillance and Utilization Review Subsystem (S/URS) department is responsible for overseeing and monitoring the California Medi-Cal Dental Program for suspected fraud, abuse, and poor quality of care.

The goal of the S/URS department is to ensure that providers and members are in compliance with the criteria and regulations of the Medi-Cal Dental program, and is governed by Title 22, the California Code of Regulations. Refer to Section 8 (FRAUD) in the Medi-Cal Dental Provider Handbook for further information.

### Surveillance and Utilization Review Subsystem (S/URS)

*(Title 22, the California Code of Regulations)*

**Record Keeping Criteria for the Medi-Cal Dental Program:**

1. **Complete members treatment records shall be retained for 10 years from the date the service was rendered and must be readily retrievable upon request.**

2. **Records shall include documentation supporting each procedure provided including, but not limited to:**
   - Type and extent of services, and/or radiographs demonstrating and supporting the need for each procedure provided
   - Indicate the type of materials used, anesthetic type, dosage, vasoconstrictor and number of carpules used
   - Prophylaxis and fluoride treatments
   - Include the date and ID of the enrolled provider who preformed the treatment

3. **Emergency services must have written documentation which includes, but is not limited to, the tooth/area, condition and specific treatment performed. The statement, “An emergency existed” is NOT sufficient.**
Provider Forms

• TAR / Claim Form
• NOA
• RTD
• EOB
## Claims Processing Flow Chart

### Input Prep
- Receives forms from provider
- Sorts by document type
- Assigns control numbers
- Scans documents and attachments

### Data Correction
- Corrects / verifies input data
- Forwards input documents to appropriate data control center (DCC) for further action as directed by the system

### File Maintenance
- Restores discrepancies between database file information and input data
- Forwards resolved documents to appropriate DCC as directed by the system

### Enrollment
- Enrolls providers into program
- Updates information in Provider Master File
- Resolves discrepancies between provider file and input data
- Forwards documents to appropriate DCC as directed by the system

### Claims Adjudication
- Paraprofessional and professional staff adjudicate via PC using radiographs, scanned documents and attachments
- Forwards documents to appropriate DCC

### System Batch Adjudication
- Updates nightly records and stores data processed from that day
- Transfers claim/TAR information into recipient's history file
- Collects payment data for weekly check run
- Generates reports
- Generates NOAs, RTDs, CIRs to provider

### Document Control
- Stores processed document hard copies according to specific time frames
- Files and retains documents awaiting RTD response
- Maintains files
- Forwards x-ray envelopes to Recycle or Outgoing Mail for return to provider

### Outgoing Mail
- Uses Phillipsburg equipment when appropriate to fold documents, stuff envelopes and affix postage
- Meters x-ray envelopes

### Customer Support
- Communicates with providers via telephone and written correspondence
- Researches and responds to provider inquiries
- Handles provider enrollment and training
In administering the California Medi-Cal Dental Program, the primary function is to process Claims and Treatment Authorization Requests (TARs) submitted by providers for dental services performed for Medi-Cal members. It is the intent of the Medi-Cal Dental program to process documents as quickly and efficiently as possible. A description of the processing workflow is offered to promote a better understanding of the Medi-Cal Dental program automated claims system.

The TAR/Claim form and other related documents have been developed to simplify the billing process. An introductory packet of billing forms is mailed to all newly enrolled providers so they may begin participating in the Medi-Cal Dental program. All billing forms are available from the Medi-Cal Dental forms supplier at no charge to providers.

The Medi-Cal Dental Provider Handbook contains detailed, step-by-step instructions for completing each of the Medi-Cal Dental forms. The handbook also provides a handy checklist to help complete treatment forms accurately.

All incoming documents are received and sorted by DXC. Claims and TARs are separated from other incoming documents and correspondence, and then assigned a Document Control Number (DCN). The DCN is a unique 11-digit number that identifies the treatment form throughout the processing system. By using the DCN, the Medi-Cal Dental program can answer inquiries concerning the status of any treatment form received.

<table>
<thead>
<tr>
<th>DCN = Document Control Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRN = Correspondence Reference Number</td>
</tr>
<tr>
<td>19 091 1 12345</td>
</tr>
<tr>
<td>Year Julian Document Sequential Number</td>
</tr>
</tbody>
</table>

**Document Identifier Code**

1. Claim / TAR  
2. RTD  
3. CIF  
4. MC177  
5. Written Correspondence  
6. Enrollment Forms  
7. Telephone Inquiry  
8. NOA
THE TREATMENT AUTHORIZATION REQUEST (TAR)/CLAIM FORM

The TAR/Claim form has been developed specifically for the Medi-Cal Dental program. Providers can use this form to request authorization of treatment under the Medi-Cal Dental program, or to submit for payment of completed, dated services. If there is more than one dentist or dental hygienist alternative practice (RDHAP) at a service office billing under a single dentist's provider number, enter the NPI of the dentist or RDHAP who performed the service.

The dental office must accurately complete the form to insure proper and expeditious handling by the Medi-Cal Dental program. Forms that are incomplete or inaccurately filled out may cause delays in processing and/or requests for additional information. Please ensure the required information is typed or printed clearly. To submit the TAR/Claim form to the Medi-Cal Dental program, follow these steps:

1. Check the form for completeness. Sign and date the form where appropriate.

2. Use two separate forms when requesting payment for dated services and prior authorization of treatment for other services. This will expedite reimbursement of allowable procedures.

3. When using forms DC-202 or DC-209, detach page 2 "yellow page" and retain for the patient's record. If using form DC-217, print an additional laser copy for the patient's record.

4. If required, include necessary copies or duplicate radiographs/photos by stapling them to the corresponding form. More information may be found in Section 6: Forms, of the Handbook.

5. Mail the completed form(s) in the large pre-addressed mailing envelope (DC-206) that is provided to you free of charge. Up to 10 forms with attachments may be mailed in a single document mailing envelope.

6. Mail the TAR/Claim forms to:

   California Medi-Cal Dental Program  
P.O. Box 15610  
Sacramento, CA  95852-0610
TREATMENT AUTHORIZATION REQUEST (TAR)/CLAIM

1. PATIENT NAME (LAST, FIRST, M.I.)
   Last, First

2. SEX
   M  F

3. PATIENT BIRTHDATE
   MM  DD  YY

4. MEDI-CAL BENEFITS ID NUMBER
   99999999999999

5. PATIENT ADDRESS
   Address

6. CHECK IF YES
   RADIOGRAPHS ATTACHED?
   HOW MANY? 3

7. PATIENT DENTAL RECORD NUMBER

8. REFERRING PROVIDER NPI

9. CHECK IF YES
   ACCIDENT/INJURY?
   EMPLOYMENT RELATED?

10. OTHER ATTACHMENTS?

11. CHECK IF YES
    ELIGIBILITY PENDING?
    (EXPLAIN IN COMMENTS SECTION)
    (SEE PROVIDER HANDBOOK)

12. ELIGIBILITY PENDING?

13. CHECK IF YES
    OTHER DENTAL COVERAGE:

14. CHECK IF YES
    MEDICARE DENTAL COVERAGE:

15. CHECK IF YES
    RETROACTIVE ELIGIBILITY?

16. CHECK IF YES
    CHDP

17. CHECK IF YES
    CALIFORNIA CHILDREN SERVICES?

18. CHECK IF YES
    MF-O

19. BILLING PROVIDER NAME (LAST, FIRST, M.I.)
   ADAMS, JAMES DDS

20. BILLING PROVIDER NPI
   1234567891

21. MAILING ADDRESS
   30 CENTER STREET
   CITY, STATE ZIP CODE
   ANYTOWN, CA 95814

22. PLACE OF SERVICE
   OUTPATIENT
   INPATIENT
   HOSPITAL
   SNF
   ICF

23. MAILING ADDRESS
   ADAMS, JAMES DDS
   30 CENTER STREET
   ANYTOWN, CA 95814

24. EXAMINATION AND TREATMENT
   26. TOOTH/LTR. ARCH/QUAD
   27. SURFACES
   28. DESCRIPTION OF SERVICE
      (INCLUDING X-RAYS, PROPHYLAXIS, MATERIAL USED, ETC.)
   29. DATE SERVICE PERFORMED
   30. QUANTITY
   31. PROCEDURE NUMBER
   32. FEE
   33. RENDERING PROVIDER NPI

