



Provider Bulletin

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New COVID-19 Related Policy Code

Due to the COVID-19 pandemic, Medi-Cal Dental Clinical Screeners have been unable to access patients in certain facilities. As a result, a new policy code will be added for circumstances that prevent patient screenings. The policy code is as follows:

- **Policy Code 72** - Unable to screen due to pandemic, disturbance, or disaster.

If a member tests positive for COVID-19, their assigned Medi-Cal Dental Clinical Screener cannot perform the screening. In these cases, Medi-Cal Dental will process the Treatment Authorization Request (TAR) using the documentation submitted by the member's dental provider.

For a complete list of policy codes, please refer to [Provider Handbook](#) Section 7 - Codes. For questions about the new policy code, please contact the Telephone Service Center (TSC) at (800) 423-0507.

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TRAINING SEMINARS

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

Please note: Due to the COVID-19 situation, all seminars will be held as webinars.

PROVIDER ENROLLMENT ASSISTANCE LINE

Speak with an Enrollment Specialist. Go [here](#) for more information.

Available every Wednesday
8am - 4pm



Disaster Assistance to Evacuated Members and Dental Offices

The Department of Health Care Services will allow member and provider processing exceptions to expedite replacement of removable dental appliances for those impacted by the winter storms in California. Removable dental appliances include orthodontic retainers, space maintainers, partial and full dentures, and temporomandibular joint appliances fabricated by professionals which may be removed and inserted by the member.

Disaster assistance will be provided to the following counties:

County Disaster Assistance Provided To	Effective Date	End Date
Monterey	January 26, 2021	March 31, 2022
San Luis Obispo	January 26, 2021	March 31, 2022

Will prior authorization be waived?

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

Exceptions to prior authorization requirements will be allowed. "Title 22, Section 51003, State of California Code of Regulations allows for the retroactive approval of prior authorization under the following conditions: When the required service could not be delayed ... "([Provider Handbook](#) Section 5 - Manual of Criteria and Section 2 - Program Overview, page 2-13). For provider claims submitted for replacement of removable appliances, the claims will be evaluated to determine if requested from one of the impacted counties identified above.

What does the claim need to demonstrate?

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

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What does the claim need to include?

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

Will late submission of claims be accepted?

For Medi-Cal dental providers that must submit late billing due to the winter storms and extreme weather conditions, providers are instructed to include substantiating documentation that justifies the late submission of a claim. Providers must submit statements about the circumstances of the winter storms and extreme weather conditions that were beyond their control such as: damage to or destruction of their business office or records; circumstances of the winter storms that substantially interfered with the timely processing of bills; or other circumstances, clearly beyond the control of the provider, that were reported to the appropriate law enforcement or public agency. Payment for removable appliances that have been fabricated by a lab but cannot be delivered to the member must follow the requirements in the [Provider Handbook](#) Section 2 - Program Overview, Billing and Payment Policies, Time Limitations for Billing, page 2-20.

Will claims for members living in other counties be accepted?

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

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

Providers are encouraged to monitor the [Medi-Cal Dental website](#) for future updates. Questions regarding this notice may be directed to the Medi-Cal Dental Telephone Service Center (TSC) at (800) 423-0507, Monday through Friday, except holidays.