   1  Exam
      10 10 19
      D0150
      25.00
      9912345678

   2  4 Bitewings
      10 10 19
      D0274
      20.00
      9912345678

   3  Additional PA’s
      10 10 19
      D0230
      24.00
      9912345678

   8  MIF
      10 10 19
      6
      D2332
      150.00
      9912345678

   5  MOD
      10 10 19
      D2160
      65.00
      9912345678

   16  Extraction
      10 10 19
      D7140
      125.00
      9912345678

   7

   8

   9

   10

34. COMMENTS

35. TOTAL FEE CHARGED
   409.00

36. PATIENT SHARE OF COST AMOUNT

37. OTHER COVERAGE AMOUNT

38. DATE BILLED
   10 15 19

IMPORTANT NOTICE:
In order to process your TAR/Claim, an x-ray envelope containing your radiographs, if applicable, MUST be attached to this form.

SIGNATURE OF PROVIDER OR PERSON AUTHORIZED BY PROVIDER TO BIND PROVIDER BY ABOVE SIGNATURE TO STATEMENTS AND CONDITIONS CONTAINED ON THIS FORM.

DO NOT WRITE IN THIS AREA

www.denti-cal.ca.gov  DC-217 (R 10/19)
When the patient resides in a qualifying facility, the following information is required:

1. Facility address
2. Facility name and facility phone number
3. Check box 4 or 5 only on the claim regardless of where the patient is being treated
4. If treating patients outside of the facility, indicate in box 34 where the patient is actually being treated, i.e. office, hospital
## TREATMENT AUTHORIZATION REQUEST (TAR)/CLAIM

### 1. PATIENT NAME (LAST, FIRST, M.I.)
Last, First

### 2. SEX
M  F

### 3. PATIENT BIRTHDATE
M  D  Y

### 4. MEDI-CAL BENEFITS ID NUMBER
99999999999999

### 5. PATIENT ADDRESS
Address

### 6. CITY, STATE
ZIP CODE

### 7. PATIENT DENTAL RECORD NUMBER

### 8. REFERRING PROVIDER NPI

### 9. CHECK IF RADIOGRAPHS ATTACHED?
X

### 10. OTHER ATTACHMENTS?
X

### 11. ACCIDENT/INJURY?

### 12. ELIGIBILITY PENDING?

### 13. OTHER DENTAL COVERAGE:

### 14. MEDICARE DENTAL COVERAGE:

### 15. RETROACTIVE ELIGIBILITY?

### 16. CHECK IF CHILD HEALTH AND DISABILITY PREVENTION?

### 17. CHECK IF CALIFORNIA CHILDREN SERVICES?

### 18. CHECK IF MF-O MAXILLOFACIAL - ORTHODONTIC SERVICES?

### 19. BILLING PROVIDER NAME (LAST, FIRST, M.I.)
Adams, James DDS

### 20. BILLING PROVIDER NPI
1234567891

### 21. MAILING ADDRESS
30 Center Street
City, State
ZIP CODE

### 22. PLACE OF SERVICE
X

### 23. EXAMINATION AND TREATMENT

#### 24. TOOTH/ARCH, SURFACES
(INCLUDING X-RAYS, PROPHYLAXIS, MATERIAL USED, ETC.)

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<thead>
<tr>
<th>TOOTH/ARCH</th>
<th>SURFACES</th>
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<tbody>
<tr>
<td>U</td>
<td>1 Partial Denture – Resin Base</td>
</tr>
<tr>
<td>L</td>
<td>2 Partial Denture – Resin Base</td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
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#### 25. DESCRIPTION OF SERVICE
(INCLUDING X-RAYS, PROPHYLAXIS, MATERIAL USED, ETC.)

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<th>DESCRIPTION OF SERVICE</th>
<th>DATE SERVICE PERFORMED</th>
<th>QUANTITY</th>
<th>PROCEDURE NUMBER</th>
<th>FEE</th>
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<tbody>
<tr>
<td>Partial Denture – Resin Base</td>
<td>D5211</td>
<td>1</td>
<td>400.00</td>
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</tr>
<tr>
<td>Partial Denture – Resin Base</td>
<td>D5212</td>
<td>2</td>
<td>400.00</td>
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#### 26. TOTAL FEE CHARGED
800.00

#### 27. PATIENT SHARE AMOUNT

#### 28. OTHER COVERAGE AMOUNT

#### 29. DATE BILLED
10-24-19

### IMPORTANT NOTICE:
In order to process your TAR/Claim an X-ray envelope containing your radiographs, if applicable, MUST be attached to this form.

Mary Smith

Signature

Date 10-24-19

SIGNATURE OF PROVIDER OR PERSON AUTHORIZED BY PROVIDER TO BIND PROVIDER BY ABOVE SIGNATURE TO STATEMENTS AND CONDITIONS CONTAINED ON THIS FORM.

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DC-217 (R 10/19)
TAR/CLAIM FORM
HELPFUL HINTS and REMINDERS

1. Use only the CDT 13 procedure codes. Be sure to use all four digits including the leading “D.”

2. Use the quantity column (field 30) when listing multiple procedures with the same procedure number.

3. When submitting the form for payment of dated services, be sure to include the rendering provider number in field 33.

4. Sign and date the form.

5. Staple any necessary attachments (e.g., operative reports, DC-054 Forms and/or copies of radiographs/photos, etc.) to the back of the form with one staple in the upper right or left corner.

6. Use field 34 for any narrative documentation.

7. Continuous TAR/Claim forms and laser forms are not pre-imprinted by the Medi-Cal Dental program. Enter your provider name, number and address exactly as it appears on your initial stock of forms.

8. If dated services are submitted on a request for authorization, they will not be paid until the authorized services are paid.

9. The Medi-Cal dental program will consider payment for dated services at 100% of the Schedule of Maximum Allowances (SMA) if the form is received within six months of the date of service. If the form is received within seven to nine months of the date of service, 75% of the SMA will be considered for payment. If the claim is received within ten to twelve months of the date of service, 50% of the SMA will be considered for payment.

10. REFER TO YOUR MEDI-CAL DENTAL PROVIDER HANDBOOK FOR MORE DETAILED INFORMATION ABOUT SUBMITTING THE TAR/CLAIM FORM.
THE NOTICE OF AUTHORIZATION (NOA) FORM

The NOA is a computer-generated form which the Medi-Cal Dental program sends to the provider following final processing of a TAR. The Medi-Cal Dental program will indicate on the NOA whether the requested services are allowed, modified, or disallowed. The NOA is used either to request payment of authorized services or to request a reevaluation of modified or denied services.

The NOA will be pre-printed by the Medi-Cal Dental program with the following information:

- Authorized period of time (the 'From' and 'To' date)
- Member information
- Provider information
- Procedures allowed, modified, and/or disallowed
- Allowance
- Adjudication Reason Codes (A list of adjudication codes may be found in section 7 of the Medi-Cal Dental handbook)

The NOA received by the dental office is printed with the same information that was submitted on the original TAR. Please be sure to verify that the printed information is correct prior to completing the form and returning it to the Medi-Cal Dental program.

Authorizations are valid for 180 days. Once the services have been performed, complete the appropriate shaded areas on the NOA, sign and date, and submit one copy to the Medi-Cal Dental program for payment. Retain the other copy for the patient's record.

Services not requiring prior authorization may be added to the NOA. However, any required radiographs and/or documentation for those procedures must be included.

The Medi-Cal Dental program will consider payment of 100% of the Schedule of Maximum Allowances (SMA), for services rendered if the NOA form is received within six months of the FINAL date of service. If the NOA is received within seven to nine months of the FINAL date of service, 75% of the SMA will be considered for payment. And, if the NOA is received within ten to twelve months of the FINAL date of service, 50% of the SMA will be considered for payment.
NOTE: AUTHORIZATION DOES NOT GUARANTEE PAYMENT. PAYMENT IS SUBJECT TO BENEFICIARY’S ELIGIBILITY AT THE TIME SERVICE IS RENDERED.
REEVALUATION REQUEST

Reevaluation of a modified or denied treatment plan may be requested. The reevaluation request must be received by the Medi-Cal Dental program on or prior to the expiration date. To request reevaluation, follow these steps:

1. Check the box marked “REEVALUATION REQUESTED” in the upper right corner of the NOA.
2. DO NOT SIGN THE NOA.
3. Include new or additional documentation and enclose radiographs as necessary.
4. Return the NOA to:
   California Medi-Cal Dental Program
   P.O. Box 15609
   Sacramento, CA 95852-0609

After reevaluation, a new NOA will be sent to your office.

- Do Not sign NOA
- Do submit radiographs and new / additional documentation
- NOA must be received on or before the 'expiration date'
- NOA may only be resubmitted '1 time'
1. Providers must wait until the NOA is received from the Medi-Cal Dental program before providing services that require prior authorization.

2. DO NOT attach a CIF when requesting a reevaluation.

3. Return all upper pages of a multi-page NOA at the same time.

4. Include the rendering provider number in field 33 of the NOA.

5. Sign and date the NOA when submitting for payment.

6. REMINDER: Authorization does not guarantee payment. Payment is subject to a member's eligibility. More information can be found in Section 6: Forms of the Handbook.

EXAMPLE OF NOA

The NOA

- Altered Treatment Plan
- Lab Order Date
- Undeliverable Appliance
- Billing Limitations
RESUBMISSION TURNAROUND DOCUMENT (RTD)

The RTD is a computer-generated form sent to request missing or additional information needed to completely process the claim, TAR or NOA.

The RTD consists of two sections: Section “A” and Section “B”. The top portion “A” of the RTD indicates the associated DCN and lists the error(s) found on the original document. Section “A” also indicates the return due date. The provider has 45 days to respond to the RTD. Retain Section “A” for the office records. Section “B” indicates the associated DCN, lists the error(s) found on the original document and provides space to enter the requested information.

1. To ensure the RTD is properly processed, follow these steps:

2. Sign and date the RTD. If the RTD is returned unsigned, the requested information cannot be used to process the original claim, TAR or NOA.

3. Return all pages of a multi-page RTD in one envelope.

4. Return the RTD promptly. If the RTD is not received by the Medi-Cal Dental program, within the 45-day time limitation, the Medi-Cal Dental program must deny the original claim, TAR or NOA.

5. Return the RTD to:

   California Medi-Cal Dental Program
   P.O. Box 15609
   Sacramento, CA 95852-0609

More information may be found in Section 6: Forms of the Handbook.
**RESUBMISSION TURNAROUND DOCUMENT**

**CLAIM** ✗ TAR ✗ NOA

**IMPORTANT:** LISTED IN SECTION "A" ARE ERROR(S) FOUND ON THE CLAIM/TAR/NOA. TO FACILITATE PROCESSING, TYPE OR PRINT THE CORRECT INFORMATION IN THE CORRESPONDING ITEM IN SECTION "B." SIGN AND DATE FORM AND RETURN SECTION "B" (BOTTOM PORTION) TO DENTI-CAL. PLEASE RESPOND PROMPTLY, AS PROCESSING CANNOT BE ACCOMPLISHED UNLESS CORRECTIONS ARE RECEIVED BY THE DUE DATE INDICATED. FAILURE TO RESPOND WITHIN THE TIME LIMITATION WILL RESULT IN DENIAL OF SERVICES. IF YOU HAVE ANY QUESTIONS CALL 800-423-0507 FOR ASSISTANCE OR REFER TO YOUR PROVIDER HANDBOOK FOR FURTHER INFORMATION.

---

**BILLING PROVIDER NAME**
Adams, James, DDS
30 Center Street
Anytown, CA 95814

**MEDI-CAL PROVIDER NO.**
1234567899

**PATIENT NAME**
Last, First

**PATIENT MEDI-CAL I.D. NUMBER**
99999999D

**PATIENT DENTAL RECORD NO.**

**BEGINNING DATE OF SERVICE**

**RTD ISSUE DATE**
10/31/19

**RTD DUE DATE**
12/15/19

**AMOUNT BILLED**
662.00

**DOCUMENT CONTROL NO.**
19297102350

---

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<th>INFORMATION BLOCK</th>
<th>CLAIM LINE</th>
<th>SUBMITTED INFORMATION</th>
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<th>ERROR CODE</th>
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<td>A</td>
<td></td>
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<td>2</td>
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<td>51</td>
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</tr>
<tr>
<td>B</td>
<td></td>
<td>39</td>
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<td></td>
<td>52</td>
<td></td>
</tr>
</tbody>
</table>

---

**RETURN THIS PORTION TO:**
DENTI-CAL P.O. BOX 15609, SACRAMENTO, CA 95852-0609

---

**RETURN THIS PORTION TO:**
DENTI-CAL P.O. BOX 15609, SACRAMENTO, CA 95852-0609

---

**SIGNATURE**
Mary Smith
11/21

**DATE**

---

**CORRECTED INFORMATION MUST BE ENTERED ON THE SAME LINE AS THE ERROR SHOWN IN SECTION "A."**

**CORRECT INFORMATION**

<table>
<thead>
<tr>
<th>ITEM</th>
<th>CLAIM LINE</th>
<th>CLAITEM NUMBER</th>
<th>CLAIM LINE</th>
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<tr>
<td>B</td>
<td>39</td>
<td>52</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**NOTE:**
This is to certify that the corrected information is true, accurate and complete and that the provider has read, understands, and agrees to be bound by and comply with the statements and conditions contained on the back of the form.

**Signature of provider or person authorized by provider to bind provider by above signature to statements and conditions contained on this form.**

---

**IF REQUESTED AFFIX P.O.E. LABEL(S) IN THIS SPACE. THIS SPACE MAY BE USED FOR COMMENTS.**
The Medi-Cal Dental program offers the ability to have Medi-Cal Dental payments transferred directly to a checking or savings account. Providers may request an Electronic Funds Transfer Enrollment Form by calling the Customer Service Toll-free line at (800) 423-0507, by accessing the Medi-Cal Dental website, or by writing to:

California Medi-Cal Dental Program
Provider Enrollment
P.O. Box 15609
Sacramento, CA  95852-9978

When a Electronic Funds Transfer Enrollment Form is received, The Medi-Cal Dental program will verify that the bank participates in electronic funds transfer. A zero-dollar test deposit will be sent through the bank to verify account information. A “zero” deposit to the provider's account for that payment date will appear on the Explanation Of Benefits (EOB). This process usually requires three to four weeks to complete. In the interim, a paper check will be issued. Each time an electronic deposit is made, the EOB will include a statement confirming the amount of the deposit.

Electronic Funds Transfer (EFT)

- Medi-Cal Dental payments are deposited directly into a checking or savings account
- Complete a “Electronic Funds Transfer Enrollment Form”
- No more waiting for the mail service
- Notification of deposits will appear on the EOB
THE EXPLANATION OF BENEFITS (EOB)

The EOB is a computer-generated statement that accompanies each Medi-Cal Dental payment. It lists all paid, modified and denied claims which have been processed during the payment cycle, as well as adjusted claims, and claims and TARs which have remained “in process” for more than 18 days. The EOB also shows non-claims-specified information, such as payable/receivable amounts, and levy deductions. EOBs are normally issued weekly.

Following is an explanation of each item shown on the sample EOB:

1. **The Member’s Information:** This line is preceded by an “B” for “Beneficiary (member).”
2. **Claim information for the listed member:** This line is preceded by a “C” for “Claim”.
3. **Provider Number:** The National Provider Identifier (NPI) number that was issued by NPPES to a provider for their type of business.
4. **Provider Name and Address:** The provider’s name and billing address.
5. **Check Number:** The number of the check issued with the EOB.
6. **Date:** The date the EOB was issued.
7. **Page Number:** The page number(s) of the EOB.
8. **Status Code Definition:** The list of each status code used to identify a claim line and explanation of what each code means.
9. **Member Name:** The name of the member; last name, first name and middle initial. Each member is listed individually.
10. **Medi-Cal ID Number:** The number issued to the member by Medi-Cal and shown on the BIC (only the first nine digits will appear on the EOB).
11. **Member ID:** The member’s ID number.
12. **Sex:** The sex of the member.
13. **Birth Date:** The member’s date of birth.
14. **Document Control Number:** The identifying number assigned to each claim received by the Medi-Cal Dental program.
15. **Tooth Code**: The tooth number or letter, arch code or quadrant listed to help identify the procedure(s) reported on the EOB.

16. **Procedure Code**: The code listed on a claim line identifying each service performed. This code may differ from the procedure code submitted on the claim because of modification of the procedure by a Medi-Cal Dental professional or paraprofessional to comply with the criteria manual and successfully process the claim.

17. **Date of Service**: The date the service was performed.

18. **Status**: Identifies the status of each claim line. (See item 8 for a list of status codes and their definitions.)

19. **Reason Code**: Explains why a claim line was either denied, modified, altered or paid at an amount other than billed.

20. **Amount Billed**: The amount billed for each claim line.

21. **Allowed Amount**: The amount allowed by the Medi-Cal Dental program for each claim line. This amount is the lesser of the billed amount and maximum amount allowed by the SMA.

22. **Share of Cost**: The amount the member paid toward a Share of Cost.

23. **Other Coverage**: The amount paid by Medicare or any other insurance carrier.

24. **Amount Paid**: The total amount paid to a provider after any applicable deductions shown in item 22 and 23.

25. **Claims Specific**: The total amounts of all paid and adjusted claims listed on the EOB.

26. **Non-Claims Specific**: The total payable amounts, levy amounts and receivable amounts listed on the EOB, if applicable. This information is printed on the last page of the EOB.

27. **Check Amount**: The amount of the check that accompanies the EOB.

More information may be found in Section 6: Forms, of the Handbook.
**EXPLANATION OF BENEFITS**

**DENTI-CAL**

CALIFORNIA MEDI-CAL DENTAL PROGRAM

P.O. BOX 15609, SACRAMENTO, CA 95852-0609

---

**DATE: 06/06/19**

**PAGE NO. 3 of 3**

**STATUS CODE DEFINITION**

- **P** = PAID
- **D** = DENIED
- **A** = ADJUSTED

PLEASE CALL (800) 423-0507 FOR ANY QUESTIONS REGARDING THIS DOCUMENT

---

**BENEFICIARY NAME**

Medi-Cal

---

**PROVIDER**

1234567899

---

**DATE: 06/06/19**

**PAGE NO. 3 of 3**

**STATUS CODE DEFINITION**

- **P** = PAID
- **D** = DENIED
- **A** = ADJUSTED

PLEASE CALL (800) 423-0507 FOR ANY QUESTIONS REGARDING THIS DOCUMENT

---

**BENEFICIARY NAME**

Adams, James, DDS
30 Center Street
Anytown, CA 95814

---

**CHECK**

00596352

---

**ADJUDICATED CLAIMS**

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CLAIM TOTAL

132.00 101.00 101.00

**TOTAL ADJUDICATED CLAIMS**

132.00 101.00 101.00

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**ADJUSTMENT CLAIMS**

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CLAIM TOTAL

- 195.00 - 78.00 - 78.00

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**TOTAL ADJUSTED CLAIMS**

00.00 85.00 85.00

**TOTAL PROVIDER CLAIMS**

132.00 186.00 186.00

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**CLAIMS SPECIFIC**

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**NON CLAIMS SPECIFIC**

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EXPLANATION OF BENEFITS

DENTI-CAL
CALIFORNIA MEDI-CAL DENTAL PROGRAM
P.O. BOX 15609, SACRAMENTO, CA 95852-0609

No

CHECK

00596352

DATE: 06/06/19 PAGE NO. 3 of 3

STATUS CODE DEFINITION
P = PAID
D = DENIED
A = ADJUSTED

PLEASE CALL (800) 423-0507 FOR ANY QUESTIONS REGARDING THIS DOCUMENT

BENEFICIARY NAME
MEDI-CAL
I.D. NO.
BENE ID SEX
BIRTH DATE
AMOUNT PAID

PROVIDER
No 1234567899

Adams, James, DDS
30 Center Street
Anytown, CA 95814

DOCUMENTS IN-PROCESS

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<td>19175100684</td>
<td>112.00</td>
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TOTAL DOCUMENTS IN-PROCESS 3 TOTAL BILLED 1102.00

* THE FOLLOWING LEGEND HAS BEEN INCLUDED FOR IN-PROCESS STATUS CODES

DV - DATA VALIDATION (DOCUMENT IS AWAITING REVIEW OF KEYED DATA AGAINST DOCUMENT INFORMATION)
IR - INFORMATION REQUIRED (AN RTD FOR ADDITIONAL INFORMATION OR AN EDI REQUEST FOR XRAYS/ATTACHMENTS WAS SENT TO PROVIDER)
RV - RECIPIENT VERIFICATION (DOCUMENT IS AWAITING VALIDATION OF RECIPIENT INFO)
PV - PROVIDER VERIFICATION (DOCUMENT IS AWAITING VALIDATION OF PROVIDER INFO)
PR - PROFESSIONAL REVIEW (DOCUMENT IS SCHEDULED FOR PROFESSIONAL REVIEW)
CS - CLINICAL SCREENING (DOCUMENT IS SCHEDULED FOR CLINICAL SCREENING REVIEW)
SR - STATE REVIEW (DOCUMENT IS SCHEDULED FOR REVIEW BY STATE STAFF)

THE NEXT SCHEDULED BASIC SEMINAR WILL BE HELD IN ANYTOWN ON MM/DD/YY FROM 8:30 AM TO 11:30 AM. PLEASE CALL (800) 423-0507 FOR RESERVATIONS

THE NEXT SCHEDULED ADVANCED SEMINAR WILL BE HELD IN ANYTOWN ON MM/DD/YY FROM 8:00 AM TO 12:00 PM. PLEASE CALL (800) 423-0507 FOR RESERVATIONS

THE NEXT SCHEDULED WORKSHOP SEMINAR WILL BE HELD IN ANYTOWN ON MM/DD/YY FROM 8:30 AM TO 3:30 PM. PLEASE CALL (800) 423-0507 FOR RESERVATIONS

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<th>LEVY AMOUNT</th>
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Provider Inquiries

Claim Inquiry Forms
THE CLAIM INQUIRY FORM (CIF)

Submitting a CIF enables the Medi-Cal Dental program to give an automated, fast response to an inquiry. The dental office should use the CIF for two reasons:

1. Inquire about the status of a TAR or Claim
   a) The Medi-Cal Dental program will respond to a CIF with a Claim Inquiry Response (CIR).
2. Request reevaluation of a modified or denied claim or NOA for payment.

CIF TRACER: Is used to request the status of a claim or TAR.

Providers should wait one month before submitting a CIF Tracer to allow enough time for the document to be processed. If after one month, the claim or TAR has not been processed or has not appeared in the Documents In Process section of the EOB, a CIF Tracer should be submitted.

CLAIM REEVALUATION: Is used to request the reevaluation of a modified or denied claim or NOA.

If a provider wishes to have a processed claim or NOA that has appeared on the EOB reevaluated, a CIF Reevaluation should be submitted. The CIF must be submitted within 6 months of the date on the EOB. DO NOT re-bill on a claim form.

To submit a CIF to Denti-Cal, follow these steps:

1. Use a separate CIF for each inquiry.
2. Check only one inquiry reason box on each CIF.
3. Complete all applicable areas.
4. Sign and date.
5. Attach all related radiographs/photos.
6. DO NOT USE THE CIF TO REQUEST A FIRST LEVEL APPEAL.
7. Mail to:

   California Medi-Cal Dental Program
   P.O. Box 15609
   Sacramento, CA 95852-0610

Inquiries using the CIF are limited to those reasons indicated on the form. Any other type of inquiry or request should be handled by telephone or written correspondence. Prior to submitting a CIF, please contact the telephone service center (TSC) at (800) 423-0507 with any inquiries.

All radiographs/photos submitted with a CIF must be stapled to the back of the corresponding CIF. More information may be found in Section 6: Forms of the Handbook.
IMPORTANT
Before submitting a CIF:
- Allow one month for the status of the document to appear on your Explanation of Benefits (EOB)
- Type or print all information
- Use the appropriate x-ray envelope and attach to this form
- See your Provider Handbook for detailed instructions
- For verification call DENTI-CAL.

USE THIS FORM FOR ONE CLAIM OR TREATMENT AUTHORIZATION REQUEST ONLY.

CLAIM INQUIRY FORM

BILLING PROVIDER NAME
MEDI-CAL PROVIDER NUMBER
MAILING ADDRESS
TELEPHONE NUMBER
P.O. BOX 15609
SACRAMENTO, CALIFORNIA 95852-0609
Phone 800-423-0507

Before submitting a CIF:
• Allow one month for the status of the document to appear on your Explanation of Benefits (EOB)
• Type or print all information
• Use the appropriate x-ray envelope and attach to this form
• See your Provider Handbook for detailed instructions
• For verification call DENTI-CAL.

Patient Name (Last, First, MI)
Patient Medi-Cal I.D. Number
Patient Dental Record Number (optional)

Inquiry Reason - Check only one box

Remarks (Corrections or Additional Information)

Please research claim for D.O.S. 10/15/19 - we have no record of payment. Thank you.

Mary Jones
10/20/18

Please research claim for D.O.S. 10/15/19 - we have no record of payment. Thank you.

10/15/19

For Denti-Cal Use Only

Oper. I.D.
Action Code

Signature of Provider or person authorized by provider to bind provider by above signature to statements and conditions contained on this form.

CORRESPONDENCE REFERENCE NUMBER * FOR DENTI-CAL USE ONLY

19309300132

CLAIM INQUIRY RESPONSE

Adams, James, DDS 1234567899
30 Center Street (XXX) XXX-XXX
Anytown, CA 95814

Last, First
Patient Name (Last, First, MI)
Patient Medi-Cal I.D. Number
Patient Dental Record Number

In response to your Denti-Cal Inquiry

Status Code
Explanation

01 CLAIM NEVER RECEIVED: PLEASE SUBMIT NEW CLAIM

Corr. 7AW
Date: 11/05/19

ADDITIONAL EXPLANATION
RESPONSES TO CIF INQUIRIES

The Claim Inquiry Response (CIR) (Claim/TAR Tracer)

After resolving your CIF Tracer inquiry, The Medi-Cal Dental program will send your office a computer-generated CIR. The CIR explains the status of your claim or TAR. It contains the same information as the original document submitted by your office and will identify the patient's name, Medi-Cal ID number, dental record number (if applicable), DCN of the original document, and the date services were billed. The middle section of the form under the heading “In Response to your Denti-Cal Inquiry” contains a status code and a printed explanation of the code.

The Explanation of Benefits (EOB) (Claim Reevaluation)

After processing your CIF for claim reevaluation, the response will be indicated on the EOB under “Adjustment Claims.”
**CLAIM INQUIRY FORM**

**IMPORTANT**

Before submitting a CIF:
- Allow one month for the status of the document to appear on your Explanation of Benefits (EOB)
- Type or print all information
- Use the appropriate x-ray envelope and attach to this form
- See your Provider Handbook for detailed instructions
- For clarification call DENTI-CAL

**BILLING PROVIDER NAME**

<table>
<thead>
<tr>
<th>Adams, James DDS</th>
<th>1234567899</th>
</tr>
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</table>

**MAILING ADDRESS**

<table>
<thead>
<tr>
<th>30 Center Street</th>
<th>(XXX) XXX-XXXX</th>
</tr>
</thead>
</table>

**CITY, STATE**

| Anytown, CA | 95814 |

**PATIENT NAME (LAST, FIRST, MI)**

| Last, First |  |

**PATIENT MEDI-CAL I.D. NUMBER**

| 99999999999999 |

**INQUIRY REASON**

- **CLAIM/TAR TRACER ONLY**
  - Please advise status of:
    - ☐ Claim for Payment. Attach a copy of form

- **CLAIM RE-EVALUATION ONLY**
  - X Please re-evaluate modification/denial of claim for payment. I have attached all necessary radiographs and/or documentation.

**REMARKS** (Corrections or Additional information)

Please re-evaluate #15 procedure D7210 - X-ray attached
(or submit digitized image reference number)

**THIS IS TO CERTIFY THAT THE INFORMATION CONTAINED ABOVE AND ANY ATTACHMENTS PROVIDED IS TRUE, ACCURATE, AND COMPLETE AND THAT THE PROVIDER HAS READ, UNDERSTANDS, AND AGREES TO BE BOUND BY AND COMPLY WITH THE STATEMENTS AND CONDITIONS CONTAINED ON THE BACK OF THIS FORM.**

<table>
<thead>
<tr>
<th>Signature</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mary Jones</td>
<td>10/25/19</td>
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**FOR DENTI-CAL USE ONLY**

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<tr>
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Provider Appeals Process

First Level Appeals
THE PROVIDER APPEALS PROCESS

A provider may request a First Level Appeal by submitting a formal written grievance to the Medi-Cal Dental program. Submission of a CIF is not required prior to the First Level Appeal.

The First Level Appeal procedure is as follows:

1. The appeal must be submitted in writing to the Medi-Cal Dental program within 90 days of the action precipitating the complaint or grievance. Do not use a CIF for this purpose.
2. The letter must specifically indicate a request for a First Level Appeal.
3. The appeal must clearly identify the claim or TAR in question and describe the disputed action.
4. Keep a copy of all documents related to the appeal.
5. the Medi-Cal Dental program will acknowledge the appeal request with in 21 calendar days of receipt.
6. Direct first level appeals to:
   California Medi-Cal Dental Program
   Attn: Provider First Level Appeals
   PO Box 13898
   Sacramento, CA 95853-4898

The Medi-Cal Dental staff (including professional review if necessary) will review the appeal and respond in writing if the denial is upheld.

JUDICIAL REMEDY

A provider who is dissatisfied with the appeal decision may then use the judicial process to resolve the complaint. In compliance with section 14104.5 of the Welfare and Institutions Code, the provider must seek "judicial remedy" NO LATER THAN ONE YEAR after receiving notice of the decision.

First Level Appeals

1. Submit within 90 days
2. Use letterhead not a CIF
3. Letter must specifically request a 1st Level Appeal
4. Send all information/copies to uphold the request
5. Send Appeals directly to the Appeals address
6. Office will receive written notification from the Medi-Cal Dental program within 21 days
7. Last recourse with the Medi-Cal Dental Program
EXPLANATION OF BENEFITS

P.O. BOX 15609, SACRAMENTO, CA 95852-0609

DATE: 06/06/19 PAGE NO. 1 of 3

PLEASE CALL (800) 423-0507 FOR ANY QUESTIONS REGARDING THIS DOCUMENT

ADJUSTMENT CLAIMS

| B | LAST | FIRST | DOCUMENT CONTROL NO. | TOOTH CODE | PROC. CODE | DATE OF SERVICE | TOOTH | CODE | REASON | CODE | AMOUNT | BILLED | ALLOWED | AMOUNT | OF COST | SHARE | OF COST | OTHER | COVERAGE | AMOUNT | PAID |
|---|------|-------|----------------------|------------|------------|----------------|-------|-----|--------|------|--------|--------|---------|--------|--------|--------|--------|---------|--------|--------|
| C #30: NEW OR ADDITIONAL DOCUMENTATION SUBMITTED |
| C | 18168101357 | 15 | D7210 | 03/10/19 | A | 266B | 95.00 | - | .00 | - | .00 |
| C | 14 | D2140 | 03/10/19 | A | - | 50.00 | - | 39.00 | - | 39.00 |
| C | 13 | D2140 | 03/10/19 | A | - | 50.00 | - | 39.00 | - | 39.00 |
| CLAIM TOTAL | -195.00 | -78.00 | - | 78.00 |

| B | LAST | FIRST | DOCUMENT CONTROL NO. | TOOTH CODE | PROC. CODE | DATE OF SERVICE | TOOTH | CODE | REASON | CODE | AMOUNT | BILLED | ALLOWED | AMOUNT | OF COST | SHARE | OF COST | OTHER | COVERAGE | AMOUNT | PAID |
|---|------|-------|----------------------|------------|------------|----------------|-------|-----|--------|------|--------|--------|---------|--------|--------|--------|--------|---------|--------|--------|
| C #30: NEW OR ADDITIONAL DOCUMENTATION SUBMITTED |
| C | 18168101357 | 15 | D7210 | 03/10/19 | P | - | 85.00 | 95.00 | 85.00 | 85.00 |
| C | 14 | D2140 | 03/10/19 | P | - | 39.00 | 50.00 | 39.00 | 39.00 |
| C | 13 | D2140 | 03/10/19 | P | - | 39.00 | 50.00 | 39.00 | 39.00 |
| CLAIM TOTAL | 195.00 | 163.00 | 163.00 |

*TOTAL ADJUSTED CLAIMS | .00 | 85.00 | 85.00 |

**PROVIDER CLAIMS TOTAL | 132.00 | 186.00 | 186.00 |

WHEN APPLICABLE, ALL SERVICES SUBMITTED FOR MEMBERS UNDER 21 YEARS OF AGE HAVE BEEN EVALUATED FOR EPSDT CRITERIA.

266B PAYMENT AND/OR PRIOR AUTHORIZATION DISALLOWED. LACK OF RADIOGRAPHS

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65
Additional Services offered by The Medi-Cal Dental Program
TELEPHONE INQUIRIES

Provider

For inquiries or general information, call the Medi-Cal Dental Program Customer Service Telephone Center toll-free at (800) 423-0507. When calling, please be prepared with the following information where applicable:

1. Billing provider name and provider number
2. Member's name and ID number
3. Type of treatment
4. Document Control Number of claim or TAR
5. Date of service and billed amount
6. Check voucher number

The TSC representatives are available to answer questions from 8:00 a.m. to 5:00 p.m. Monday through Friday (excluding holidays). The Medi-Cal Dental program encourages the use of the toll-free line for inquiries whenever possible. Most inquiries can be answered immediately by our telephone representatives. However, if the inquiry cannot be answered immediately, it will be routed to the telephone inquiry specialist and will be answered by mail within 10 days of the receipt of the original telephone call.

The Medi-Cal Dental program would like to give the best possible service and asks that the toll-free number be for provider assistance only. Please do not give the provider toll-free number to the Medi-Cal Dental members.

Medi-Cal Dental Members

The TSC toll-free line is available from 8:00 a.m. to 5:00 p.m., Monday through Friday (excluding holidays). The toll-free number is (800) 322-6384.

Members or their authorized representatives may use this toll-free number. Representatives must have the member's name and ID number in order to receive information from the California Medi-Cal Dental Program.

Information about the program is available from the member toll-free telephone operators. A few of the services are listed below:

1. Referrals to Medi-Cal Dental dentists
2. Complaints and grievances
3. Assistance with scheduling or rescheduling Clinical screenings
4. Information about Share of Cost and copayments
5. Information about denied, modified or deferred TARs
INTERACTIVE VOICE RESPONSE SYSTEM (IVR)

The Medi-Cal Dental IVR is an automated inquiry system for use by providers. Using a touch-tone telephone, providers are able to communicate directly with an automated voice response system. Providers can access the IVR System by dialing the toll-free information line (800) 423-0507 from a touch tone telephone. The IVR is available 24 hours a day, 7 days a week for information that can be accessed without a provider number. The menu options that do not require entering a provider number include:

- Billing criteria for procedures most frequently inquired about by providers
- Upcoming schedule of provider seminars for the caller’s area
- A monthly news flash consisting of items of interest to providers
- Information about ordering Medi-Cal Dental forms
- Information about enrollment in the Medi-Cal Dental Program
- Transfer to a telephone representative for further inquiry

The hours for accessing information requiring a provider number are Monday through Sunday from 2:00 a.m. to 12:00 p.m. The optimum time to call is between 6:00 a.m. and 10:00 a.m. or between 3:30 p.m. and 5:00 p.m. when calls are at their lowest level. The menu options that do require entering a provider number include:

- Patient history relative to specific service limited procedures
- Status of outstanding claims and/or TARs that the caller has submitted
- Provider financial information (next check amount and net earnings for the current or previous year)
MEDICARE/MEDI-CAL CROSSOVER CLAIMS

Medicare will pay for certain dental services. See the Medicare/Medi-Cal Crossover Procedure Codes and Descriptions list in the Medi-Cal Dental Provider Handbook for procedures that qualify. Medi-Cal Dental processes claims and TARs for Medicare covered dental services in accordance with the following Medicare/Medi-Cal crossover policies and procedures:

1. If a provider is not a Medicare provider, indicate this in the comments section, Box 34 on the claim form. Submit the claim directly to the Medi-Cal Dental for reimbursement.

2. A provider must be enrolled with the Medicare program to be reimbursed by Medicare.

3. An enrolled Medicare provider may submit claims to the Medi-Cal Dental program for crossover procedures upon completion and approval of the MC 0804 Form. The provider must currently be enrolled in Medicare, must not be enrolled in the Medi-Cal Dental program, and must be providing services to dual eligible members. Existing Medi-Cal Dental providers do not need to complete this form. The MC 0804 Form may be obtained from the Medi-Cal Dental website or by calling the Toll-Free Provider line.

4. Approved and paid Medicare dental services do not require prior authorization from the Medi-Cal Dental program.

5. Payment for a Medicare covered dental service does not depend on place of service; hospitalization or non-hospitalization of a patient and has no direct bearing on the coverage or exclusion of any given procedure.
HOSPITAL CASES

When dental services are provided in an acute care general hospital or a surgicenter, document the need for hospitalization (e.g., developmentally disabled, physical limitations, age, etc.).

To request authorization to perform dental-related hospital services, providers need to submit a TAR with radiographs/photos and supporting documentation to the Medi-Cal Dental program. Prior authorization is required only for the following services in a hospital setting: laboratory processed crowns/bridges, prosthetics, and implants. It is not necessary to request prior authorization for services that do not ordinarily require authorization from the Medi-Cal Dental program, even if they are provided in an outpatient hospital setting. In all cases, an operating room report or hospital discharge summary must be submitted with your claim for payment.

Services that require prior authorization may be performed on an emergency basis; however, the reason for the emergency services must be documented. Enclose a copy of the operating room report and indicate the amount of time spent in the operating room.

Hospital Inpatient Dental Services (Overnight or Longer)

If a provider is required to perform services within a hospital setting, the provision of the medical support services will depend on how the Medi-Cal member receives their medical benefits. Members may receive medical benefits through several different entities:

- Medi-Cal Fee-For-Service (FFS)
- Geographic Managed Care (GMC)
- Medi-Cal Managed Care
- County Organized Health Systems (COHS)

Refer to your Medi-Cal Dental Provider Handbook under “Section 4: Treating Beneficiaries” to determine the entity providing a member medical services.

Requesting Hospital Dental Services for Medi-Cal Members Enrolled in the Medi-Cal (FFS) Program

Authorization is required from Medi-Cal to admit the patient into the hospital.
This authorization must be submitted on the Medi-Cal Form 50-1, which should be sent directly to:

Department of Health Care Services  
San Francisco Medi-Cal Field Office  
P.O. Box 3704  
San Francisco, CA 94119  
(415) 904-9600

The Medi-Cal Form 50-1 should not be submitted to the Medi-Cal Dental program, this will only delay the authorization for hospital admission.

If your patient requires emergency hospitalization, a ‘verbal’ authorization is not available through the Medi-Cal field office. If the patient is admitted as an emergency case, the provider may indicate in the Verbal Authorization Box on the Medi-Cal Form 50-1, “Consultant Not Available” (CNA). An alternative is to admit the patient as an emergency case and submit the 50-1 retroactively within ten working days to the Medi-Cal field office.

Your claim for payment of dental services is submitted to the Medi-Cal Dental program and must be accompanied by a statement documenting the need and reason the emergency service was performed. Include a copy of the operating room report.

**Requesting Hospital Dental Services for Medi-Cal Members Enrolled in the GMC, COHS, or Medi-Cal Managed Care Plans**

The dentist must contact the patient’s medical plan to arrange for hospital or surgicenter admission and medical support services. All medical plans that provide services to Medi-Cal managed care members are contractually obligated to provide medical support services for dental treatment. If the Medi-Cal Field Office receives a Form 50-1 for a Medi-Cal patient who receives their medical benefits through one of these programs, the form will be returned to the submitting dentist.

**MAXILLOFACIAL-ORTHODONTIC SERVICES (MF-O)**

All MF-O surgical and prosthetic services, TMJ dysfunction services, and services involving cleft palate/cleft lip require prior authorization. The exceptions to this are diagnostic services and those services performed on an emergency basis. Providers and their staff should be aware of the procedure codes specific to the MF-O program. These codes are listed in your Medi-Cal Dental Provider Handbook.
ORTHODONTIC SERVICES

Orthodontic benefits for eligible individuals under the age of 21 are available under the California Medi-Cal Dental Program when medically necessary. Services must be performed by a qualified orthodontist who is enrolled as a Medi-Cal Dental provider. This program covers handicapping malocclusion, cleft palate/lip, and cranio-facial anomalies cases. A Handicapping Labio-Lingual Deviation (HLD) Index California Modification Score Sheet must be submitted to document the medical necessity. To document a handicapping malocclusion, it is necessary to have a minimum score of 26 on the HLD score sheet. There are also six automatic qualifying conditions: cleft palate deformity, cranio-facial anomaly, a deep impinging overbite causing destruction of the palatal soft tissue, an anterior cross-bite causing clinical attachment loss and recession of the gingival margin, severe traumatic deviation, or an overjet greater than 9mm or a mandibular protrusion greater than 3.5mm. See Provider Handbook, page 9-11 for more information.

CALIFORNIA CHILDREN'S SERVICES (CCS)

The CCS program provides healthcare to children and adolescents under 21 years of age who have a CCS-eligible medical condition. Patients must apply to CCS to be eligible for services provided under this program. The patient's caseworker can refer the patient to his or her local CCS county or regional office.

All CCS dental/orthodontic providers must be enrolled and active in the Medi-Cal Dental program prior to receiving payment. If a provider has a valid authorization issued by the CCS program, the authorization will be honored through the expiration date. Continue using the same processing guidelines that were in place when the services were authorized.

Program Guidelines:

All CCS members are subject to the scope of benefits, prior authorization and processing guidelines as defined in the Medi-Cal Dental Provider Handbook. The CCS Program only authorizes dental services if such oral conditions affect the member's CCS-eligible condition. See Provider Handbook, page 9-1: Special Programs, for more information.

CCS/Medi-Cal: The CCS program will no longer issue authorizations for CCS/Medi-Cal members. Providers are to submit all claims and TARs directly to the Medi-Cal Dental program. If a member requires services beyond the scope of the Medi-Cal Dental program, they may qualify for the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program.
CCS Only: CCS eligible members will continue to require service authorization requests (SARs) from CCS. Providers must request a SAR from the CCS county or regional office prior to submitting claims and TARs to the Medi-Cal Dental program.

THE PROFESSIONAL COMPONENT

The Medi-Cal Dental program has a professional unit consisting of dental consultants who are licensed dentists. The consultants review all claims and TARs which require professional judgment. These dental consultants assist the Medi-Cal Dental Program Provider/Member Services and Clinical Screening departments with reevaluations and special cases.

In addition, there are clinical screening dentists located throughout the state. They are responsible for pre-screening cases that may require clinical evaluation under the guidelines of the Medi-Cal Dental program.

After the clinical screening dentist has examined the patient, the screening report is reviewed by a Medi-Cal dental consultant. The claim or TAR is subsequently approved, modified, or denied. The Medi-Cal Dental clinical screening dentists also do post-operative screenings.

ONSITE TRAINING VISIT

Provider Representatives are available for On-site visits to assist providers with policy or billing issues that cannot be resolved by telephone or written correspondence. Medi-Cal Dental will determine the necessity to schedule an on-site training visit. To request a visit please contact the Telephone Service Center at (800) 423-0507.

SEMINARS

There are four types of Medi-Cal Dental Seminars- Basic/EDI, Advanced, Workshops and Orthodontic. All seminars are free of charge and offer continuing education credits based on the hours of training conducted. Visit the Medi-Cal Dental website at www.denti-cal.ca.gov or you may contact the telephone service center for the current seminar schedule and to make a reservation.
American Sign Language (ASL) and Language Services

American Sign Language (ASL) translation and language assistance services are available to Medi-Cal members at no cost. Either the Medi-Cal dental provider office or the member can call the Telephone Service Center (TSC) Monday through Friday, between 8 a.m. and 5 p.m. to request language assistance over the telephone or to schedule an ASL translator to be present at the time of the appointment. Providers can supply a language interpreter in the office, or providers can call the TSC to access language interpreters available in 17 threshold languages.

Medi-Cal dental providers should call the Provider Telephone Service Center at (800) 423-0507 and Medi-Cal members should call the Medi-Cal Dental Telephone Service Center at 1-800-322-6384. Members with hearing or speaking limitations can call the Teletext Typewriter (TTY) line at (800) 735-2922, Monday through Friday, 8 a.m. to 5 p.m. At all other times, Medi-Cal members should call the California Relay Service TDD/TTY at 711 to receive the help they need.

CASE MANAGEMENT

Dental Case Management is designed to assist Medi-Cal members with special health care needs who are unable to schedule and coordinate complex treatment plans among multiple practitioners. This is a program designed for members with mental, physical and/or behavioral diagnosis or diagnoses who are unable to schedule and coordinate complex treatment plans involving one or more medical and dental providers.

Some examples of qualifying special healthcare needs include physical, developmental, mental, sensory, behavioral, cognitive or emotional impairment or other limiting condition that requires medical management, health care intervention and/or use of specialized services or programs. Referrals for Case Management services are initiated by the members’ Medi-Cal dental provider, medical provider, case manager or case worker and are based on a current, comprehensive evaluation and treatment plan.

The Case Management referral form is located on the Medi-Cal Dental website: www.dental.ca.gov. Members must be referred by a Medical or Dental professional by completing the secure online referral form. After completing the referral form, it must be emailed to DentalCaseManagement@delta.org. Please visit our Provider Forms Page/Dental Case Management section to download and submit a Case Management Referral form. If you have questions when submitting an online referral, please contact the Telephone Service Center at (800) 423-0507.

CARE COORDINATION SERVICES

Care Coordination services are offered by the Telephone Service Center (TSC). Care Coordination Services allow Medi-Cal members to call and gain access to dental services with the direction and support of our TSC representatives, who assist members with: Locating a General or Specialist, Dentist, Accessing Appointments, Translation Services, Transportation Assistance.

Members can access the Care Coordination Services by contacting the Telephone Service Center at (800) 423-0507, and request Care Coordination assistance.
Medi-Cal Dental EDI

Electronic Data Interchange
Did You Know?

• Medi-Cal Dental has been accepting EDI documents since 1994

• EDI claims are processed an average of five days faster than paper claims

• Over 71% of Medi-Cal’s Dental incoming documents are received electronically

Why EDI?

• To maximize computer capabilities
• To make billing simpler
• To have fewer rejections
• To have tracking capabilities
• To receive payment faster
• Saves Money - Estimate your savings on the NDEDIC website
1. From the website: www.ndedic.org
2. Click on the ‘Resources’ Tab and select the ‘EDI Savings Calculator’
3. Enter your data
4. Click ‘Calculate’ to see your savings

Getting Started With EDI
• Must have practice management software or access to the Internet
• If necessary, enroll with the clearinghouse that works with the office’s practice management software
• Must enroll with the Medi-Cal Dental, EDI Department
• Do not send electronically until the office has been notified of activation by the Medi-Cal Dental program
• Take a few minutes to read the EDI How-to Guide
When Preparing An EDI Document…

- Complete required fields
- Check for accurate information
- Use the comment or note section of the software to provide additional written information
- Use only the CDT 13 procedure code format

Clearinghouse Daily Reports

- **Submitter Report** -
  This report is generated prior to the transmission of the claims to the clearinghouse

- **Transmission Summary Report** –
  This is verification that the claims have been received by the clearinghouse and have been submitted to the appropriate payers
### Daily EDI Documents Received Today

**REPORT ID:** CP-O-973-P  
**PROGRAM ID:** 0209  
**PERIOD ENDING:** 10/01/19  
**REPORT DATE:** 11/01/19  
**TOTAL Proc/Svc OEC Documents:** 2

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<th>Base DCN</th>
<th>Recipient</th>
<th>Name</th>
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### Provider/Service Office Document Rejections Report

**Report ID:** CP-O-959-P  
**Period Ending:** 10/01/19  
**Provider/SVC OPC:**  
**Program ID:**  

**Provider/Service OPC Totals**

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---

### The Binder System

- One way to manage the EDI reports is “The Binder System”

- In a standard three ring binder:
  - Place index tabs numbered 1-31 (for the days of the month)
  - File the Transmission or CP-O-973-P report under the date billed from the office

- This gives a starting point to track the EDI claims
The Binder System

- Indicate the date each claim is processed on the CP-O-973-P report
- Remove page once all claims are processed
- This quickly identifies the claims that have not been processed at the end of each month

Claims with Attachments

- Using the Base DCN listed on the report id: CP-O-971-P, mail radiographs to the Medi-Cal Dental program using special EDI labels and red bordered envelopes
  or
- If the office is enrolled with a digitized imaging company, follow the format and instructions provided on sending digitized images of radiographs, photos, Justification of Need (DC-054) forms and narrative reports to the Medi-Cal Dental program
Digitized Images

- The digitized image number must be the 1st item in the comments/notes field.

- Don’t forget to include the ‘#’ sign
  (NEA#999999/DTX#9999999/EHG#9999999/CHC#9999999)

- The date on the radiographs should match the “image created date” (or the date the film/sensor was actually in the patient’s mouth)

Digitized Images

- Offices using a digitized imaging company to submit radiographs and attachments, should still be familiar with the label process

- If radiographs or attachments are not successfully submitted using digitized imaging, the office will receive the CP-O-971-P report

- It will then be necessary to submit radiographs and attachments using the label process
EDI Labels

Labels must include:
1. Billing NPI next to “DENTI-CAL PROVIDER ID”
2. Member’s first and last name below “PATIENT MEDS ID”
3. Base DCN
4. Provider's name and address
EDI Documents Waiting Return

<table>
<thead>
<tr>
<th>PERIOD ENDING: 10/01/19</th>
<th>PROVIDER/SVC O/P/C</th>
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<tr>
<td>REPORT ID: CP-O-978-P</td>
<td>DEPT/CAL</td>
<td>RUN ON: 10/30/19</td>
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**REPORT ID:** CP-O-978-P  
**DEPT/CAL**

**PROGRAM ID:** DCE578S  
DAILY EDI DOCUMENTS WAITING RETURN INFORMATION > 7 DAYS

<table>
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<tr>
<th>PROV/SVC</th>
<th>ISSUE</th>
<th>DAYS</th>
<th>SUB/CIN</th>
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**Example #1:**

**Example #2:**

Electronic RTD and NOA
**Notice of Resubmission**

**Notice of Authorization**

---

**Re-Evaluation is Requested**: (X for yes)

---

**Date Prosthesis Ordered**: ______

**Total Fee Charged**: $900.00

---

**Date billed**: ______

---

**Notes**: Please refer to this HIN (1345678900) on all your communications with Denti-Cal, including electronic transactions concerning this document.
EDI
Document Control Numbers

- How to identify EDI claims on an EOB?

- All EDI Document Control Numbers (Base DCN) have a “6”, “8” or “9” as the 7th digit

Example: 1900918XXXX

EDI Support

Please contact the EDI department for additional information:

EDI Support may be reached by phone or email at:
(916) 853-7373
denti-caledi@delta.org
GLOSSARY

BILLING PROVIDER: The dentist who bills or requests authorization for services on the treatment form.

TREATMENT AUTHORIZATION REQUEST (TAR)/CLAIM: The State approved universal form used by the provider to request prior authorization of services, and/or the form submitted by the provider to request payment for services performed.

CLAIM INQUIRY FORM (CIF): The form used by the provider for tracing a claim or TAR, or for requesting a reevaluation or adjustment to a previously submitted claim.

CORRESPONDENCE REFERENCE NUMBER (CRN): An identifying number assigned to all telephone correspondence, written correspondence and CIF’s received by the Medi Cal Dental program.

MEDI-CAL DENTAL: The Fee-for-Service portion of the California Medi-Cal Dental Program.

MEDI-CAL DENTAL BULLETIN: A publication with information regarding program updates, pertinent legislative action, procedure clarifications, and other important items which affect the California Medi-Cal Dental Program. The bulletins may be accessed from the Medi-Cal Dental website.

MEDI-CAL DENTAL PROVIDER HANDBOOK: A reference guide for all providers enrolled in the California Medi-Cal Dental Program. It contains the criteria for dental services, program benefits, exclusions, limitations, and instructions for completing forms used in the Medi-Cal Dental program. The Handbook may be accessed from the Medi-Cal Dental website.

DOCUMENT CONTROL NUMBER (DCN): An identifying number assigned to all billing documents received by the Medi Cal Dental program. The DCN enables the Medi-Cal Dental to track the document throughout the automated processing system.

NOTICE OF AUTHORIZATION (NOA): A computer-generated form sent to the provider following final processing of a TAR by the Medi-Cal Dental program. When the NOA is returned to the Medi-Cal Dental by the provider, it becomes a claim submitted for payment of services rendered.

PROVIDER: Individual dentists, dental group, dental school, or dental clinic.

RESUBMISSION TURNAROUND DOCUMENT (RTD): A computer-generated form which the Medi-Cal Dental program sends to the provider to request missing or additional information needed to complete processing of a claim, TAR or NOA.

RENDERING PROVIDER: The dentist who provides services that are billed under the billing provider’s name and billing provider number. The rendering provider may be the same as, or different from the billing provider.